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President American Institute of Homeopathy, 1896.

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Practice of Medicine.

THE PATHOLOGY OF BRIGHT'S DISEASE.

BY GEORGE FREDERICK LAIDLAW, M. D.,
NEW YORK.

Nomenclature.—The term "Bright's disease" is at present in some disrepute among pathologists. In the post-mortem room and with the aid of the microscope the pathologist is enabled to group the diseases of the kidney in fairly well defined classes. He can recognize the inflammations and group them as parenchymatous or diffuse nephritis, as amyloid degeneration, as pure cirrhosis, or as cirrhosis secondary to a diffuse nephritis, etc. Naturally, the pathologist prefers the precise nomenclature of microscopy to the more generalized terms of clinical medicine.

On the other hand, the clinician in the consulting room or at the bedside is unable to make these fine discriminations. For him, the coexistence of albuminous urine and dropsy form a picture which is easily carried in the mind and readily recognized. The term "Bright's disease" expressing this condition becomes, then, a very convenient heading under which to group many cases that occur in practice. By reason of this convenience and simplicity, the term has taken a firm hold upon the thought and language of clinical medicine. Despite the protests of some hair-splitting pathologists, the expression "Bright's disease" has not been shaken by the minute discriminations of microscopists; nor should it be so disturbed until the said microscopists are able to replace it with more satisfactory clinical nomenclature than has yet been advanced.

Acute Bright's Disease.—There is an affection that begins suddenly with fever and pain in the loins, together with bloody and albuminous urine which also contains tube-casts, renal epithelia and pus. This is known as acute Bright's disease, or acute nephritis. Various qualifying adjectives have been applied to this form of nephritis, the object being to express the nature and location of the morbid process. Thus, because in many cases the disease seems to affect the epithelial lining of the tubules more than the interstitial tissue, it has been called "acute tubular nephritis"; for the same reason Virchow gave it the uame of "acute parenchymatous nephritis." For the reason that in this condition the epithelia desquamate freely it has been called "acute desquamative nephritis"; and from the resemblance of the whole process to catarrhal inflammations elsewhere in the body it is sometimes known as "acute catarrhal nephritis." One feature of the disease is an apparent pouring out into the tubules of a coagulating fluid, from the fibrinous nature of which the disease has been termed "acute croupous nephritis." Other authors name it "acute diffuse nephritis," as will be explained further on; and, finally, Grainger Stewart calls it "the inflammatory form of Bright's disease."

MICROSCOPIC APPEARANCES.—The histological changes that take place in the acute form of nephritis are best seen in a section through the cortex of such a kidney, the section having been stained with perosmic acid.

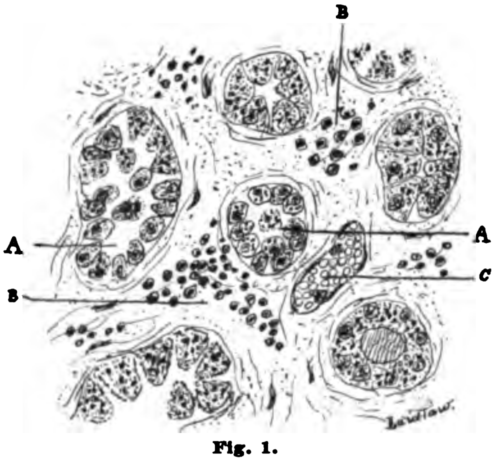


Fig. 1.
Acute Diffuse Nephritis, × 330.

As shown in Fig. 1, which represents a cross section of several convoluted tubules in the early stage of acute inflammation, the epithelia are swollen so that they almost fill the tubule. The outlines of the normal epithelia of the convoluted tubules are seldom sharply marked, so that the indistinctness of outline of the swollen cells is not as noticeable here as it is in cloudy swelling in other locations. However, the granulation of the cell protoplasm is very markedly increased. In the substance of the epithelia we notice many black dots, which are granules of fat, stained black by the perosmic acid. In the tubules marked A A the epithelia have begun to desquamate. The tubules are separated from one another by a wider interval than normal, because the intervening septa of fibrous connective tissue are swollen with inflammatory serous exudation. At the points marked B B there is an accumulation of small round cells which, at this stage, are probably simply leucocytes that have escaped from the neighboring capillaries (C). These capillaries and all the vessels of the kidney are dilated and distended with blood, while hemorrhagic points are not infrequent.

The disease now enters on the second stage, or stage of fatty degeneration, where the microscopic appearance is as represented in Fig. 2. This is simply an advanced form of the process already described and pictured in Fig. 1. The epithelia of the convoluted tubules have become more fatty and granular; they have separated from the basement membrane (A); and soon break up into clusters of fatty and albuminous granules that fill the tubules to distension. New epithelia are produced by the cells of the germinating layer (see paragraph on Resolution), the new cells in their turn undergoing cloudy swelling and fatty degeneration. In the convoluted tubules of the second order this granular material is washed onward through the collecting tubules and appears in the urine in the form of cylindrical molds of the tubules, or casts, to which are often adherent epithelia, and blood-corpuscles. In the convoluted tubules of the first order, however, the granular matter appears to be unable to pass through Henle's loop, in consequence of which obstruction the continued formation and disintegration of epithelia distend the tubules, sometimes to a marked degree.

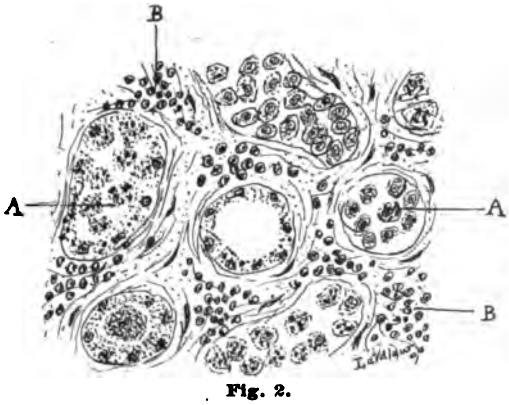


Fig. 2.
Acute Diffuse Nephritis, × 330.

In this second stage of acute nephritis the glomeruli may be but slightly affected, or there may be a proliferation of the epithelia lining Bowman's capsule and a filling up of the intracapsular space.

In the interstitial tissue, the swelling is still pronounced and the accumulations of small round cells are more prominent (B B). This appearance varies in different kidneys. In some specimens the groups of round cells are few, or totally absent; such cases have been classed as "parenchymatous nephritis." In other kidneys the round celled infiltration is widespread and dense; these cases are the ones to which the term "diffuse nephritis" has been applied. In the diffuse nephritis some of the round cells are undoubtedly due to a proliferation of the connective tissue corpuscles of the interstitial tissue. As such they have an hereditary tendency to manufacture fibrous tissue, and this tendency becomes of grave importance in the further progress of the case.

Thus far in the course of acute nephritis, with its intratubular and interstitial exudations, nearly all cases present the same phenomena. At this point, however, the case will take one of three courses. (1) The patient may die; or if he survives the acute attack (2) the kidney lesions will undergo resolution; or (3) the disease will pass into the chronic form.

Resolution.—Resolution in this, as in other inflammatory states, implies an absorption of exuded materials and a repair of damaged cells. In the nephritis the exuded serum and leucocytes are absorbed by the lymphatics, which are abundantly present in the interstitial tissue of the kidney. By this means the swollen organ largely regains its former size. From the convoluted tubules of the first order the fatty and albuminous debris is also largely absorbed by the lymphatics of the interstitial tissue surrounding the tubule. This process is analogous to the resolution that takes place in the fibrinous exudate of croupous pneumonia, the bulk of which is not expectorated, but absorbed from the air cells by the pulmonary lymphatics.

The swelling incident to the inflammatory exudation having subsided and the tubules having been cleared of their contained detritus, it remains only to repair the epithelial lining of the affected tubules. This work is presumably done by the layer of scattered, flattened cells, which, according to Ludwig, lie beneath the cuboidal epithelia, down against the basement membrane of the tubule. Here, again, we find an analogy in the lung, or rather in the bronchial mucous membrane, with its deep layer of flattened epithelia that constitute Debove's membrane. The renal epithelia having desquamated, these underlying cells proliferate to form new epithelia, just as do the cells of Debove's membrane in repairing the epithelial covering of the bronchi. At first, the new renal epithelia are flattened, but they finally take on the cuboidal or triangular shape of the normal epithelia.

Chronic Bright's Disease.—This condition may come on insidiously, or, as observed above, may be the sequel to an acute attack. There are cases of acute nephritis in which death does not take place nor does perfect resolution occur. Though the patient may regain his former strength and feeling of well-being, the urine still contains albumin with casts, renal epithelia and pus, in larger or smaller quantity. These cases are subject to fresh attacks of acute nephritis and uremia, which may at any time prove fatal; or the patient may drift insensibly into the condition known as cirrhotic contraction, atrophy, or the third stage of Bright's disease. The term "atrophy" is not well chosen; it should be reserved for the non-inflammatory shrinking of the senile kidney.

The passing of the kidney from the stage of fatty degeneration to that of cirrhotic contraction may be studied in Figs. 2, 3 and 4. In Fig. 2, is represented the accumulation of small round cells, partly leucocytes and partly descendants of the former connective tissue corpuscles of the part. As already noted, these latter round cells have a hereditary tendency to the formation of fibrous tissue. The groups of round cells lying immediately under the capsule of the kidney are converted into fibrous tissue in the manner described under cirrhosis of the kidney. The kidney, in fact, becomes cirrhotic, and resembles in all respects the pure renal cirrhosis, except that the third stage of catarrhal nephritis has been preceded by marked acute or chronic parenchymatous inflammation, whereas, in the pure cirrhosis the most marked changes are in the interstitial tissue, and the pre-existing epithelial changes, if present at all, have been slight.

Waxy Change.—Amyloid or waxy infiltration occurs with comparative frequency in the kidney. English and continental authors refer to the "waxy kidney" as a primary renal condition unassociated with nephritis. On the other hand, American pathologists are generally agreed that the waxy changes are always associated with and apparently secondary to the inflammatory process. Waxy material is not infrequently found in the kidneys alone. In the diseased kidney the waxy substance is seen especially in the walls of the glomerular capillaries, the vas afferens and the vasa recta. The waxy exudate does not seem to invade the substance of the epithelia, but masses of it may be found lying in the tubules. The waxy substance is known by its staining reactions, turning mahogany brown with iodine, and rose-red with gentian or methyl violet.

GROSS APPEARANCES.—The gross appearance of the kidney in the different stages of Bright's disease will be readily understood by our review of the minute changes. In the early acute stage the kidney is swollen and soggy from the dilatation of the vessels and the quantity of exudation that has been poured into the kidney substance. The capsule strips off with unusual ease. The color of the cortex is either normal or pale, or it may be mottled with minute red spots which represent areas of capillary congestion or hemorrhage. The medulla is deep red, owing to the congestion of the straight vessels.

In the second stage, or stage of fatty degeneration, the color of the cortex is much lighter than normal, a pale brown or gray. This change is due to the number of highly refracting particles, as fat granules and round cells, now contained in the kidney substance. As a rule the cortex is sprinkled with yellow mottlings, due to the areas of fatty degeneration among the renal epithelia. From the increased amount of blood in the organ, and more especially from the amount of exudation present, the kidney is larger than normal and the weight is increased. The bulk of the enlargement is found to be in the cortex. Normally the cortex measures about one-third the thickness of the medulla; in the second stage of the nephritis it may attain a thickness of one-half the medulla or even an equal thickness. The weight of the normal kidney is about five ounces. The swollen kidney of acute and subacute Bright's disease may weigh nine or ten ounces.

In the third stage, that of cirrhotic contraction, the kidney becomes smaller. Owing to the subcapsular formation of fibrous tissue the capsule is adherent to the kidney substance. Cysts are present, and the organ resembles closely the cirrhotic kidney, next to be described.

Interstitial Nephritis, or Cirrhosis.—This disease consists in an increase of the interstitial fibrous connective tissue of the kidney, associated with and possibly preceded by a gradual disappearance or degeneration of the glomeruli and the tubular epithelium. This process enjoys the distinction of being the only form of nephritis upon which there is even an approximate unanimity among pathologists. Nearly all agree that the new fibrous tissue springs from the connective tissue corpuscles that are normally present in the interstitial substance, and that the cause of the growth is an irritant of a non-infectious nature, probably a chemical.

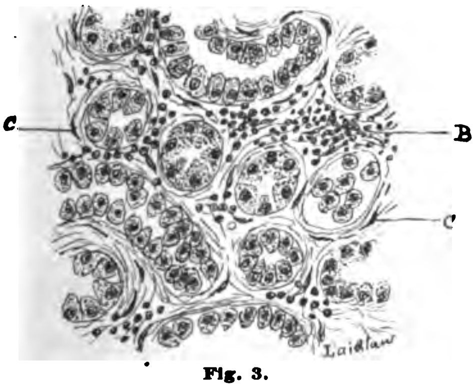


Fig. 3.
Commencing Cirrhosis of Kidney, × *330.*

The morbid changes seem to occur in the following order. Fig. 3 shows a section through the cortex of a kidney in the first stage of cirrhosis. There are seen several convoluted tubules lined with epithelia and supported by a slender framework of fibrous connective tissue. Herein lie a number of spindle-shaped connective tissue corpuscles (C C), and several groups of small round cells (B), the latter being known as "indifferent cells," "medullary corpuscles," or, more commonly, as "small round cells." The location of each group of round cells was formerly the site of a spindle-shaped connective tissue corpuscle. The corpuscle was subjected to some irritation that caused it to divide and subdivide, each division bringing the cells nearer to the indifferent form of the small round cell. The epithelia were formerly supposed to take no part in the process at this point, but careful examination will usually demonstrate, as in Fig. 3, that the epithelia are desquamating here and there.

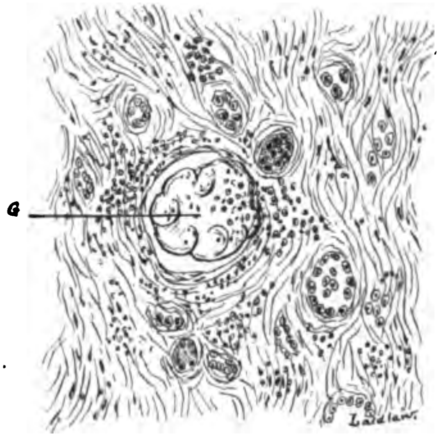


Fig. 4.
Advanced Cirrhosis of Kidney, × *110.*

The next step in the interstitial nephritis or cirrhosis is a change in the groups of small round cells. One or two of them take on a spindle form, while the others disappear. The large spindle is called a fibroblast, because many layers of fibers accumulate around it. It seems as if the fibroblast had something to do with the manufacture of the fibers, using in the work the bodies of its fellow round cells. The result of this process is the formation of a heavy band of fibrous tissue traversing the kidney substance (Fig. 4). Then comes the inevitable consequence of new fibrous tissue formation, that is, shrinking. As the new tissue forms first at different points beneath the capsule, and is attached to the capsule, the shrinking of the band draws the capsule inward at the point of attachment, making a dimple on the surface and an adhesion of capsule to cortex, the coexistence of which gross phenomena is diagnostic of an interstitial inflammation. The continued formation and shrinking of the fibrous tissue in the kidney seems to crush out of existence the tubules and glomeruli (Fig. 4). The epithelia grow smaller, and many of them disappear. The tubules are empty or may contain casts of a glistening homogeneous substance known as hyaline material. The casts result from the hyaline degeneration and fusing together of the epithelia. The glomeruli, too, may atrophy, or they may degenerate into lumps of hyaline substance (G); or they may be involved in the fibrous change and become converted into knots of fibrous tissue. The middle coat of the arterioles is always much thickened.

According to Johnson and others the primary lesion in cirrhosis is the death, desquamation, or atrophy of the epithelia which are acted upon by some irritant substance. The thickening of the interstitial tissue is regarded as secondary to the epithelial decay.

Gross Appearances.—In the early stage of cirrhosis, before cicatricial contraction has set in, the only evident change in the kidney may be an adhesion of the capsule here and there. Cysts are very common. They are caused by the shutting off of a tubule by a band of contracting tissue, while the continued excretion of urine in the upper portion of the tubule causes its distention into a cyst. Later on, as the fibrous bands contract, the whole kidney shrinks in a marked degree. The shrinking is not uniform but more marked in some places than in others, giving the familiar roughened or nodular surface that is characteristic of cirrhosis. The nodules may be so small as to justify the name, "granular kidney," applied to it by Johnson.

General Etiology.—The kidneys are organs of excretion. It is their function to select from the blood many substances and to pass them through the glomeruli and through the tubules. It so happens that of the many abnormal substances which are apt to enter the blood it falls to the lot of the kidneys to excrete most of them. Some substances are excreted without affecting the kidney in any way, but there are others which exert a damaging effect upon the tubules and glomeruli through which they pass. They cause degeneration of the epithelia, together with one of the forms of nephritis that has been described.

Some of these poisons may be introduced from without, as lead, which will cause a typical cirrhosis of the kidneys; or the poisons of the infectious diseases, which may cause an acute or subacute diffuse nephritis. Other poisons are the result of defective metabolism, as uric acid and its salts, which seem to constitute the irritating agent in gouty cirrhosis. Lastly, we have the invasion of the kidney by bacteria themselves, as in pyelo-nephritis.

Some cases of acute nephritis may be fairly attributed to exposure to a cold and damp atmosphere; but it is probable that in most or all cases of the insidious chronic form we have to deal with some toxic agent which is operating upon the kidney tissue. The bearing of this fact upon the treatment of kidney diseases is obvious.

The principal causes of nephritis are given by Ziegler as follows:

Chemical Substances from Without.--Corrosive sublimate, chromic acid and its salts, phosphorus, arsenic, cantharides, petroleum, chlorate of potash, alcohol and others of lighter effect.

Infectious Diseases.—Diphtheria, scarlet fever, measles, variola, syphilis, septicemia, pyemia, croupous pneumonia, typhus, relapsing fever, erysipelas, cholera, inflammatory rheumatism, yellow fever; also observed in dysentery, tuberculosis, endocarditis, and local suppuration.

Results of Faulty Metabolism.—Gout, diabetes, icterus and hemoglobinemia.

137 West 41st Street.

URINALYSIS IN BRIGHT'S DISEASE.

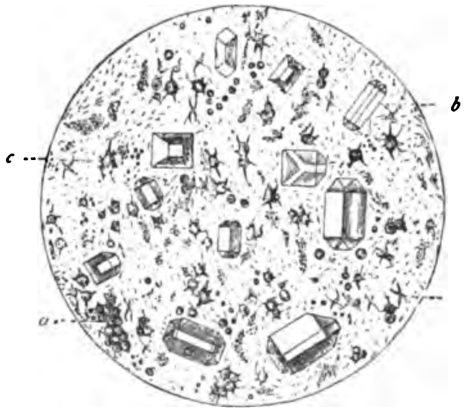
BY EMMET L. SMITH, M. D., CHICAGO.

General Considerations.—The morbid condition of the urine is the cardinal symptom in detecting nephritis. It is the direct line of communication with the kidneys by the chemical and microscopical examination. It will show if the glomeruli or tubules are performing their normal functions or whether albumin is passing through, or if the acute or chronic inflammation is severe enough to throw off a cast to float away in the urine.

It may be easy to diagnose the pathological condition of the kidney and bladder from the general condition after the disease has stamped its usual symptoms on the case, but as private practitioners it is essential to diagnose this insidious disease at the earliest possible moment. This is not only necessary for the medical treatment but for the hygienic surroundings.

There are many things to be taken into consideration when examining urine where nephritis is suspected. If these examinations can be made by the physician himself he has already the symptoms and history of the case at hand. Many physicians and the laity seem to think that a single specimen of urine is all that is necessary. While in the majority of cases nothing more is needed to make an accurate diagnosis, there are cases in which a short and pointed history of the case will materially help in the diagnosis. Other important points in a doubtful case are as follows: there should be (1.) Several examinations of the same specimen. (2.) Fresh specimens of different times of the day. (3.) Examination of twenty-four hour specimen. (4.) Examinations should extend over several days and should include any suspicious indisposition of the patient. (5.) Urine should be received in a perfectly clean vessel or bottle.

In many cases the chemical estimation of the products which are eliminated by the kidneys is quite essential in making the diagnosis and the prognosis. This point was particularly noticeable in a case during my service in the Cook County Hospital. The case was in the last stages of interstitial nephritis and the symptoms were pronounced. There was considerable edema and the uremic symptoms were marked. Volumetric estimation of the urea by Squibb's method showed that the patient was passing one hundred grains per day. By vigorous treatment by medicines and hot packings he could be made to pass one hundred and fifty grains per day, while if this treatment was discontinued for a short time it would be as low as seventy-five grains per day. The amount of urea excreted acts as a barometer to foretell the uremic storm.



Deposit in Ammoniacal Urine. (Alkaline Fermentation.)
a. Acid ammonium urate.
b. Ammonio-magnesium phosphate.
c. Bacterium ureæ.

The force of the heart's action and the relation of the condition of the kidneys to other organs and disease are also brought out by the examination of the urine. In man sixty per cent of the water eliminated from the body is given off by the kidney and forty per cent by the lungs and skin. This relationship must often be taken into consideration when judging of a specimen of urine. It is obvious, then, that when the skin is not performing its functions properly the kidneys are overtaxed, and engorgement takes place in other organs.

In the pathological divisions of the various forms of nephritis the ratio of complexity increases in the order of consultations of the different text-books on the subject. As in other diseases the divisions are principally useful in theory; for in actual practice they are often associated. This was observed quite markedly in the morgue of the Cook county hospital in many post mortems where the records of the urinalyses were compared with the macroscopical and microscopical examination of the kidney.

A table of the divisions, pathology, symptoms and urinalysis of nephritis by the writer appeared in the Medical Century, February 15, 1894.

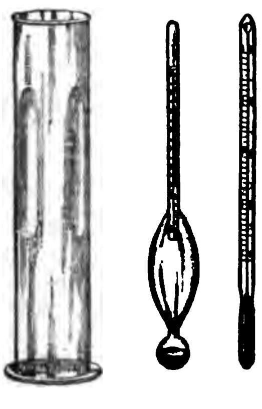
Variations.—The following variations of the normal and abnormal constituents of the urine will be of special interest in nephritis:

Quantity.—Man 1,500-2,000 C C M (40-60 ounces.) Woman 1,000-1,500 C C M (30-40 ounces.)

Increased.—In interstitial nephritis (sclerosis) from hypertrophy of the left ventricle increasing blood pressure (except late), amyloid nephritis.

Decreased.—Acute nephritis (possibly anuria), chronic parenchymatous nephritis, valvular heart disease, active and passive congestion of the kidney.

Specific Gravity.—Should be taken in a mixed specimen of the twenty-four hour urine. The morning urine or the urine passed following diarrhea or profuse sweating is concentrated and has high specific gravity. In a certain case the specific gravity may vary from 1015 in the afternoon to 1027 in the morning and the mixed twenty-four hour specimen would be 1021. When using an urinometer which is standardized to 60° F. to test a fresh voided specimen of urine of temperature of 85° to 95° F., one degree on the scale of the urinometer should be added for every seven degrees in temperature. Thus, in a fresh voided specimen, having a temperature of 88° F. which is tested with an urinometer standardized to 60° F., four degrees should be added to the reading on the urinometer. Squibb's urinometer is standardized to 77° F. and will be found more useful in the average case.



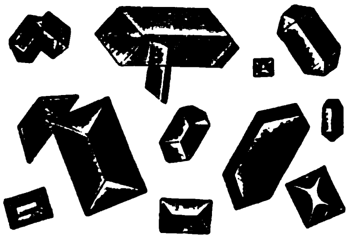
Squibb's Urinometer.

High.—Primarily in acute nephritis, chronic parenchymatous nephritis, renal congestion.

Low.—Secondary stage of acute nephritis, interstitial nephritis, amyloid nephritis.

Reaction.—The normal acid condition of the urine is due to the phosphate of sodium. In the alkaline specimen if the red litmus paper is turned blue and remains blue it is due to a "fixed alkali." This may occur after a vegetable diet, milk, fish, use of caustic alkalies, alkaline carbonates, potassium and lithium salts, or during digestion.

In testing the alkaline specimen if the blue color disappears it is due to the ammonia in the decomposing urine (volatile alkali). This is caused by the bacteria decomposing the urea and forming ammonium carbonate, and may occur in the bladder or in the bottle (triple phosphates).



Ammonio-magnesia phosphate. (Triple Phosphates.)

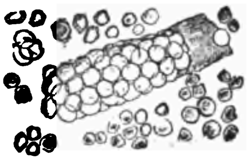
Acid reaction with pus—renal origin.

Chronic cystitis generally has alkaline urine.

Acid reaction is increased by the use of acids—hydrochloric, phosphoric, benzoic, salicylic and ammoniacal salts, prolonged muscular exertion.

Blood.—B. Corpuscles remain unchanged for days in acid urine.

B. Corpuscles in ammoniacal urine swell, grow paler and disintegrate.



Blood Casts.

Blood from the kidney has blood casts, cells and casts stained brown from the coloring matter of blood. Individual red blood corpuscles occur in concentrated urine in renal engorgement.

White blood corpuscles (leucocytes) are normally present in small numbers. Increased by inflammation or suppuration.

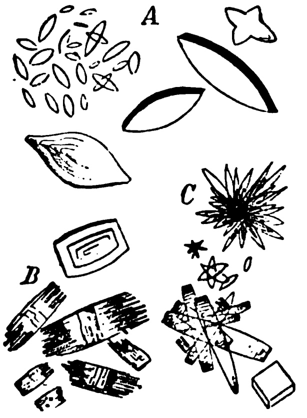
Color.—Varies in health, due to concentration or dilution or pigment. May be clear and of unusually low specific gravity after drinking large amount of water and still be normal. May present the opposite condition in persons who take a small amount of liquids. In the absence of any physiological cause these conditions would then be pathological. Blood in the urine is red or dark brownish red owing to the degree of decomposition of the hemoglobin. Acute nephritis—beefy-red. Interstitial nephritis—usually pale and large amount and passed frequently at night.

Transparency.—Opacity in acid urine—may be uric acid salts which clears on heating.

Opacity in alkaline urine—usually calcium oxalates or phosphates which do not clear up on heating, but are dissolved by acetic acid.

Deposits.—Acute nephritis: blood, mucus; epithelial cells and leucocytes. Chronic parenchymatous: epithelium, blood, pus. Interstitial: generally none. (Early—uric acid deposits.) Amyloid: fat drops (also in chyluria, large white kidney.)

Albumin.—"The presence of albumin in the urine, in any form and under any circumstances, may be regarded as indicative of change in the renal or glomerular epithelium, a change, however, which may be transient, slight, and unimportant, depending upon variations in the circulation or upon the irritating effects of substances taken from the food or temporary present, as in febrile stages."—Osler.



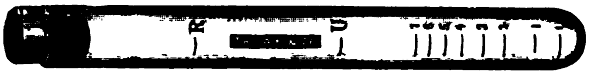
Uric Acid.

Albuminuria.—(1) Functional—following cold bathing, dyspepsia. (2) Febrile—tonsillitis, diphtheria. (3) Hemic changes—anemia, leukemia, plumbism. (4) Neurotic—following epilepsy, tetanus.

Albuminuria with definite lesions of the urinary organs (Osler). (1) Congestion of the kidney, either active, such as follows exposure to cold and is associated with the early stages of nephritis, or passive, due to obstructed outflow in disease of the heart or lungs, or to pressure on the renal veins by the pregnant uterus or tumors. (2) Organic disease of the kidney—nephritis, degeneration, suppuration, tumors. (3) Affections of pelvis, ureters, or bladder with pus.

Test for Albumin.—(1) Heat test: Filter and heat the urine to the boiling point in the test tube, and then add one or two drops of acetic acid. If the cloudiness caused by the heating be dissolved by the acid, it was not caused by albumin, but by the phosphate and carbonates of lime and magnesia which are freely soluble by the acid. If the cloudiness remain, or if it appear on the addition of the acid, it is caused by albumin.

(2) Heller's test: Filter the urine into the test tube until it is one-third full. Hold this obliquely and allow clear nitric acid (C. P.) to flow slowly under the urine, using a pipette or medicine dropper. (Do not allow the urine and acid to become freely mixed.) If albumin be present, there is formed a sharply defined white ring at the point of contact between the urine and the acid and this extends upward, through the urine. Besides albumin a precipitate in very concentrated urine may be caused by the presence of urea, in which case the ring is higher and not so clear. A cloudiness may also be caused by nitrate of urea, and in this case the precipitate is crystalline and does not appear until after standing a long time. A cloudiness may occur from resinous substances, as after taking copaiva, turpentine, but in this case the precipitate is dissolved, after cooling in alcohol.



Albuminometer.

When it is desirable to watch the progress of a case these tubes can be set aside and the precipitate will show approximately the quantity of albumin from day to day. However Esbach's albuminometer is much more reliable.

Urea.—This is one of the principal products of nitrogenous waste—300-600 grains excreted daily.

Increased—Albuminous diet, and by an increased loss of the albumin of the body, during the day.

Decreased—In exhaustion, deficient nitrogenous diet, nephritis, during rest at night.

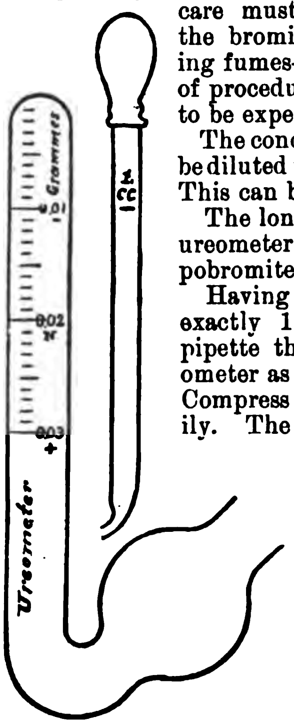
Test—Use the Doremus ureometer.

METHOD AND REAGENTS NECESSARY.

The sodium hydrate solution (100 grammes to 250 c.c. of water, or six ounces to one pint of water) will keep indefinitely when tightly stoppered.

The bromine may be removed from the bottle in which it is kept by means of the nipple pipette.

1 c.c. suffices for a test. More can be removed if a quantity of hypobromite is to be made up. Some care must be exercised in handling the bromine since it gives off irritating fumes—but by the above method of procedure no inconvenience ought to be experienced.



Doremus Urometer. (Sargent & Co.)

The concentrated hypobromite must be diluted with its own volume of water. This can be done approximately.

The long arm and the bend of the ureometer must be filled with the hypobromite.

Having washed the pipette, draw up exactly 1 c. c. of urine, pass the pipette through the bulb of the ureometer as far as it will go in the bend. Compress the nipple gently and steadily. The urine will rise through the hypobromite and the urea instantly decompose, giving off nitrogen gas.

Withdraw the pipette after the urine has been expelled, taking care not to press the nipple hard enough to drive the air out after the urine, and read the volume of gas after allowing the froth to subside. The ureometer indicates according to its graduation, either in milligrammes of urea in 1 c.c. of urine or grains of urea per fluid ounce of urine.

It also indicates by the signs + and — on either side of the central division whether the urea is present in a normal quantity or is increased or diminished.

In this connection it is well to remember that no two specimens from the same individual are alike when collected at different times of the day. Unless the urine of twenty-four hours is collected, mixed and a specimen taken, no accurate data can be had. Next to collecting the twenty-four hours urine and ascertaining the quantity voided, the morning urine, that passed on rising, is the best upon which to base a diagnosis.

When the total quantity voided in twenty-four hours is known the calculation of the amount of urea is very simple. Multiply the result found in milligrammes by the number of cubic centimetres voided, or the grain per fluid ounce by the number of ounces voided.

Phosphates.—Phosphorus is an important constituent of the nervous system, and the increase of phosphoric acid eliminated in the urine is due to increased metabolism of the nervous substance. More is eliminated after a meal of animal diet, and the estimation of the phosphoric acid eliminated should be made from the twenty-four hours specimen.

INCREASED.—In fevers, cerebritis, osteomalacia, diabetes, oxaluria, following epilepsy and after giving chloral and morphine.

DECREASED.—In pregnancy, nephritis, gout, and after using ether or alcohol.

Estimation of the total phosphoric acid:

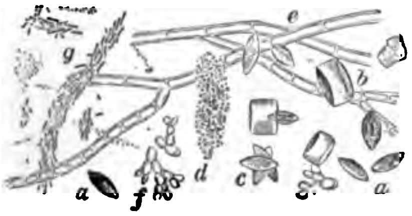
Solutions: (1) 20.3 grammes of pure uranic oxide in 1000 cubic centimeters of distilled water.

(2) 100 grammes of sodium acetate are dissolved in 900 cubic centimeters of distilled water, and to this 100 cubic centimeters of acetic acid are added.

(3) Saturated solution of potassium ferrocyanide.

ANALYSIS.—50 c.c. of the urine are poured into a beaker, and 5 c.c. of the sodium-acetate solution are added. The mixture is warmed over a water-bath and the uranium solution added, drop by drop, as long as a precipitate falls. If this be not easily recognized, the mixture should be stirred, a drop placed upon a porcelain plate, and a drop of potassium ferrocyanide added. If a reddish-brown color does not appear at the line of contact the addition of the uranium solution should be continued until this reaction does appear. The amount of uranium solution used is now read off the burette, each c.c. being equal to five milligrammes phosphoric acid. The average amount of the uranium solution used is about 15 to 25 c.c. Divide this amount by ten, which equals grammes of phosphoric acid per liter of urine. Divide this by 2.125, which will give the grains per fluid ounce.

Microscopical Examination.—Allow the specimen to settle in the bottle or graduate or one of the improved collectors for a few hours; then take an empty pipette or a long glass tube having a caliber of one-eighth of an inch and place the index finger over the end of it and pass it down through the urine and when in the densest part of the sediment remove the finger and allow this sediment to come up in the tube. Now allow this to settle a short time and when placed on the microscope slide there will be a concentration of a concentration.



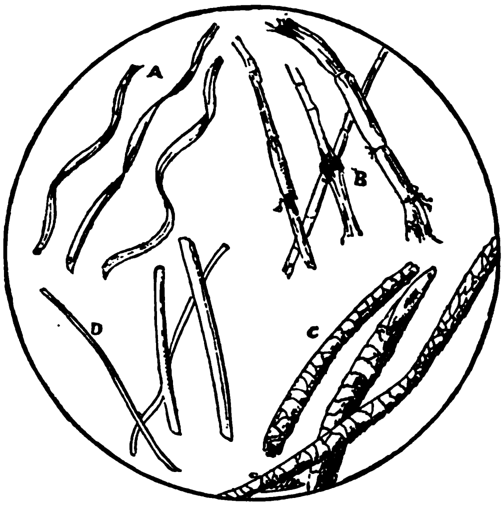
Fungi in Urine.

e. Mould; f. Yeast.
d. g. Micrococci and bacilli.
a. b. c. Uric acid.

After placing a drop from the end of the tube on the glass slide, do not place the cover glass on the drop until you have placed in the urine a small piece of something that will keep the cover glass from crushing the casts. This is best done by thin zinc circles. Do not use more than one or two drops or it will run over the cover glass and obstruct the view.

Unless one is perfectly familiar with extraneous matter he had better examine some fibers of wool, silk and cotton and become perfectly familiar with them under the high and low powers.

When using the low power (say 2-3 or 3-4) remember that casts will then have the apparent size of the thickness of a large pin, while when examining with the high power (1-4 or 1-5) they will appear to have the apparent size of the thickness of a lead pencil.



a. Cotton fibers. c. Wool.
b. Linen fibers. d. Silk.

When placing the urine in the collector it often facilitates matters to add a little eosin or carmine to stain the casts, or gentian-violet on cover glass.

A little experience will enable one to distinguish casts from mucous threads, which are long and have tapering ends.

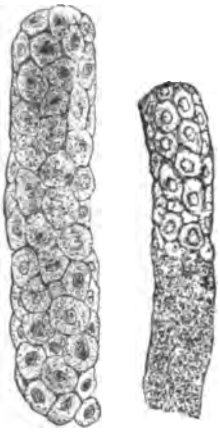
Casts disintegrate very soon and for that reason the microscopical examination should be made while the specimen is fresh. To keep urine add a little chloroform, resorcin or borolyptol.

Casts.—These are moulds of the renal tubules caused by a pathological excretion, which coagulate and receive other material, and are characteristic of renal disease.

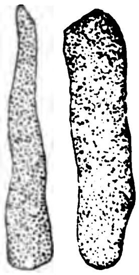
They may be divided in three groups: (1) Cells found in casts are red blood corpuscles, leucocytes, renal epithelium, bacteria or urates. (2) Granules, from epithelial debris, amyloid material. (3) Hyaline.

(1) Blood casts—Red blood corpuscles held together by coagulation (renal hematuria).

(2) Leucocyte casts—Purulent affections.



Epithelial cast.



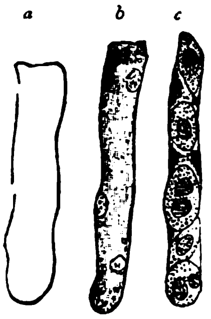
Granular cast.

(3) Epithelial casts are either hyaline cast with the addition of renal epithelium (having sharp outline) or a cast of the epithelial lining of the tubules. Epithelial casts with fat granules are found in chronic parenchymatous nephritis.

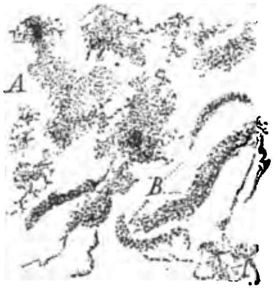
(4) Granular casts—Broken down blood, pus and epithelium.

(5) Fatty casts—Hyaline plus oil globules (amyloid nephritis).

(6) Hyaline casts—These are homogeneous with a fine outline and difficult to see with the microscope. The finding of them is much assisted by staining with some simple coloring matter (aniline red) or when examining the field and none are apparently to be seen they can often be brought in view by tilting the mirror to one side and causing them to refract the light. The wider the cast the more unfavorable the prognosis.



a. Hyaline cast.
b. With leucocytes.
c. With renal epithelium.



Urate of Soda.

A. Amorphous granules in clusters, resembling moss.

B. Granules in strings, resembling granular casts.

(7) Mucous casts of the tubules are long and thin. No importance.

(8) Casts of urates.

Casts in nephritis:

Acute —Epithelial, blood and hyaline.

Chronic parenchymatous—Epithelial, granular, hyaline or fatty.

Interstitial—Only a few hyaline or granular.

Amyloid—Hyaline, fine granular or waxy.

525 Forty-third Street.

TREATMENT OF BRIGHT'S DISEASE.

BY JOHN W. DOWLING, M. D., NEW YORK.

General Remarks.—In considering the treatment of Bright's disease it is all-essential to keep constantly in mind the fact that a variety of morbid processes in the kidney are included under the term Bright's, and the pathological changes occurring in other organs are still more varied, resulting in an endless variety of morbid conditions, both symptomatic and pathological. It is evident, therefore, that no hard and fast rules as to treatment can be laid down. It follows that the successful treatment of this hydra-headed enemy of modern civilization must be accompanied by the most careful individualization of cases. We, as homeopathists, trained to the consideration of each case strictly on the lines of the symptoms presenting, do not need to be reminded of this fact as regards the selection of a remedy. The indicated remedy, does not, however, of itself solve the problem. There is a broader field, including the whole range of diet, occupation and habits of life which must be gone over the studying of each case on its merits, before the conscientious physician can feel that he has done his whole duty by his patient. Even with this minute attention to detail, from the very nature of this disease, its tendency to resist treatment and its often inevitably fatal termination within a short period of time, most cases will not be cured. Results worthy of the effort will, however, be obtained in ameliorating the condition of the patient, and removing much of the physical suffering incident to the conditions present. We should therefore master the details of these accessory means of relief with particular reference to the applicability of each to the varied types of the disease quite as carefully as we study our materia medica to familiarize ourselves with the symptomatology of our drugs. It has often been the reproach of our school that we are prescribers only. We are gradually proving this to be untrue. In no disease is it more necessary to go into these outside regions than in the one under discussion.

Etiology.—As a preliminary to the treatment of any given case the information derived from an inquiry as to the possible cause of the disease will be of the greatest value and should never be omitted. It is not sufficient to obtain a careful list of symptoms, even accompanied by the microscopical examination of the urine. These will enable us to make a diagnosis, and also a prescription, the remedy fitting the case with greater or less accuracy, depending upon the skill of the prescriber. Too often these measures fail, drug after drug is given with little or no relief, and both patient and doctor become discouraged. Another physician is consulted, one accustomed to viewing disease from every point of view. His study of the case reveals some indiscretion in life, habits, occupation the correction of which gives the remedy a chance, the chance it has not yet had, and improvement results. It it difficult if not impossible to cure disease if there exist a continuous unremoved exciting cause. Under these circumstances the most carefully selected drugs simply palliate. While a study of the casual indications of acute Bright's disease is undoubtedly important in relation to its treatment, still from their very nature these causes are often beyond our reach, and except as warnings against the production of new attacks fail to help in the plan of treatment. The well known occurrence of this condition following exposure of the surface of the body, particularly the region of the loins, the circulation in the blood of those poisons causing specific infectious diseases, the ingestion of various drugs and accompanying pregnancy, aid us in the matter of diagnosis and prognosis but help little in the treatment. If the attack be cured a knowledge of these various causes enables us by proper warning to prevent development of subsequent attacks. One etiological factor, however, that does help us even in the treatment of the acute form is the knowledge that its development is common even after slight exposure in those addicted to the use of alcohol with any degree of regularity. It is not the moderate use of alcoholic beverages which produces the acute inflammatory condition in the kidney, but it does produce a peculiar susceptibility on the part of the kidney to develop this form of inflammation on the least exposure. Appreciation of this fact will enable us in treating this condition to stop a continuous predisposing cause and by its removal to take from the kidney one harmful influence which, if it remain, will delay if it does not prevent a cure.

It is in the chronic form of Bright's disease, however, that a careful study of its causes, predisposing and exciting, yields the most satisfaction when applied to the plan of treatment. While it is true that chronic Bright's usually proves a most intractable disease, resisting all efforts at its cure and eventually carrying off its victim, it is none the less true that precisely as a knowledge of the causes of the acute form enables us to prevent its recurrence a study of of the cause enables us to benefit the chronic form by removing this cause. To expect to give relief without doing this is to subject one's self to disappointment in a majority of instances.

It is almost a truism to call attention to the fact that the continued, even though moderate, use of alcohol is one of the commonest causes of this disease, and to counsel physicians to stop its use among their patients who have developed a Bright's would be wasting time. I take it all are ready to admit the propriety of this advice. Many cases present themselves, however, where alcohol is not a causal factor. The patient takes none at all, or so little that it is impossible to attribute the trouble to its use; though even here we have no positive rule to guide us, for a very small quantity in persons possessing a peculiar susceptibility to the action of the poison will be sufficient to do the mischief. It is in this class of cases where alcohol is not a factor that I wish to point out how a more careful study of cause will give results bearing on the treatment. Too often is it overlooked that gout and rheumatism are probable exciting causes of this disease. It is not the simple fact that one or other of these has produced the kidney lesion that is of value. Too frequently this information, even when determined by the history, is merely tacked on to the case as a matter of record, no importance being given it in considering the treatment to be adopted. A study of the relation these two diseases hold as factors in the production of Bright's will well repay the time spent. In the case of gout, for instance, its application to the treatment of the case is made manifest by the light it throws on the factors which have been at work to produce the gout and, as a consequence, the Bright's.

By gout is here meant not only the podagra, the typical affection of the great toe, but also the great number of conditions, both subjective and objective, which we find characteristic of irregular gouty manifestations, expressed by the term "gouty diathesis." The causes which lead up to the production of gout in an individual being known to us, we can then and then only look with a clear and unobstructed vision at the conditions present. We see a plan of treatment applicable to one case modified materially when applied to another. Modified because, as was pointed out before, treatment in the face of an unremoved cause is but unsatisfactory work at the best, and because, knowing the causes which produced the gouty diathesis, itself responsible for the kidney lesion, our treatment must be directed towards removing these causes as far as possible; because in removing them we remove, in great measure, the factors producing the Bright's. While in most cases this will but delay the inevitable result, yet in a large number, when the condition has been recognized sufficiently early, it will enable us to arrest the kidney affection, the Bright's disease being checked because our investigations have lead us to a knowledge of the condition of which it was the direct sequel. To prescribe for the Bright's and neglect the gout in this example is as useless as it is illogical. Too often is this done, however, and results that would have been brilliant and of incalculable value to physician and patient have not been obtained, because the relation of cause to disease has not been deemed of sufficient importance to merit investigation.

Treatment.—From its very nature, consisting as it does of a series of pathological changes which once started evince a constant tendency to progress towards a fatal termination, the treatment of Bright's disease is a difficult problem, presenting almost as many different phases as we see cases. Chronic from the beginning, our only hope is to arrest its progress as far as possible, and relieve the symptoms presenting—these symptoms differing with each stage of the disease and modified to an unlimited degree by the surroundings of the patient, his habits of life, occupation, temperament and constitutional tendencies. We must train ourselves to the detection of its earliest manifestations, and being forewarned of its insidious advances learn to discover and appreciate them. This is often no easy task, for indications so slight as to escape the notice of all but the trained and careful investigator alone tell the story of the coming evil and give us by their early discovery some prospect of arresting its progress. Individuals presenting the pulse of high tension, hard and tense arteries, slight hypertrophy of the left ventricle, and increase of urine of low specific gravity, with or without albumen, are subjects for anxious solicitude and careful watching. Any one of these indications is of little moment by itself, but the combination is positive evidence that the trouble has begun. It is often difficult to convince these patients that they stand in need of treatment, but if they are to be helped it is just at this stage that the emphatic advice and careful watching of the physician will be of most avail.

Hygiene.—As the disease itself connot be cured, but only arrested, and as remedies have but little value in this condition if unsupported by accessory measures, our treatment resolves itself largely into a proper regulation of the life of the individual. The value of the apparently good results often obtained by the use of remedies alone, is largely off-set by our knowledge that the disease is often exceedingly slow in its progress, liable to long intervals of apparent arrest, but in the end the result is always the same, provided the patient is not carried off by intercurrent disease, to which the presence of the Bright's renders him all the more liable, and less able to resist it.

A glance over the field presented by this regulation of the life and habits of the sufferer from Bright's, reveals a natural division of the various measurers of treatment. We must carefully direct matters pertaining to the mental state of the individual; we must consider the question of diet aud the regulation of the quantity and quality of food; the stand to be taken in the matter of exercise, the advisability of a change of the climate and the selection of the proper locality the matter of occupation, clothing and bathing, and after all this the proper special measures for the relief of the various complications which are sure to occur, anemia, dyspepsia, anasarca, uremia and the like. It is manifest that this covers a large field, far in excess of the limits of this article. It will, therefore, be only possible to give a brief outline of the salient points under each of these various topics.

As to the mental condition, it is a well-known fact that the hurry and rush and excitement of modern life is a great predisposing factor in the production of Bright's, and more than all do we find the element of worry as a cause. The disease having been recognized the importance of modifying the state of the patient's mind can be appreciated. If possible, the causes of this mental strain must be removed. We will be told that this is impossbile, that business cannot be neglected. This being the case we must demand periodic vacations, characterized by absolute mental rest. If possible, send the patient way beyond the echo of the stock market, where the telephone and telegraph cannot reach him. Send him into the open, the woods, with nothing but the trees and hills and sky about him. No man can worry amid such surroundings, and this worry is what does the mischief. How often do we see men prosperous in business undergo a tremendous amount of work with apparently no evil results until things begin to go wrong. Then, because in business hours and out black care sits behind them and in ceaseless worry do they pass day and night, then do we see them begin to break, develop indications of Bright's and after a year or so gradually go to pieces. In large cities this is too common to excite remark. "Died of Bright's disease, the symptoms of which developed shortly after his failure in business," is a common phrase of obituary notices. This state of things points out the absolute necessity for mental rest and freedom from worry if we wish to successfully attempt to delay the progress of this disease. Of course, the earlier this precaution can be taken the greater will be the benefit, but at all stages it is followed by a certain amount of amelioration. If it is really impossible to remove this element of the trouble, its effects can be greatly modified by adding to the daily life of the patient more fresh air, out of door hours, together with exercise adapted to his strength. This benefits him in several ways, it renews the oxygen of the blood in greater proportion to the needs of the system; it increases the excretion through the lungs and skin and by so much relieves the kidneys of their task of getting rid of waste material which, in this condition, is always in excess; it promotes metabolism, increases the assimilative powers, improves the appetite, benefits the mental state and stimulates to better work the crippled kidneys and overworked liver. Could any one measure be expected to accomplish more? To those who have overlooked the importance of this part of the treatment, a trial of its effects will prove most convincing.

In the matter of exercise, however, a word of caution is necessary. It must be remembered that we have throughout the body hard and brittle arteries whose walls have lost their elasticity; there is also present the hypertrophy of the left ventricle with consequent increase in the power of its contractions. To permit, under these circumstances, exercise of a violent nature, is to run a grave risk. The violently acting heart is liable to drive the blood through the weakened arteries with such force that they will rupture, with all the consequences that follow this accident. Exercise, moderate and within the limits of fatigue should be the invariable rule.

Diet.—Probably no part of the treatment of Bright's disease has produced more controversy than the question of diet, unless it be the matter of the use or abuse of alcohol. There are certain general principles to be kept in view, and from these can be deduced the particular directions for a given case. In speaking of the causal factors of this disease emphasis was laid upon the importance of bearing in mind the conditions produced by overwork of the digestive organs, including the liver, and the relation of the condition of gouty diathesis following this overwork to Bright's disease. If those conditions are important at the commencement of the disease how much more important is it to recognize them when found in the presence of the kidney lesion. It is a self-evident proposition that the Bright's diseased will be helped if the conditions which assisted in producing it, and which still exist can be removed. To the non-removal of these conditions can be attributed much of the ill-success of the treatment adopted. We must constantly bear in mind that overwork of the digestive organs must be stopped ere we can hope to relieve the diseased kidney. The products of this overwork, the waste material resulting from imperfect chemical changes circulating in the blood, are admitted to be direct irritants of the kidney. How can the kidney rest if instead of throwing off easily soluble products it is struggling with a mass of insoluble substances which clog its tubules and act as an actual source of irritation. The attempt to reduce the amount of work thrown upon these organs is not easy. Everything is against it, and it is hard to make patients appreciate its importance. They do not like the restrictions imposed, and many will not submit to them.

Speaking on this point S. W. Balfour, in his *Senile Heart*, remarks: "In a state of civilization man is always supplied with a superfluity of foods and drinks of which the habits of society and the anxiety of his friends tempt him, if they do not actually compel him to partake. Moreover, as the bubbling energy of youth fails, the mere pleasure of it no longer incites us to violent exertions. The needs of civilization do not require such exertions from us, and the many luxuries of civilized life aid and abet the natural indolence that grows upon us as age advances, and largely preclude the need for any but the most trifling bodily exertion."

Here is the gist of the whole question of diet: Too much food, too little exercise, overtaxed liver, overworked kidneys, Bright's disease and eventual death.

Except in the presence of some of the complications of this disease it is not necessary to adhere to any particular article of food, or even a few articles. The dietary should be varied to excite the appetite, nutritious to supply the wants of the system; but it must consist of those articles known to be digested without much effort and those resulting in the smallest possible production of excess of waste material. Such a dietary, in combination with the exercise as described above, yields notable results. It is remarkable to notice the improvement, particularly in the earlier stages, when the patient has pursued, even for a short time, this new existence. His kidneys have not improved pathologically, only the advance of the changes there being checked, but his color improves, he relishes his food, he sleeps better, his spirits are restored and he looks like a new man. Herein lies the danger. Lulled to fancied security by his improvement he laughs to scorn your warnings and returns to his old habits, only to break down again after a longer or shorter interval. Having once started on the diet and regimen selected the patient must be made to understand that it is for life, if he wishes to make the most of his remaining years; there are no half-way measures possible. He will tell you life isn't worth living at this sacrifice. If that were all it would be an easy matter; but the difficulty is that these patients do not die, they live on crippled and miserable. The failure to insist on the above conditions with sufficient earnestness accounts in large measure for the imperfect results so often secured.

In the presence of much albumin in the urine, it is best to avoid too much albuminous food. Do not prohibit it altogether. According to Sehrwald it has been noticed that when the body does not receive sufficient albuminous material the albumin in the urine increases. To proceed on the theory that as the body is losing large quantities of albumin, and that it must be supplied in the food has been found to be equally harmful and also to increase the albuminuria. A happy medium should be sought for, guided by frequent examination of the urine.

Drink.—Intimately associated with the question of food, and of no less importance, is the matter of drink, and this not only in its conventional meaning as including all forms of alcoholic beverages, but also to include the long list of medicinal waters, so-called, and last, but not least, the proper use of pure water itself. Most authorities state that alcohol in any form is injurious to the patient suffering from Bright's. I have never seen a case, except in the last stages, that did not do better without it. Considering the matter carefully it is hardly possible to assume any other position. It is well known what a potent factor alcohol is in the production of those conditions preceding and accompanying this disease, and it hardly seems rational to allow the continued use of an agent so powerful for evil. I can hardly conceive of advising it in any form, except toward the close of the disease, when it is sometimes needed as a palliative for certain conditions then present. It cannot be curative and can only do harm. To secure the best results it is not sufficient to reduce its use to the minimum. It must be stopped altogether. It is true we find those who advise its moderate use by patients accustomed to indulge. I recall one case in the last stages of Bright's in whom everything possible had been tried to relieve the dropsy, even to incision of the skin of the legs. Always a drinker, he had been brought down to one glass of claret a day. In despair this too was taken from him. The effect was magical, and the dropsical condition practically disappeared for months.

I cannot believe that any good can follow the administration of this direct irritant, notwithstanding the fact that many persons use it without apparent ill-effect. They are not subjects of Bright's, though liable to become such, and are exceptions to the rule.

The use of medicinal waters has been held of great value in the treatment of Bright's. Most, if not all of these waters, notwithstanding their much vaunted medicinal value, rarely do much good except that they are usually taken in large quantities and benefit by increasing the fluids of the body and by flushing the kidneys carry off waste material which, by its presence, is aggravating the lesions already existing. Pure water, in my experience, if taken in equal quantity and with the same regularity, will accomplish the same results and should always be freely given for the reasons indicated above. It helps all excretory functions and tends to prevent the retention in the blood of poisonous products which by their accumulation so often result in a condition of uremic poisoning.

Baths.—Associated in the minds of most people with the benefits to be derived from medicinal waters is the treatment by medicated baths in vogue at the various springs so popular as health resorts. The most recent view of these aids to treatment seems to indicate that the benefit comes not from the hot bath alone, though it may help in a measure, nor because the water happens to be saline. At these health resorts the baths are taken regularly for a length of time and undoubtedly help. Equal benefit would be secured by the same number of baths at home but for the fact that the conditions are not the same. To visit a health resort for the baths and the waters the patient must tear himself away from business and worry and adopt a simple, healthful mode of life and diet. This is insisted upon by those in charge of all the popular health resorts, and to this fact I attribute most of the benefit. Frequent bathing in warm water will prove of service by promoting excretions. Cold bathing in those suffering from Bright's should be forbidden because of the extra strain thrown on the kidneys by driving the blood forcibly from the surface of the body.

A change of climate is often desirable, and a locality should be selected where the temperature range is low and where the atmosphere is warm and mild. Patients with Bright's are extremely sensitive to cold and damp and if possible should be removed from such climatic conditions.

Of conditions occurring during the course of the disease calling for active treatment, we may note anemia, uremia, dropsy and failing action of the heart. The anemia so often found to exist in a marked degree is caused by the great interference with assimilation due to the dyspepsia, a constant factor present, and also caused by the drain due to the loss of albumen through the kidneys, and is not infrequently accompanied by marked hydremia. This complication can nearly always be met by careful attention to diet. The patient should eat but little at a time, and eat often. The food should be easy of digestion, or if necessary, already partly digested. The exclusive milk diet, though apparently an ideal one, does not give the best results, though milk, if it can be borne should form part of the food. It should be noted that these patients thrive best of all on a leguminous food with some milk. Beef peptonoids and other readily digested albuminoids will prove of value when the stomach becomes able to dispose of them. These precautions in regard to food, however, will fall far short of their proper effect, unless they are assisted by bringing to the blood a sufficient amount of oxygen, which can be done only by insisting upon a certain amount of exercise in the open air, varied in degree in accord with the strength of the patient. An important point to note in ordering exercise is the necessity for beginning with a very little and gradually increasing it. Unless this be done exercise will prove more harmful than beneficial.

Uremia.—The uremic symptoms and tendency to uremic convulsions, common in the later stages of this disease, present conditions calling for most careful observation and treatment. They are always grave and often fatal, and should be vigorously attacked as soon as recognized. For the vomiting of uremic origin it is all important to watch carefully the food. It should consist of small quantities of peptonoids, beef juice, milk or koumyss. If the vomiting be persistent all food should be given cold. The cold acts as a sedative and tends to control the vomiting. White of egg beaten up with milk and frozen in the ice-cream freezer forms an admirable food in this condition. Diaphoresis, not by powerful drugs, but by stimulation of the action of the skin by hot baths and hot packs will nearly always give some relief. It is necessary to be on the watch, however, for possible aggravation of the uremic symptoms which sometimes follows the use of this measure.

Dropsy..—Dropsy occurs with great frequency in Bright's and varies greatly in degree. Its milder form is liable to occur at all stages of the disease, but when it is present to any extent it tells a story of advanced renal change. Ordinary remedies will usually be of service when it is slight, but its aggravated form will require accessory measures. Turkish and Russian baths and the hot pack have all proved more or less efficacious. Furbringer states that he has often seen severe dropsy removed in a week. To accomplish this in all cases must not, however, be expected. It may be necessary to resort to surgical measures to remove the fluids, and these are preferable if there is any question at all as to the patient's being able to stand the hot baths. I am not advising these measures in the place of the proper remedy, but as the conditions are usually incurable and the remedies fail these measures often give partial relief to the great satisfaction of the patient.

The Heart.—In the last stages of Bright's too great attention cannot be paid to the condition of the heart, for it is by the failure of this organ longer to stand the extra strain thrown upon it that the most distressing complications of the disease occur. When a patient dies early in Bright's disease, perhaps from convulsions, I always feel thankful that he has been spared the long misery of a gradually failing heart with all the sequelæ of that condition. This failure can be delayed in great measure by careful watching and treatment. The heart is normally hypertrophied quite early in the case, and this continues to increase as the disease progresses for a variable period. Eventually there comes a time when, owing to lack of nutrition resulting from the anemia and hydremia, and also lack of proper blood supply because of changes which occur in the walls of the coronary arteries, the heart can no longer stand the strain. Compensation fails and the walls of the left ventricle begin to dilate. When this progressive dilatation has once begun the patient's condition is precarious. The treatment of this complication must be in the direction of increasing the strength of the failing heart-muscle. Rest is imperative, both physical and mental. Exercise should be taken by massage if possible. The diet must be simple in the extreme. Liquids must be diminished in quantity as as far as the patient will permit. The dry diet diminishes the hydremia and retards the development of dropsical effusions. Stimulants are now often of great value, but they must be given as drugs, and their effects carefully watched. Drugs must be prescribed with special reference to their action on the heart muscle. The results of treatment of this state of affairs are always doubtful, but a sufficient number of patients will respond in so remarkable a manner as to warrant its careful adoption even in desperate cases.

Conclusion.—The scope of this paper does not permit a description of the symptomatology of the remedies indicated in Bright's, nor even of the most commonly indicated ones. The treatment is too large a subject to be discussed in any but a general way outside of a text-book, where too, all these indications for remedies may be found. The kidney condition itself is practically incurable. It can be often arrested by a removal of the causes that have produced it, usually indiscretions in life and habits. Our drugs will be of most value in the complications occurring, and to attempt to indicate the symptoms under these various headings would lead us too far. We all study materia medica, and it has seemed more profitable in this brief sketch to explain and emphasize those accessory measures of treatment which aid our remedies to such an extraordinary degree. In too many instances, however, they are overlooked or carelessly prescribed, the patient being allowed to sink or swim on the efficacy of the prescription. The prescription may fail, but a faithful attempt to manage a case of Bright's disease on the above described general lines will in nearly every instance be rewarded by a degree of success dependent upon the amount of study the needs of the case have received.

HOMEOPATHIC TREATMENT OF BRIGHT'S DISEASE.

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Preliminary Remarks.—If there be any exception to the rule that in the treatment of non-surgical diseases the indicated remedy is the most important factor, that exception can be found in the treatment of Bright's disease.

While recognizing that which is usually called auxiliary treatment is not, strictly speaking, homeopathic, yet so important is it in Bright's disease that I believe it is almost impossible to get beneficial results from our drugs without it. I am sure we cannot cure Bright's disease without the homeopathic remedy. The few cases which I have seen recorded in old school journals have been those in which such remedies as *Mercurius corrosivus* or *Terebinthina* had been used in connection with other treatment.

Auxiliary treatment may be placed under two headings, viz., 1st, protection of the body; 2d, diet.

Protection of the Body.—It is useless to expect to cure Bright's disease when the patient can not or will not take proper care of himself, even if the exact similimum be selected and faithfully administered. So long as the patient must be constantly exposed to sudden changes of heat and cold without the necessary protection, so long as he must endure excessive bodily and mental strain, thereby increasing at irregular intervals the amount of labor the kidneys must perform, so long will the disease continue its ravages.

Even in the recent and mild cases these patients should have and use proper clothing and be kept as free as possible from mental worry or excitement, as well as physical weariness.

Severe cases should be put to bed and kept there. Want of exercise should be compensated for by thorough and skillful massage.

Of such importance do I consider protection of the body that I believe that unless we can secure a promise from our patient, to carry out instructions in this respect, we do him and ourselves a kindness to refuse to treat him.

Diet.—The diet should be bland and easily digestible. More than that, it should be concentrated so as to be highly nutritious. Milk has not been too highly estimated in this disease. Most patients will improve on a milk diet, and my experience leads me to believe that for those who can not use it in its natural state it can be so prepared that they will relish it and thrive upon it.

All condiments, spices and highly seasoned dishes should be prohibited. Feeding should be at regular intervals and of a definite quantity.

Of equal if not more importance than that of food is the drink of the patient. I feel perfectly safe in making the statement that seven out of every ten cases of Bright's disease are caused by the excessive use of alcoholic drinks.

Any physician who has had even a limited experience can testify to the fact that a patient always grows worse when using alcohol.

Not only should alcohol be prohibited but water containing solids should also be prohibited. Rain water, or such as is free from all minerals should be used.

Medication.—It is when we come to prescribe for Bright's disease that we are made to feel that our materia medica is far from perfect. The remedies which have been proven with sufficient accuracy to give us even a fair likeness of any picture produced by the varying symptoms of the different stages of the disease are less than a dozen. These I will give in the order of the benefit derived from them in my own experience.

Mercurius corrosivus is the remedy which I believe will be most frequently indicated. It is the remedy which the old school have taken from our store-house and appropriated to their own without so much as a "thank you." They, as a matter of fact, give it empirically.

It seems to be indicated when the "urine is thick," "micturition is difficult," "urine contains albumen granules and fatty tube casts," and "epithelial cells of the tubuli uriniferi." As a rule we will find more or less inflammation of the neck of the bladder.

The pulse will be irregular, uneven, rapid. The skin cold, often cold sweat. Heat intermittent. Face pale and swollen. There is an expression of uneasiness on the face.

Phosphorus.—Phosphorus is a remedy I have found useful where the cause is abuse of alcoholic stimulants. Next to the facial expression and the generally accepted *Phosphorus* make-up of the patient the peculiar diarrhea of *Phosphorus* will call the patient's and physician's attention to the urine, which on examination will present the white, flocculent appearance, the "irridescent fatty membrane." The fatty casts or oil globules will also be found. As a rule the specific gravity will be low, 1,012 and lower; but in one case I found it 1,026 and it remained about 1,020 even after the albumin tube casts and fatty particles had disappeared. In many cases where *Phosphorus* is indicated we will have complications of the lungs or heart or both. The inability to lie on the left side or on the back is quite marked in these cases. Vomiting is a frequent symptom calling for *Phosphorus,* the vomiting being checked for a short time by the use of cold water or ice. The hemorrhagic diathesis will be an additional indication.

Apis.—We have not noticed a great deal of edema under the two preceding drugs, but one of the first symptoms to attract attention when *Apis* is the indicated remedy will be swelling of the cellular tissue and scanty, high colored, sometimes (rarely) bloody urine. As a rule this condition follows some exanthematous disease. The patient soon becomes drowsy, apathetic, indifferent. There is not the thirst which we find under both *Mercurius* and *Phosphorus,* neither the restlessness nor thirst which will be found under *Arsenicum.* The urine will contain tube casts and renal epithelium. The edema is quite general and we frequently have effusion into the various cavities of the body. Another symptom I have noticed is a stiff or bruised feeling of the muscles in different parts of the body, especially noticeable in the back. The tongue is red, hot and dry. I have never received any benefit from this remedy except in acute cases.

Arsenicum album.—Arsenicum also causes swelling, first noticed under the eyes, but the face has a more earthy, pale, cadaverous appearance than that of *Apis.*

We have the peculiar restlessness of *Arsenicum* and thirst for small quantities of water, also in the majority of cases the dark, watery diarrhea. The emaciation will be rapid and the prostration still more marked. There is a very noticeable derangement of the stomach, such as frequent vomiting, burning and pain. The urine is always scanty and, as a rule, of low specific gravity. Albumin is not as frequently present as with other remedies, but the tube casts are always present.

Another and one which I consider a very prominent symptom calling for *Arsenicum* is the presence of what the laity term "blood boils." The boils which contain a little pus and more blood, but which are very slow in pointing—frequently will go on slowly, causing the sloughing of more tissue, unless the contents are evacuated by the physician. These may appear on any part of the body. I have come to look upon them as calling for *Arsenicum* in any disease when we have present the stomach and skin symptoms of *Arsenicum* in preference to *Lachesis, Hepar* or *Arnica.* This being especially true of Bright's disease.

Terebinthina.—Turpentine like *Apis* is most useful after some acute disease. There is intense inflammation of the kidneys which extends to the bladder and urethra, causing stanguary.

The pain in the region of the kidneys is burning and drawing and often extends into the right hip.

The quantity of blood in the urine is large and is thoroughly mixed, giving the urine a dark, smoky appearance. The quantity of urine is always small. The pulse is usually rapid, thready and compressible.

I fear that *Aconite* is frequently given when *Terebinthina* is the indicated remedy, because as a rule the latter has a high fever.

Kali chloricum.—This is a remedy which is too often neglected in this disease. It is a remedy which on account of its common use is responsible for much injury to the kidneys. "Urine turbid," "frequent urging," "diuresis," "frequent micturition," are the expressions used by the provers. Cases of poisoning furnish the following: "Diuresis lasting several hours followed by complete suppression for six days preceding death;" "urine dark, bloody and containing much albumin;" "passed no urine;" "hardly any urine passed." After death, "kidneys considerably enlarged and filled with accumulated products of destruction of red corpuscles." "The greatest alteration seen in the kidneys, in which both the straight and convoluted tubes were filled with irregular and cylindrical, brownish masses;" "accumulation of oxidation products, especially in the kidneys;" "kidneys enlarged and cortical portion expanded;" "kidneys large, capsules non-adherent;" "many straight tubes in pyramids of kidneys were found filled, even to distension, with broken down blood cells and methemoglobin."

An old school authority commenting on this drug in large doses, says: "The poisonous effects of the drug are therefore probably the result of its oxidizing action on the red corpuscles; the debris thereof are either excreted by the kidneys, coloring the urine brown, or they accumulate in the renal cortex and cause death by suppression of urine and uremia." "The kidneys themselves are enlarged and their surface brown, but they exhibit no inflammatory appearances, the main alteration being the infarction of their tubules with corpuscular detritus."

Just why or how the drug can act and produce all the above objective and subjective symptoms and yet the kidneys "exhibit no inflammatory appearances," is only explainable to me by the fact that they were observed in cases in which death occurred before there was time to produce inflammation, for such an amount of debris in the blood must in time irritate and inflame the kidneys. I have given so much space to *Kali chloratum* for two reasons; first, because I have cured two cases with the use of the sixth potency; second, because I wish to call the attention of the profession who have not already made the observation to the injurious effects of the use of tablets of *Chlorate of potash* for all cases and forms of sore throat.

Plumbum is another remedy which is not used frequently enough. There are two cases on record of cures by *Plumbum*, and there would be many more if it were studied more and given oftener. When we consider its well-known action on interstitial tissue, its "emaciation, anemia, covulsions, wandering pains, restlessness, weakness, sallow, pale face," with that peculiar "anxious expression," with loss of appetite, nausea and vomiting, amaurosis, and to these add difficult micturition; urine scanty and dark, evacuated by drops; albuminuria, urine without urea; the low specific gravity, as low as 1.002; the "brownish red, turgid sediment, consisting of red blood corpuscles and short thick cylinders, hyaline casts, etc., etc.," certainly have presented a picture similar to that which we find in the contractive or cirrhotic variety of this disease.

Lycopodium is a deep-acting tissue remedy which has arrested the progress of chronic Bright's disease. We will find on getting a history of the case that the gastric symptoms were the first to appear. (These need not be given.)

Following closely upon this condition the patient, if an observing one, will tell us of the peculiar sediment of the urine. Later on will come the boils and other manifestations of an unhealthy skin, which in turn is followed by swelling of the feet, stiffness and swelling of the knees, etc.

The foregoing remedies are the only ones that I can vouch for from personal experience. *Nitric acid, Ferrum phosphoricum* and *Tarentula cubensis* are those which have been mentioned by others as curative.

Our practical colleague, P. Jousset of Paris, lauds *Glonoine, Iodine* and *Tuberculinum.* In regard to *Iodine,* I used it in one case where the percentage of albumen was very marked and where, notwithstanding an unnatural appetite and the injestion of an unusually large quantity of food, there was rapid emaciation. The patient was short, thick-set, a sufferer from adenitis from youth. The skin was swarthy and unhealthy. Specific gravity 1,006. The use of *Iodine* 6x with the use of milk as a diet and a sojourn of six months in Florida removed all the abnormal conditions.

Tuberculine is a remedy that our school ought to prove. From the reports of its use during the Koch-lymph craze the careful observer is forced to the conclusion that its first action is upon the kidneys, producing congestion and albuminuria, followed by interstitial changes. If to the kidney symptoms are added those which *Tuberculine* produced upon the heart, which seems to be the second point of attack, we have, it seems to me, a very fair picture which is sometimes presented by the patient suffering from Bright's disease, and for which Jousset claims to have derived benefit from its use. But as the drug is not thoroughly proven its administration would be pure empiricism, a form of practice which all conscientious homeopaths will avoid.

Symphytum in Bone Disease.—Traumatic periostitis. Bones brittle, easily fractured; facilitates union and lessens or removes peculiar pricking, jagging pain at point of injury. Irritable stump after amputation. Periosteal pains after wounds have healed.

HINTS ON THE GENERAL MANAGEMENT AND HOMEOPATHIC TREATMENT OF CHRONIC BRIGHT'S DISEASE.

BY J. C. FAHNESTOCK, M. D., PIQUA, OHIO.

Hygiene.—As to the general management or auxiliary treatment, I may mention the general habits, the kind of nourishment, water, clothing, exercise, resting, both mind and body, climate, and then the homeopathic remedy.

When our patients are so situated that the strife for the "almighty dollar," or the eager desire to rise to distinction can be avoided, active work should be stopped at once and residence taken up in some dry, warm climate.

But when, as too often is the case, the patient is lacking of this world's goods, then we must select clothing, etc., to suit the case as best we can. Woolen goods of proper weight, according to the changes in the weather, should be worn the entire time.

Nourishment.—Starch, meats, sugar, cheese, etc., must not be used. I have said no meats. I will slightly modify this and grant wild meats and fish in moderation, liver and sweetbreads. Beef is not a good diet. A strictly milk diet I do not often follow, as I think the greater number of patients do better on a mixed diet. Fresh milk is allowable at any time, butter, eggs, cream, fruits and vegetables. Cocoa and milk are the best drinks. Water can be taken freely good pure spring water or distilled water.

I must say I have never seen any special results following the use of the much lauded mineral waters. The purest water procurable is always in order.

Exercise.—Exercise should be moderate and in the open air, avoiding anything exciting and sitting in a draught of air. Imprudent exercise is always followed by bad results. When the patient is too weak to walk about a drive is very refreshing. In such cases massage given every day will be found to be of great value; it lessens the arterial tension and gives exercise without expending any of the nervous energies.

Bathing.—Sponge baths should be given every morning, thereby keeping the skin as active and as healthy as possible. Sea salt added to the water occasionally seems to be very beneficial.

Rest.—That word rest, what a beautiful word, a whole essay in itself. Complete rest in bed with a light diet, plenty of pure fresh water, massage with the closely selected remedy often does "wonders" for the patient.

Orificial Hint.—Right here (please do not slight the suggestion), give the nervous system a rest by dilating the urethra, and if there be any rectal irritation get rid of it and dilate the rectum; by so doing several points will be gained, viz.: The equalizing of the circulation, thereby lessening the arterial tension, securing better nutrition, also producing better action of kidneys and bowels. By so doing constipation is avoided, a matter of great importance.

Mental Suggestion.—Keep your patient's nervous system and mind at rest. The patient should be kept as cheerful as possible. Be hopeful and cheerful yourself. It is part of the debt of love we owe to our fellow men to bring them always the best we have; not gloom and shadow and disheartenment, but cheer, hope and anticipation of restored health. Cheerfulness is a rest to the mind and body, it is the very fountain of life in his heart. It makes him strong.

Nothing so weakens the life's energy as discouragement. It hides stars in the sky, blots the blue of the heavens with blackness. It drives hope out of the heart. But cheerfulness is a good angel to the man who keeps it in his heart. It helps him to be more than conqueror in the struggle for life. He who is always of good cheer is master of circumstances and conditions. Cheerfulness is courage, and one of the best of remedies.

A man without cheerfulness is a very sick man indeed. His strength soon fails. "A broken spirit drieth up the bones." Cheerfulness is a prime secret of health. It keeps you well. It is that one great secret of eternal youth. It is its own benediction.

Medication.—With reference to the homeopathic remedies used there may be quite a number according to totality of symptoms seen in different cases. I shall only give a few, with some indications for the same.

Arsenicum is indicated when there is an anemia, with gastro-intestinal irritation, with a morbid tendency to dropsy, short breathing and rapid action of the heart, the symptoms very familiar—restlessness, thirst, dyspnea, and general aggravation at night.

Apis relieves a few cases where there is a general bloating of the face, body and limbs, scanty, albuminous urine, with frequent urging. As a remedy for chronic Bright's disease I don't believe it is so often indicated as might be supposed, it being more useful after the eruptive diseases followed by the inflammatory condition of the kidneys, with albumin in the urine, etc.

Phosphorus.—Urine scanty, dark colored, frequent desire to urinate. Purulent urine, with a general wasting away of the tissues. Fatty casts are found in the urine, and with it other indications of fatty degeneration.

Kali chloricum. The most powerful irritant and most poisonous of all the salts of potassium, it being a most powerful irritant to the entire gastro-intestinal mucous membranes. It surely is the remedy most homeopathic to the disease in question of all we possess. It first increases the action of the kidney, followed by a complete suppression, and a most violent nephritis. We find in the provings all the characteristic symptoms belonging to this malady. "Could only pass a few drops of bloody urine; hematuria; scanty, black and albuminous urine containing albumin, casts, and altered blood; acids and deposits of urates; turbid, suppressed." The general action of the drug on the entire system shows a profound action similar to Bright's disease.

I might mention quite a number of other remedies, viz., *Mercurius corrosivus, Cantharis, Benzoic acid, Carbolic acid,* etc. Also remedies often must be selected according as the symptoms manifest themselves in the case. I have used the chloride of gold in a few cases with happy results. As palliative measures, *Thlapsi* tincture, sixty to twenty minims every two to four hours, often gives great relief in dropsical cases; or the following drink: Two teaspoonfuls of lemon juice in a glass one-third full of water, a teaspoonful of soda in one-third of a glass of water, poured together, making a "sizzle" drink, very often flushes the kidneys and relieves by clearing away waste matter.

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GENERAL MANAGEMENT OF CHRONIC BRIGHT'S DISEASE.

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA.

Parenchymatous Nephritis.—FIRST STAGE.—Taking for granted that a correct diagnosis has been made out and that the practitioner knows whether he has a tuberculosis of the kidney, a syphilitic alteration of its structure, a traumatic condition, a tumor or cyst, or a chronic nephritis attended with albuminuria and the excretion of the tube casts, with the other characteristics of chronic Bright's disease, I will consider only the treatment requisite in pronounced cases. There is a stage of parenchymatous nephritis, necessarily acute, which is considered by some pathologists as the first stage of the malady.

If this stage, or its primary inroad, has not produced any very marked symptoms of annoyance, such as edema under the eyes or in the lumbar region or other parts of the body, and no convulsions or other uremic manifestations have occurred, and very little aching pain in the lumbar region with but little or no tenderness in the same region on deep pressure, and there is no diminution or increase in the usual amount of urine voided, and there is very little change in the external appearance of it and no blood is found therein, if there is no vomiting or symptom of an aggravated character to call the attention of the patient to the gradual inroad of the disease, he will, in all probability, find himself in the second stage or chronic form of the disease before he applies for medical relief. This is the form of the disease under consideration.

Should there be a natural tendency to renal symptoms it will be important for the individval thus affected to pay strict attention to some of the preventive measures, first of which will be the avoidance, as far as possible, of the causes which engender Bright's disease, such as the partaking of food which has an admixture of earthy material, as terra alba, now largely used in candy to make weight.

Cheap colored candies and adulterated condiments should be avoided, for when this fine dry clay is taken into the system, more or less of it in a very fine state of division, it is obliged to pass away through these emunctories—the kidneys—and even a small portion of such material lodging in the delicate structures of these organs will frequently set up a diseased action the outcome of which may be nephritic changes such as are found in Bright's disease. All irritating diuretics and drinks should be avoided. So should mustard, horseradish, cayenne pepper, hot sauces, gin and the mineral waters now so abundant upon the drug markets of our cities. Another cause of Bright's disease may be simply a catarrhal cold from a sudden change of temperature, exposure to draughts of air, either warm or cold, or sudden change of clothing to thinner garments in cool or winter weather, wearing thin shoes and many similar irregularities of habit.

Another cause which may be mentioned is the overtaxing of the heart and circulation or respiration, which may weaken the tension of the blood current in the blood vessels in any or all of the organs, any one of which may give way, and the kidneys may be the special ones to receive the force of this overtaxing of the circulatory and respiratory systems. Such exposures therefore as would induce severe cold or over-exertions that would greatly affect the action of the heart and lungs are to be avoided and considered as preventable.

There is a cause which cannot always, or but very seldom, be obviated, and that is the inroad of such diseases as diphtheria, scarlet fever, measles, variola, rubeola, typhus types of fevers, erysipelas, carbuncles, suppurative inflammation of the cavities, phlegmonous inflammation in different parts of the body, dysentery, cholera and a number of other diseases which often interfere with the normal action of the kidneys to such an extent as to initiate an attack of Bright's disease.

The preventive measures here are to be simply the ordinary precautions in the treatment of the various maladies and the maintenance of copious supplies of water to drink or fluids given to the patient during such attacks, in order that the kidneys may be kept thoroughly flushed so long as the renal system is burdened by their deleterious products.

Second Stage.—For the second stage the patient will require very prompt and persistent treatment, with a frequent examination of the urine as to the quantity of albumin, as well as the presence of the casts, urates, uric acid, white blood corpuscles, epithelium, and the debris which is incident to such condition.

If red blood corpuscles are found the case may be considered as of a more aggravated character, for at any time it may be subject to copious hematuria.

The specific gravity is also to be watched carefully as it is much higher than normal during this stage of the disease, obtaining its greatest quantity when the disease is at its maximum degree of intensity; and here we usually have a diminished amount of urinary secretion. As this becomes more abundant we find the specific gravity coming down again towards the normal point.

The state of the specific gravity does not influence the amount of albumin thrown off, while the urea is usually found to be greatest when the specific gravity is highest, and correspondingly less when the specific gravity is lowest.

Dropsical symptoms usually manifest themselves during this stage and the serous cavities become edematous, producing oppression and respiratory obstruction, together with interference with the circulation, producing much more frequent and weaker action of the heart, the heart sounds, instead of being loud and sharp, becoming quiet, feeble and dull. During this stage, more particularly in its latter form, especially when secondary atrophy of the kidneys has supervened, the organ loses its ability to carry off its natural secretion with sufficient activity, even the blood tension, to a certain degree, eventuating through the disturbed circulation in hypertrophy of the left ventricle.

Various other symptoms then arise from the complication which has been hereby engendered. As the chronic inflammation goes on, the interstitial structure becomes more and more involved and we have resulting induration of the connective tissue and granular atrophy or cirrhosis of the kidneys.

Third Stage.—This contracting condition of the kidneys in Bright's disease is generally known as the third or last stage.

The wasting usually begins in nodulated areas in the superficial part of the kidneys, and eventually extends throughout the entire renal structure. The cortical portion is that more generally atrophied, although in time it extends to the medullary substance.

Treatment.—I hardly believe that cases reaching this last condition are ever curable, and the line of treatment, while aiming to always select the remedy consistent with the totality of the symptoms present, cannot be considered a curative one; for instance, pleuritic pains or general muscular pains about the chest and body would be met by *Bryonia*, while if there is freedom from pain with the occurrence of sweats at night, coming and going, with great oppression on ascending, with more or less dryness and cracking of the lips and tongue, causing the patient to drink a great deal, *Sambucus niger* would be the remedy that would come into the mind of the homeopathic prescriber, especially if there is a general perspiration as soon as the patient retires, with a cough on waking and a sensation as if there was a crust or some slight irritating substance far down the larynx or trachea.

First, in prescribing for this affliction, the remedy covering the aggregate symptoms is the one to be selected. After this, among the principal remedies to be examined in any individual case would be those that produce in their provings the excretion of albumin.

Allen's Symptom Register gives the following remedies under albuminous urine: *Absynthia, Alcohol, Ammonium causticum, Antimonium tartaricum, Belladonna, Brachyglottis, Cantharis, Carbolic acid, Carbon sulph., Copaiba, Cuprum sulph., Glonoinum, Iodium, Kali chloricum, Melanthana, Mercurius, Mercurius corrosivus, Mercurius cyanátus, Mercurius nitricum, Morphia, Muriatic acid, Natrum hydriodicum, Natrum muriaticum, Natrum sulphuricum, Osmium, Petroleum, Phosphorus, Phytolacca, Plumbum, Pulsatilla, Sambucus, Secale, Solanum, Sulphuric acid, Tabaccum, Taraxacum, Uranium*; afternoon, *Phosphorus*; evening, *Kali chloricum*; during pregnancy, *Mercurius*; albuminous looking masses in the urine, *Strychinum*. *Argentum nitricum* and *Lycopodium* are also said to have produced albuminous urine. Then, as the next index for materia medica, a search for the indicated remedy would reveal those that have hydrops of a greater or less degree, especially the puffiness about the eyelids, such as *Apis* or others having dropsical indications, *Arsenicum, Aurum, Bryonia, Digitalis, Calcarea carb, Colchicum, Helleborus, Rhus tox., Terebinthia* and *Rheum*, with its bloating around the eyes, pallor of face and cool sweats.

Climate.—A change of climate has been suggested for cases of this disease, but the selection should be based upon the knowledge that they do better in a warm, equable climate, and in situations where there are few changes of temperature throughout the year.

It is not advisable to send such cases on tours to the North, in this country, where they are liable to sudden temperature variations, causing attacks which almost invariably affect the kidneys injuriously where chronic nephritis is present.

There are a number of beneficial climates in this country, notably the Southern California Pacific coast, from the foot-hills to the shore, especially at points like San Diego, Coronado Beach, Santa Barbara, Pasadena, Los Angeles, and even places still farther North, such as San José, Monterey, San Francisco and Oakland, particularly in the winter season.

Other California places might be mentioned; also some of the Western Texas foot-hill regions, the Piedmont country from Asheville Southward to Atlanta, and various points in Alabama, Georgia, South Carolina, and Florida.

If the disease is well advanced, the climate-remedy is one likely only to prolong life rather than to effect a permanent cure, as the structural changes in the chronic form of these cases progress, sooner or later, to an unfavorable termination.

Adams, a Canadian physician, presented the Montreal Surgical Society with a post mortem renal case of a dog which died with chronic nephritis produced by an abundance of food without exercise. He claims that the same cause will produce like results in the human system. Systematic daily exercise is therefore absolutely requisite for strict observance.

There is a form of chronic nephritis in which no albumin is found and yet uremia may appear, no cardiac hypertrophy may be present, but granular casts may be found, together with too large a quantity of urates, oxalates and renal epithelium.

Diet.—Another point in the management of these cases is the diet. The milk diet has a very beneficial effect in many, but it is not a form of food which should be maintained exclusively. The experiments of Vergely show that it does not supply a sufficient amount of the carbo-hydrates; he claims that four quarts of milk supply six and one-half ounces of carbo-hydrates, while the quantity required for a resting invalid is ten and one-half ounces daily.

The four quarts of milk per day sometimes recommended by physicians is only sufficiently nourishing for debilitated subjects who are remaining quietly in bed, and even then it has to be of a superior quality from specially fed cows.

At first this quantity produces a diuretic effect, increases the arterial tension, and throws off a larger amount of urea, salts and excretive matter, but after a few days' use, the urine and urea are diminished in quantity. Then another point. If the milk diet is continued for any great length of time exclusively the appetite for it fails, and gastric and intestinal distension occur, with a diminished amount of *Hydro-chloric acid* and an obstinate constipation, with scyballous stools, together with emaciation and organic changes.

The pure milk diet while being very judicious in actual inflammations of the kidneys is of little value except for temporary use in chronic Bright's disease.

I have been in the habit of suggesting milk along with such articles of food as the patient is able to accept and readily digest, such as ordinary table vegetables, rice, farina puddings and other farinaceous articles, mingled with game, tender meats, soft-fibred forms of fish, oysters, and the various soups and broths which do not contain fat globules. In fact, a diet of miscellaneous articles, with the absence of the ordinary condiments, pickled goods, acids of various kinds, mustard, horseradish, and such pungent sauces as are used on fish or meats, may be allowed.

BRIGHT'S DISEASE.—HISTORY AND COURSE.

BY H. E. BEEBE, M. D., SIDNEY, OHIO.

History.—Historic medical literature furnishes but little knowledge regarding diffuse diseases of the kidneys previous to 1827, when to Richard Bright, of London, is given the credit rightly due him for exploring this important field of pathological research. This seems strange indeed to the student of today, for doubtless these diseases were as prevalent then as now. Older literature has very little that is reliable on any form of disease of the kidneys. In past centuries it was merely known that dropsy might manifest its presence in persons suffering from kidney disease, but the kidneys were not deemed the cause. It was also known that sometimes blood was found in the urine in kidney complaints, at the same time the real danger was not well appreciated.

Cotugno learned that the urine of dropsical subjects sometimes contained albumin, but he did not know it arose from defective renal structures. At this time they seemed wholly unable to diagnose or measure the course of organic kidney lesions. The real knowledge of diffuse disease of the kidneys, its frequency, progress, and danger, its changes, both structural and functional, was reserved for Bright to furnish the profession. It was he who first recognized the causal relation between affections of the kidneys and other symptoms of disease, such as dropsy and albuminuria in particular, hypertrophy of the right ventricle of the heart, and a variety of other diseases of the nervous functions. Since his day pathologists have pursued the work until a much better understanding has been reached. We know it to be a diffuse process, involving epithelial, interstitial and glomerular tissues of the kidney.

Varieties.—In Bright's first volume of reports of twenty-three cases of kidney disease with albuminuria, seventeen of which came to post mortem examination, his observation led him to distinguish three varieties, each of which was associated with the excretion of albuminous urine. He did not claim these varieties always to be distinct, but said they may at times be associated with each other. This classification differs but little from that made today by the majority of medical teachers, viz.: Tubal nephritis, cirrhotic kidney, and lardaceous kidney. Four varieties are sometimes named, but the first of the four, or acute form, due to the action of cold or toxic agents upon the kidneys, is sometimes but the early history of the first of the three chronic varieties. Inflammatory diseases of the kidneys tending to suppuration are not usually classed with Bright's disease but are considered under other headings. These three specific forms commonly given, are so classified on an anatomical basis and are quite closely adhered to by the majority of authorities.

Course.—The first variety, tubal nephritis, is either acute or chronic. Its symptoms are: Large, smooth kidney, parenchymatous nephritis, large white kidney, acute diffuse nephritis, croupous nephritis and inflammatory dropsy. It affects the uriniferous tubules first, and as a result there are fever, dropsical effusions, local pains, albuminous urine or possibly bloody urine and tube casts. The epithelial tissues or gland cells lining the urinary tubuli are affected first resulting in atrophied disintegrated cells, which by their desquamation block up the tubes; the renal circulation becomes obstructed, the kidneys are congested, serum and fibrin are effused, the serum causing an albuminous condition of the urine, while the fibrin, having the broken down cells entangled with it, passes off in the urine in epithelial tube casts. If the desquamative process be absent it is termed non-desquamative disease of the kidneys.

The onset of acute nephritis is usually sudden, when following a cold dropsy may be noticed in twenty-four hours. This variety may, late in its course, implicate the stroma, in fact its course varies considerably. The chronic form of parenchymatous nephritis, when an outgrowth of the acute variety, develops more or less slowly and involves all the elements of the kidney. Post-mortems show histological evidence of all stages of lesions, often in the same kidney, from recent inflammation to atrophy and contraction. Sometimes there is a transformation of the large kidney into the small kidney if the disease be long protracted. It is not always easy to discern the cause of the chronic form in some cases. Its origin is so obscure by reason of its insidious progress from its very inception, that the beginning can not be known. It is not as often from the well marked acute case as some writers would have us think. Many times the most thorough examination, both microscopical and chemical, to which we are able to submit the specimen fails to give sufficient clue to the real origin and accurate history of the disease.

The study of kidney troubles and the important relation of urinalysis to them as well as to the diagnosis of other diseases also, is no little specialty. This fact, leading writers on diagnosis admit. Well marked chronic diffused nephritis is sometimes found, proven by autopsy, to have had serious renal lesions where, after repeated examinations by reliable experts, the urine failed to present any abnormal products whatever at the time the examinations were made. The products while present from time to time escaped discovery, thus showing the importance of repeated and painstaking examination in every suspicious case of this disease—for there is no complaint more insidious in its inception than Bright's disease. Often there are no early subjective symptoms, minor or grave, sufficiently attractive to lead the patient to be suspicious of trouble of any kind. There are periods of inactivity. The disease progresses by small steps, with or without acute attacks until dropsy may be the first betraying symptom observed by these patients.

They then, while in good health, probably remember that there has been a diminution of bodily strength, and possibly their friends have noticed a somewhat anemic countenance, but the following of their usual occupation has not been interrupted in the least. After dropsy sets in dyspeptic symptoms soon follow, digestive disturbances annoy the patient more than anything else until, later in the course of the disease, general dropsy supervenes, when more grave symptoms present. The water accumulates in the various cavities, the mechanical pressure on the organs contained within is such that their functions are necessarily impaired, until sometimes uremia arises late in the disease which closes the scene. By grouping all these symptoms the disease is earlier recognized.

Cirrhotic Kidney.—This variety is designated as interstitial inflammation or induration of the connective tissue of the kidneys, granular atrophy of the kidney, renal cirrhosis, renal sclerosis. Some German pathologists have considered this as the third stage of the diffuse form of kidney disease, but it is deemed by most writers an entirely different disease from parenchymatous nephritis. It arises from other causes. While in the majority of cases it is latent, habit and occupation have much to do in bringing about cirrhosis renalis.

A gouty diathesis is a very common cause as is heredity. Alcohol is a causative factor. Occupation predisposes to the disease. Workers in mineral poisons, such as lead, are common subjects. The stroma of the kidney is primarily involved, the tubules and vessels being subsequently affected. The size and appearance of the kidney are usually unchanged at first, though cystic growths and irregularities of surface are occasionally found. The capsule is not easily removed as in the healthy kidney. On opening the organ the cortex is found enlarged, from the increase in the fibrous stroma, and not from any change in the tubes and vessels. In due time the tubes are encroached on from the surface, pale granulations show themselves, the surface becomes more irregular and cysts become numerous. The cortical substance now disappears, the color is yellowish, especially near the surface where it first originated. The cones are but slightly affected, the blood vessels become thickened and atheromatous conditions follow with their common sequelæ of hemorrhages, particularly in the brain and retina. This is the cause of the many cerebral symptoms in the last stages of renal cirrhosis.

The peculiarity of cirrhotic kidney is found in its running an almost latent course throughout. Dropsy is not so marked as in the previous variety. Prominent symptoms are only manifest towards the last. The family physician is liable to incur unjust censure because he did not discover the trouble earlier, but if the patient felt no symptoms the physician is certainly excusable in the majority of cases. If discovered before the advanced stage it is as a rule by accident. The physician's attention is not usually called until headache, defective vision, asthmatic symptoms, bronchitis, cardio-vascular changes or stomach troubles develop. The only urinary symptoms noticed are an increase in quantity of urine and increase frequently at night with a low specific gravity and more or less albumin present. Albuminuria gives only uncertain indications respecting the progress of the disease, for those subjects of Bright's disease who have the greatest quantity of albumin in the urine are not always in the greatest danger of fatal symptoms. A far more important symptom is a decrease in the amount of urea excreted, thereby showing the real progress of the malady. In this last stage the disease is considered invariably fatal; thus we should see the great importance in watching the kidneys in all forms of obscure chronic disease, especially if the patient manifests any marked symptoms of hypochondriasis, for this is a prominent symptom and very liable to mislead the medical attendant.

Lardaceous Kidney.—Amyloid degeneration of the kidney or the third classification of chronic Bright's disease is objected to by some writers, who claim it to be a degeneration which may accompany any form of nephritis since it originates in the vascular system. It is oftenest found in tuberculous and syphilitic subjects or where chronic suppurative processes abound. The pathological state present in the kidney in this disease is not alone confined to the kidneys, but waxy deposits may be found in other parts of the body. By reason of the existing strumous or syphilitic diathesis there is an infiltration into most of the vascular tissues, especially the glands, as the liver and spleen. This, again, is a reason why some object to classing it with the varieties of Bright's disease. In the kidney there are three stages of degeneration. The first stage is that of commencing infiltration, the organ is pale in appearance and the size is unchanged, the tubes and stroma are not yet affected, the alteration is only in the walls of the vessels and then more particularly in those of the Malpighian tufts, making these exceedingly prominent. In the second stage the changes begin to be prominent, the capsule is adherent, the kidney is enlarged and its surface is smooth, the paleness has increased, the interstitial tissue is apparently in a stage of chronic congestion.

The urine in lardaceous kidney is first copious followed by a scantiness. Albumin is persistently present, casts appear early, and blood is not often found. The course of amyloid kidney disease is irregular. It is the most deceptive form of Bright's disease, as the patient's condition changes so often from better to worse. Like all other diseases it is curative when the cause can be removed, but its tendency is towards a fatal termination.

Complications.—Bright's disease has numerous complications, such as cardiac hypertrophy, which is common in the tubal and cirrhotic variety. Inflammation of the coverings of the serous cavities of the body is a common complication. The lungs are liable to inflammation and in fact few diseases have as many perplexing and dangerous complications. Finally, with all the study and research into this complex disease, its history and course throughout, it is well known that while in its inception each variety is curable this curative stage is seldom discovered. When we have found the real nature of the malady it is too far advanced for permanent beneficial treatment. Palliation is all we are now able to accomplish. Therefore let us be always on guard and watch closely for this most insidious disease.

THE BRAIN IN BRIGHT'S DISEASE.

BY J. RICHEY HORNER, M. D., ALLEGHENY, PA.

Initial Symptoms.—The first note of warning as to the presence of Bright's disease may be sounded by the brain. Headache and drowsiness may be present for months before the true nature of the disease be suspected. General convulsions may occur and be ascribed to some other cause. Then in connection with these and other symptoms may be noticed a diminution in the quantity of urine excreted—an investigation is made, and for the first time there is the information of the pathological condition present.

Uremia.—Uremia is the name given to the train of symptoms developed as brain complications, though it has been fully demonstrated that there is present in the blood of such patients not only urea but also other poisonous products.

Bouchard, Auto-Intoxication in Disease, page 127, says: "I regard uremia, then, as a complex poison, to which, in unequal proportions, all the poisons introduced into the organism or found therein physiologically contribute, when the quantity of poison formed or introduced in twenty-four hours can be no longer eliminated in the same time by the kidneys, which have become scarcely sufficiently permeable."

This so-called uremia occurs much more frequently in the acute than in the chronic form of Bright's, and the accompanying symptoms vary in intensity. We may have only a stupor, only slight muscular twitchings, or there may be present profound coma, general convulsions. The attacks may occur frequently and last for only a few minutes, or coming less often last for several days and then terminate in recovery. More frequently, however, death ends the scene when convulsions develop.

Convulsions.—The convulsions are usually of the Jacksonian type, closely simulating epilepsy. "The diagnosis is to be made by the age of the patient (those of uremic cases occurring after middle life), the condition of the pupils, a low urinary specific gravity, deficient elimination of urine, hyaline casts, high arterial tension and duration of seizures." (Bartlett, Goodno's Practice of Medicine, Vol. I, page 857).

The same author calls attention to the fact that, "sometimes they partake of all the characteristics of this phenomenon (uremia) when due to brain tumor. The co-existence of uremic headache and the neuritic form of retinitis albuminurica serves to make a diagnosis a difficult matter. The history of the case and unusual care in the ophthalmoscopic examination, and the frequent determinations of the actual eliminations of urea will lead to a correct diagnosis."

In intra-cranial hemorrhage we find a coma which closely simulates uremic coma. The partial suppression of urine, the gradual onset, and the less profound condition will help to diagnosticate.

Fisher, Diseases of Children, page 694, places the general development of mental and nervous symptoms as the beginning of the suppression of the urine. He says: "As partial suppression of the urine occurs uremic symptoms begin to develop, as nervous jactitations, twitchings, headache, and, finally, uremic convulsions; or the case may take on the character of the comatose variety, the patient gradually sinking off into coma without special nervous manifestations or convulsions."

Delafield, in Pepper's System of Medicine, Vol. IV, page 77, discusses the question of the actual cause of the cerebral symptoms. He says: "It is evident that such cerebral symptoms must depend upon anatomical changes in the brain or its membranes, or upon a change in the composition of the blood which circulates through the brain, or upon the quantity of the blood supplied to the brain." By an ingenious and perfectly tenable argument he brings the reader to believe, with him, that the cause is found in the last of the three possibilities named above. He calls attention to the fact that these or very similar symptoms may occur in connection with any one of a number of pathological conditions, and that the brain and its membranes may be the seat of lesions and no symptoms result.

Where we have cerebral symptoms, the composition of the blood is undoubtedly changed; with some of these changes we are familiar, while of the others we know but little. But these same changes in the composition of the blood are found with other pathological conditions. Bright's disease, chronic congestion of the kidney and diseased arteries all cause the blood to become thin and watery.

Delafield closes his very able argument in these words: "It seems to me that the so-called uremic symptoms are most frequently due to disturbances of the circulation of blood. Such disturbances of the circulation produce in the brain cerebral symptoms, in the lungs dyspnea, in the stomach vomiting, in the kidneys suppression of urine."

With the atrophic form of chronic diffuse nephritis we have all the conditions necessary for an irregular circulation—hypertrophy of the left ventricle, diseased arteries and hydremic plethora. In other cases with cerebral symptoms there are also conditions present capable of interfering with the circulation.

Heckla Lava in Facial Osteal Diseases.—Scrofulous ostitis or periostitis of bones of nose and face, especially the autrum, when developed on a syphilitic base. Destructive ulceration of nasal bones, the pus containing small particles of soft, gritty substance. Dental fistulæ after extraction of tooth or other injury to the jaw; swelling or abscess of maxillary bone. Polypoid growth in antrum encroaching on orbit, forcing eyeball upward, obstructing nostrils, and pressing downward into mouth so that breathing and mastication were impeded with epistaxis and severe headache. Exostosis of the tibia, very large nodosities; osteo-sarcoma; rachitis. Follows *Phosphorus* well in caries of inferior maxillary.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - Editor.

New York and Chicago, January 1, 1896.

NEW YORK AND CHICAGO.

With the new year the Medical Century will enlarge its field of operations by establishing a New York editorial and business office and issuing from that city and Chicago. After January 1st Dr. Fisher will direct his personal efforts toward the up-building of the journal's interests on the Atlantic seaboard, the Chicago office remaining in charge of the business manager and a reportorial corps operating under the direction of the editor, whose time and labors will, for the present, be divided between the two cities.

This happy consummation is the outgrowth of the increased patronage and support the Century has recently been receiving from the East, and is in good part, also, in response to numerous requests from that section that such widening of its field be attempted. In deciding to make effort to meet the demands of its Eastern friends, and to win for itself a place among the journals of that territory which shall be satisfactory to its management and helpful to the causes it represents, it has been determined that the Century's labor in this line shall in no sense be half-hearted but that its energies and whatever of talent its corps may possess shall be expended with vigor and directness. Associate offices will be established in Philadelphia and Boston, and the possibilities of a truly cosmopolitan and widely American ambition in homeopathic journalism will be developed As other avenues of usefulness and growth open up these will be availed of promptly.

The Medical Century was inaugurated as a metropolitan medical journal, and while it has not been able to realize its earlier ambitions to the fullest extent it believes itself at this time better prepared than ever before to attempt the fulfillment of its hopes and aims. It has been incorporated under the laws of the state of Illinois, with its full complement of capital stock paid up, and is able to withstand whatever of struggles it may be called upon to endure in connection with its newest venture. "New York and Chicago" on its title page means New York and Chicago. There will be no slacking in effort to give to Chicago and the West a better journal than we have yet been able to, while, on the other hand, the Century will now more directly vie in friendly rivalry with the journals of the East for the professional and commercial patronage and favors of that section.

It is ardently hoped and confidently expected that this widening of its field will result in substantial gain to all its readers and patrons, and that as the years come and go the profession upon whose support the Medical Century relies, and which has been so generously bestowed during the three years of its up-building, will be led to acknowledge the wisdom of the present exhibition of journalistic enterprise.

PEMBERTON DUDLEY, PRESIDENT.

Under the rule of the American Institute of Homeopathy the president elected at the annual meeting in June assumes the reins of office on January 1st of the year following, to hold office for a year. To a good many members of the Institute this fact is not known. Dr. Dudley was chosen in June of 1895 at Newport, and now, on the first of January, 1896, Dr. Dudley assumes the presidency of the Institute, the editor of the Medical Century retiring from the office with deep gratitude to the profession and with a degree of thankfulness at having attained "the age of retirement" that can only be understood and appreciated by those who have gone before him.

To the new president the warmest greetings of an admiring profession will be extended. In him we have a true and faithful follower of Hahnemann, a physician of great probity of character, purity of mind and steadfastness of purpose—a man whose obituary might well be written during his lifetime, so certain is it that at no time in the future will he stain his proud escutcheon by unholy act or thought. Dr. Dudley has fairly grown up in the American Institute. His long term of years of occupancy of the secretaryship eminently qualify him to perform with credit and distinction the duties of the higher office to which he has been chosen. It is perfectly safe to predict that he will be a popular president, a just president, a president against whom the breath of slander will never be breathed, and that he will not only have the hearty sympathy and support of those who cast their ballots for him but also of those who, while not loving him less, expressed their preference at Newport for his honorable opponent; for they are of the kind who bow gracefully to the will of the majority and instead of nursing their disappointment and chagrin turn their every sympathy and support toward the victor and the Institute and hold up his hands while he tries as best he may to perform the honorable yet ofttimes burdensome duties that come with his office.

To Dr. Dudley, greeting! May Heaven bless and sustain you during your incumbency of the presidential office, and may the cordial support and co-operation of every member of the American Institute of Homeopathy go out to you freely, as they should to every man called by its membership to preside over its destinies.

FOOD FOR REFLECTION.

The daily press has recently chronicled another of those giant donations to which the University of Chicago is repeatedly heir, Miss Helen Culver, niece and heiress to Mr. Hull, whose name is best known in connection with the Hull House charity, having donated the princely sum of one million dollars a few weeks since for the purpose of establishing a department of biology in that institution. Nowhere in the history of universities is there a case paralleling the good fortune of the University of Chicago. The millions that Rockafeller has given and continues to give it, the million Miss Culver donates it, and the repeated large donations which have befallen it from leading citizens of Chicago, have borne down upon it so rapidly that it is well nigh impossible to keep track of them all, and have given it such strength and inspiring encouragement that as the days and months and years go by the great grey pile grows larger, the doors open wider, the teaching corps is augmented by the best talent the world of learning can supply, and the handwriting is inscribed that to young and enterprising and wonderful Chicago is destined the possessorship of the greatest and grandest and best university in the United States.

This centralizing of knowledge is no mean aspiration, but rather an ambition so vast as to be beyond the slur of pettiness and to attract the admiration of the educational world. Not only is it not to be gainsaid that Chicago is sure to be the seat of one of the greatest institutions of learning of the latter years of the nineteenth century, but that as the twentieth follows Yale and Harvard and Cornell and Princeton and Pennsylvania and Michigan will be compelled to acknowledge that in this young giant of the great and growing West there is a rival whose strength and power must be acknowledged and respected.

But, to specialize, it is with Miss Culver's gift that we as a medical profession are most interested. It has been given for the creation of an especially strong department of biology. With this is to come, as an essential part, the establishment of a medical school. A medical college is inevitable, and such a medical college as is now unknown to the West, if not, indeed, to the whole country; for money is a potent factor in the creation of medical colleges, and it is Miss Culver's money that will enable the University of Chicago to create a medical college of the highest possible class. But when created of what medical faith shall it be? Dismally the answer begins already to take form, we fear, and as it is caught upon the breezes of division and dissension and discord in our ranks the sound that echoes is one already too familiar to the ear—"Allopathic," of course! For is not that the stronger school numerically considered? And do not its representatives harmonize their differences and act against us whenever a state plum or a private plum or a public plum is to be seen? With the question "What school shall it be?" there will be heard from every one of the five—and one-half—homeopathic colleges in Chicago a feeble, guttural, reverberating cry, "Oh, Trustees of the University of Chicago, let the new medical college come *our* way." But the emphasis is damning and the plum is lost even before its ripening; and so, too, will be lost each and every plum which might be had for a solidified, unified effort on the part of our colleges here—lost because by the selfishness and personal ambitions of a large corps of Chicago's physicians our forces must needs come up consecutively and present five—and a half—separate little fronts; five—and a half—separate little batches of claims for recognition; five—and a half—little faculties, and five—and a half—little batteries, while the heavy artillery of the old school is booming away at us with overwhelming force, and while their guerillas are firing from ambush and making our weakness and division a part of their campaign.

Did the medical college profession of Chicago ever stop and seriously think of what a power they could be were they unified? What a forcible story we could tell the trustees of the University of Chicago, the legislature of this state, its executive officials, and the secular press of the demands of the people for homeopathy, as exemplified in a mighty teaching university of our own, did we but have the courage and good sense to unify! We could then stand on the broad and solid plank of "taxation without representation" with some effect; could stand not as a house divided and re-divided against itself; not as each representing two-elevenths of five-and-one-half homeopathic faculties, while the remaining five and seven twenty-seconds are fizzing and sputtering their selfish remonstrances and each proclaiming in a loud voice, as now, to be the chosen one in the house of the homeopathic Israel—while those to whom our prayers were being poured forth stand aghast at our foolishness and weakness and wonder why we should have the temerity, divided as we are, to ask anything of a university established upon a broad and philanthropic plan—ask to be given a part and place in the great school of biology about to be established. Oh, Chicago, we need to be lifted up to a higher level, a level of truly great ambitions, a level of a unified brotherhood, a level of greatness and growth that can never obtain while numerous college interests and personal gain and selfishness of motive and purely local causes operate to guide and control the destinies of our profession!

If we had but one great teaching institution in Chicago—if there were no Hahnemann College on the South side, no Chicago Homeopathic College on the West side, no National College on the North side, no Hering Medical College at all, no Dunham or fraction of Dunham, and no Mission Medical Institute—that is but in part a medical school, but just enough to take away from and weaken some of the others named—if all these were crystallized into one great college how it would tower giant-like among the colleges of the East and the West and the North and the South—and what a power it could wield for the good of humanity and homeopathy! But, alack, there is a Hahnemann, there is a Chicago Homeopathic, there is a National, there is a Hering, there is almost a Dunham, and there is in part a Medical Mission Institute. Pity 'tis, 'tis true; most deplorable because most unnecessary; most damnable because unjustifiable; a cause for sorrow because seemingly irreclaimable.

Yet, is it irreclaimable? May not the profession of Chicago be yet brought by some such circumstance as that under consideration to see how much better it would be for homeopathy in this great city and throughout the country were amalgamation of all our colleges effected and were all that is now taught in these five—and one-half—to be taught under one large and sheltering roof? The MEDICAL CENTURY believes there are enough Moseses in the profession of Chicago to some day bring about a union of all the elements, with the result that *the* Homeopathic Medical College of Chicago, like *the* Homeopathic Medical Society of Chicago—only very much more so—shall be the one representative of the broad-minded men of this city, and that when it comes to applying to the University of Chicago, to the legislature of Illinois and to the governor of the state for our just and equitable rights we can present such a solid front that there will be no resisting our reasonable demands.

Speed the day when a broad wisdom, a wide philanthropy, a large clear-headedness and a big warm-heartedness shall guide us into a better way than we are now traveling. There is room for all under one wide roof; there is need for the best that is represented in the several colleges of Chicago in one great school; there should be little trouble in getting together, and it is confidently believed the profession of the whole country will rejoice when a unified profession is represented in a unified college in this Western metropolis.

CHICAGO'S ANTITOXINE CRAZE.

The profession and people of Chicago have been treated for the past two or three months to an unusual amount of newspaper discussion of the antitoxine question, chiefly the result of the unusual and in many respects questionable position of the city health authorities upon this subject, with the result that the utmost confusion has grown out of the published statements of the friends of the fad. In an experience of more than twenty-five years we have never witnessed such utter disregard of the rights of the profession and their patients as has been shown by the city health office recently, nor have we ever witnessed such determined efforts to force upon the people and the medical fraternity a treatment that is yet, to say the least, *sub judice* in medical circles. Nor have we ever known of an attempt to justify coercion in treatment, hygiene or any other measure so illy supported by analytical facts and so absolutely unwarranted by statistics and deductions growing out of a thoughtful study of the real merits of the question.

Let us grant, for the sake of argument, that antitoxine is really worthy of careful investigation as a remedy for diphtheria. Has the health office attempted, intelligently we mean, to prove its case? We think not. In the first place, let us take up the subject of antitoxine statistics. It should be remembered by the homeopath that all comparisons in this relation are instituted between this treatment and other old school measures, whereas for us the question should be in every instance, what are the figures in favor of antitoxine as compared with the results of homeopathic treatment? We have always, as a school, claimed to save twice as many, or more, diphtheria patients as are saved by the old school. Yet we believe the best statistics obtainable in relation to the new agent do not show it to save more than twice as many patients as are saved under other old school measures. Therefore, for us it offers no more, if as much, as careful homeopathic treatment. But were this presentation not tenable, what evidence have we that antitoxine saves twice as many as old school treatments in vogue years ago? Absolutely none. And why? Because the antitoxine treatment as at present practiced is in almost every instance based upon the presence of the Loeffler bacillus in the throat of the suspect. Yet it is shown by Dr. Herman Biggs, of the health office of the city of New York, and other authorities on the subject, that in full forty-three per centum of persons whose sputum shows this bacillus diphtheria does not follow. Hence we are justified in modifying the splendid statistics presented by the health board by just forty-three per cent., since that per cent. of cases pronounced diphtheria by the culture-tube method of diagnosis does not develop diphtheria at all. When this per cent. is taken off it will be found that the chloride of iron treatment of the old school gives even better results than does antitoxine.

Again, where the health office has been especially weak, it seems to us, is in claiming the large number saved by the administration of antitoxine on the first day of the disease. What physician of even large experience is able to diagnose diphtheria on the first day with absoluteness except in very rare cases? Generally it will be three or four days before the membrane will have formed, though in a fair proportion of cases it is seen earlier. But it should not be forgotten that even were the diagnosis of the presence of the bacillus made absolutely certain on the first day there would yet be a discount of forty-three per cent. that must be placed on the credit side of the health account, to say nothing of the large number of cases that develop only simple diphtheria without blood-poisoning complications and which recover, almost without exception, if the trachea be not involved. Before the days of antitoxine and culture-tubes and microscopical diagnosis it was rare that other than a most pronounced case of diphtheria was reported, and not infrequently was it the rule for only those cases to be put upon record that resulted fatally. Hence the death statistics would be large in proportion to the entire number of recorded cases. Now, however, under stricter health department rules, under the diagnosis of the microscope and culture-tube, and under the better diagnostic abilities of the general practitioner of today, all suspicious cases, all mild cases and all severe cases are reported, and, per consequence, the number of cases in proportion to the number of deaths has largely increased—in the records of the health authorities, at least—and just now antitoxine is getting the credit of a negative virtue.

But, suppose antitoxine does all that is claimed for it, and suppose the number of cases shows to be larger than before, and suppose that our lay health officer and his clerical assistants, mostly seventy-five-dollars-a-month physicians, decide for the profession what remedies shall be used by them in combatting diphtheria, is there yet any sense in the commotion that has been raised and are we justified in scattering world-wide the belief that Chicago is suffering the ravages of a terrible epidemic of diphtheria?

What are the records? The report of the health department of Chicago for November, made public about the middle of December, shows that there were two-hundred and one (201) deaths from diphtheria, including deaths from membranous croup. Chicago is claiming, and with justice, one million and six-hundred thousand inhabitants. At this rate there occurred during November one death from diphtheria, including membranous croup, for every eighty thousand inhabitants. Can this be called an epidemic, and is the health office justified in keeping constantly before the business world the thought that Chicago is being ravaged by diphtheria, and before the people the thought that the medical profession is a lot of garrulous old women, without medical sense or horse sense, and that all medical knowledge worth possessing must come through that office else the people will be damned and their children destroyed and the undertakers be made rich and Heaven be made richer by the addition of several thousand bright cherubs from our loveliest homes in the twinkling of an eye, as it were?

When Mayor Swift appointed a layman to the important office of health commissioner of Chicago perhaps the major part of the medical profession was made exceedingly wroth; but many of us were willing to support the mayor in his selection and await developments. We have done so. This journal freely commended the executive's action in placing a business man at the head of the department. But, unfortunately, it would seem that he has been surrounded by a medical corps who are without judgement and largely without experience, and that the office is guilty of exaggerating a really mild visitation of diphtheria into a deadly epidemic, is contorting every case of sore throat in which the Loeffler bacillus is found into a case of diphtheria, is using undue effort to act as an authority in the matter of medication of diphtheria subjects, and in numerous instances is invading the sacred portals of home and sick room and forcing treatments that are yet *sub judice* upon people and against which the family physician protests, all too often in vain. Furthermore, the health office is under the suspicion today of being prompted by mercenary motives in a good part of its antitoxine enthusiasm. From the New York *Herald* of December 1st it is learned that Chicago is buying four-fifths of the antitoxine output of the New York laboratory, which whould lead us to infer that Chicago has four times the amount of diphtheria in her limits than is to be found in all the United States—a preposterous proposition, the more preposterous when we recall the fact that for the whole month of November last there was but one diphtheria death to every eighty thousand people. Again, the department has been announced as "going on the open market" to buy its remedy, a fact that will bear investigating when it is remembered that antitoxine is being manufactured in Chicago by a member of the health office antitoxine corps, that employes of that office are selling the agent to such physicians as will buy from them, that they are selling the syringes in the outskirts of the city at nearly twice what they can be bought for at the houses of instrument dealers, that various banquets or hotel suppers of health office employes are being announced in the daily press, and that the city has appropriated the sum of several thousand dollars with which to stamp out the "epidemic"—an epidemic which has destroyed one life out of eighty thousand in a whole month!

There is much to think about in this matter. The medical force of the health office are woefully indifferent to an analytical consideration of the figures, are wonderfully free to accept the presence of a bacillus as an evidence of diphtheria, are wonderfully acute in diagnosing the disease and aborting it on the first day in so many instances, or their records fail to show up the fearful epidemic they would have us believe to be raging.

As the editor of the journal of the American Medical Association recently put it, the medical profession can afford to wait awhile before accepting antitoxine with blind faith; and especially can we, as homeopaths, whose statistics have always shown better results in the treatment of diphtheria than the old school, afford to bide our time with patience and stick to our text. The antitoxine craze is on in full force in Chicago. Let us not be carried away from the law and gospel of good and tried homeopathy until something better than the newspaper evidence of the city health office is offered in its favor.

THE SCOPE OF SIMILIA.

It was New Orleans' favorite son, the lamented Holcombe, who proclaimed the homeopathic law to be a great guiding principle in medicine, the brightest star in the medical firmament, with other yet lesser stars adding to the perfection and brilliancy of the constellation. In voicing this sentiment it was not the intention of its author to detract from the beauty and power and magnitude of the homeopathic principle, but rather to assign it its proper relation to the greater domain of general therapeutics, to render its adoption by the medical profession as a whole more easy of accomplishment, and to at the same time make just acknowledgment that there are other principles of therapeutic adaptation eminently worthy of study and recognition by him who would become a physician in the widest acceptation of the word.

In thus limiting similia similibus curantur to what may at first thought appear to be a circumscribed place in therapeutics Holcombe struck a note which is certain to reverberate down the corridors of medicine in the ages to come. Hahnemann did not claim for his law of cure a therapeutic monopoly, nor is it recorded that his early followers exhibited a disposition to proclaim it the only theory of therapeutical adaptation. In discussing the subject of drug palliation Hahnemann is recorded as having given utterance to the sentiment that he did "not fail to recognize the great utility of palliatives. They are often not only quite sufficient in cases appearing suddenly and developing rapidly but they have advantages indeed where aid cannot be postponed for an hour, or even a minute." This sentiment shows a wisdom and judgment to which some of his later day followers are more or less strangers, and were no other expression of his to justify the suggestion that the father of similia recognized the force of other methods of treatment in particular instances than that applied along the homeopathic line this would in itself uphold the happy expression of Holcombe.

Similia similibus curantur is an undying principle. There can be no possible question of its efficacy as exhibited in the application of proven drug agents to the sick. Hippocrates announced the thought, but to Hahnemann is due the greater credit of crystallizing it into a practical principle of therapeutic adaptation. All through medical literature may be seen the acknowledgment of the claim that some drugs, at least, are capable of removing symptoms and conditions which they are capable of causing in healthy subjects, and in recent years this thought is made to stand out so plainly in current medical literature that it would seem that the time is surely not far distant when it will be generally acknowledged and adopted. But this does not imply, however, that similia is the only law of therapeutic application, nor that it will ever entirely supplant other principles of drug administration. It simply means that it is one great truth in the science of medicine which deserves and must eventually receive universal recognition. It means that it is a law as firmly founded in the great universe of nature as any other physical law. It means that we who adopt it as our guiding rule in practice are led by a beacon light which burns so brightly that the stranded mariner of the dominant sect must be attracted by its brilliancy and guide his storm-tossed craft into its harbor or those who entrust their lives to him will be made to suffer the consequences of his obstinate determination to ignore it in the future as in the past.

But are we altogether justified in assuming that because similia similibus curantur is a truth which is sure to endure throughout all the future we must ignore all other possible truths in medicine? That we must assume that physicians who do not believe in and practice homeopathy never cure? That there is nothing desirable outside the pale of similia? That our craft is capable of riding all the stormy seas of invalidism and that we can never benefit our patients and suffering mankind except by prescribing for them according to the Hahnemannian doctrine? Was it so believed by Hahnemann and Holcombe and others who were competent observers and whose acumen and forcefulness remove all possibility of escape from their deductions on the grounds of inability on their part to draw correct conclusions by clear reasoning and pure logic?

Even were similia a perfect law and the only law of therapeutic adaptation yet how illy able are we, as a profession numbering many thousands of men and women of varying intelligence and attainments, to invariably correctly interpret the law and apply with unerring aim the remedies of our system in our attempts to heal the sick. At best, with even a monopoly of law, we could but hope to approximate perfection of application of that law. As a science similia is beyond cavil. As an art its application by us is all too often a failure. Therefore the necessity of absolute freedom from dogmatism which is offensive, from unreasonable claims that cannot always be substantiated, from that intolerance which characterizes so strongly the dominant sect and too freely prevails in homeopathy's ranks. Narrow-minded bigotry has no place in the domain of science. Dogmaworship is but blind idolatry. Enthusiastic confidence in the correctness of our law, and an equally enthusiastic confident belief that it affords a more accurate guide to the administration of drug agents than any other principle which has to this day been enunciated, do not imply that we should be satisfied to believe that there may not be other good ways, even if ours be a better way; that there may not be more things than have been dreamed of in our philosophies; that we should not avail ourselves of all the truths that may be developed by representatives of other systems of medicine as time sweeps on. It should be enough for us to remember that we cannot err in attempting to apply our remedies according to the strict letter of similia in all curable conditions. Here the scope of similia ends. We should not claim for it more than belongs to it, more than was claimed for it by its enunciator. Palliation belongs to allopathy, but it belongs, as necessary, to us. Fortunately, we do not need palliation as does the other system, and fortunately, also, when we do need it we do not always need the agents upon which that system relies. But when needed it is no violation of a strict loyalty to similia in its proper sphere for us resort to palliative measures, and when this fact is fully comprehended and definitely acknowledged one of our greatest seeming inconsistencies will have been blotted out.

It is a lack of proper appreciation of the real scope of the Hahnemannian law of cure that creates much of the confusion and division that exists in our profession, and that antagonizes us against the old school profession and that profession against us. Homeopathy is a scientific law of therapeutic adaptation to curable disorders—only this and nothing more. Homeopathy would not need to have a separate existence, with its full equipment of colleges, hospitals, journals, libraries and other elements going to make it a separate sect in medicine if the medical world would but acknowledge what its literature amply demonstrates to be a truth, namely, that drugs are often capable of curing symptoms and conditions which they are capable of causing, and would so incorporate this plank in its platform that we could stand upon it. We are a separate system because this great truth is not yet recognized and because those of us who do recognize it and honestly and openly avow our belief and confidence in its capabilities are excluded from the dominant profession, are compelled to flock by ourselves or not flock at all, are despised and disowned of our colleagues of the other sect, simply because we do believe, do know, that similia is a successful tenet that we dare not and would not disown. Let us seek, however, to have it acknowledged for what it stands, and for that only. Claiming too much we but invite disbelief. Assuming too much we but encourage strife. Dogmatically proclaiming more than belongs and goes with similia we defeat its just recognition and but postpone the day when it will be acknowledged of all men as a medical truth worthy of universal, though not exclusive, acceptance.

Editor's Table.

Dr. A. H. Swinburne, of Earlville, Iowa, paid Chicago a visit recently.

Dr. Sheldon Leavitt, of Chicago, visited in New York during a part of December.

Dr. J. W. Thompson has removed to "The Sherman," 159 West 48th street, New York.

Dr. M. B. Beals has removed to 470 East 177th street, New York. Office hours 11-12, and 6 to 7:30.

Dr. W. J. Hawkes, Chicago, returned recently from a month's sojourn in Southern California.

Dr. Stephen Hasbrouck has removed to New York city from Westchester. His office is at 116 West 133d street.

With January the *Archives of Pediatrics* will be published by the well-known New York publishing house of E. B. Treat.

Dr. and Mrs. A. B. Norton, New York, took a Southern trip during the Christmas season, returning shortly after the new year.

Dr. and Mrs. J. W. Ward, San Francisco, passed through Chicago last month on their return from their bridal tour of six months in Europe.

Dr. Wm. B. Stewart, of the New York Homeopathic Medical College, class of '93, has returned to New York from Brooklyn, and opened an office at 71 East 87th street.

Prof. Emanuel Baruch will this year give a special course of general lectures on bacteriology at the New York Homeopathic Medical College, in addition to his regular laboratory instruction.

The *American Homeopathist* for December came out in a new cover and contained above forty pages of the editor's own handiwork, including editorials and practical cullings from other journals.

Dewey's Essentials of Homeopathic Materia Medica is being translated into German, the foreign edition to be freely illustrated by engravings of the plants from which the remedies are obtained.

In view of the approaching completion of the medical hospital of the New York Homeopathic Medical College, plans for the selection of its staff and management are being actively prepared by the Faculty.

Dr. and Mrs. W. H. Macdonald, of Lake Geneva, Wisconsin, have recently suffered severe attacks of typhoid fever, contracted at Charlevoix, Michigan. Mrs. Macdonald was especially seriously ill and at one time her life was despaired of. Fortunately both patients are quite recovered from their serious illness at this time.

"The Sanitarium," Mt. Clemens, Michigan, was formally opened for business with the first of this month, with Dr. Lenfesty in charge as proprietor and medical superintendent.

Dr. Chas. Dake has returned to Hot Springs, where he will keep open office during the winter months, his office in the Marshall Field Building, Chicago, being closed until spring.

Mrs. Nicho Francis Cooke, consort of the late Dr. Nicho Francis Cooke, of Chicago, died in this city, December 13th at an advanced age. Dr. Cooke will be remembered as among the more prominent homeopaths of Chicago for many years and the translator of Declat's method of treating disease by the hypodermatic injection of phenol-sodique and its congeners.

The *Medical Visitor* for January favors the further division of homeopathic colleges in this city, suggesting that it would be glad to see twelve or fifteen homeopathic colleges in Chicago. The average physician of Chicago deplores the multiplication of colleges and would be glad to see a concentration of the teaching ability and finances of the various schools in one broad, catholic university.

Dr. W. A. Forster, of Kansas City, chairman of the surgical bureau of the Missouri Institute of Homeopathy, which will hold its next session at Kansas City in April, is out gunning for papers in surgery, it being his intention to make his bureau as interesting as possible. This is pre-eminently a surgical age, and we see no reason why Dr. Forster should not supply a full portion of the Institute's entertainment.

Dr. H. W. Bascom, Ottawa, Illinois, with an avoirdupois of above two hundred, has recently suffered a violent and dangerous attack of appendicitis. The patient was too much for it, however, and is now quite recovered from his severe illness, whereat his many friends in the profession rejoice with him. He still wears his appendix, which is one of the best parts of it all, appendical fiends to the contrary notwithstanding.

With its January issue Dr. C. Gurnee Fellows, 70 State St., Chicago, becomes business manager of the *Clinique*, edited by Dr. R. Ludlam. Dr. Cobb retires from the position because of overwork and somewhat impaired health. Dr. Fellows will doubtless be a successful successor. An editorial committee has been created, consisting of Drs. Vilas, Shears, Crawford, Arnulphy, Cobb and Mack, who will assist Dr. Ludlam in the editorial work of the journal.

In a recent note to the editor of the MEDICAL CENTURY, Dr. C. Gurnee Fellows, Chicago, applauds this journal's efforts in the direction of encouraging the growth of a better kind of homeopathy than is being widely practiced today. It is very gratifying to know that this sentiment pervades the profession even more extensively than appears upon the surface. Our materia medicists and careful homeopathic therapeutists have much reason for encouragement in that a revival in true homeopathy is beginning.

Frequent complaints are heard in New York of a professional beggar of the lachrymose type calling himself Dr. Goodman. By means of an intimate knowledge of the personnel of the profession, and a powerful appeal to sympathy, he usually succeeds in disposing of gas burners, claimed to be of his manufacture, at an extortionate rate. After living for over five years upon the profession, it is time his career was cut short. The recent graduates, particularly, need a warning of this character. His gas burners will identify him.

The semi-annual meeting of the Illinois Antivivisection Society was held in Chicago on December 17. The report shows a membership of 361, of whom 47 are live members. The society claims 81 active vice-presidents in twenty-seven different states, and above two hundred regular correspondents, including representatives in England, Scotland, Wales, Denmark, Germany, France and Italy. The national petition for the prohibition of vivisection instituted by this association has received a total of 14,152 signatures, including those of 211 physicians and surgeons.

Dr. G. Irving Johnson, of No. 4700 Grand boulevard, Chicago, died at the Hahnemann Hospital on December 28th of septicemia, after a lingering and painful illness. His body was cremated in Graceland cemetery crematory, the ashes being shipped to his old home, Evansville, Ind. Dr. Johnson was connected with Hahnemann college and hospital in clinical capacity. It is said that he belonged to an association of students organized into a society possessed of ceremonies embracing three degrees, two of which were taken during life, the third degree consisting of cremation.

Dr. E. A. Guilbert, president of the Iowa state board of health, has issued an advance reprint of a contribution to the records of the board to be addressed to the legislature, on "Cremation or Earth Burial, Which?" in which he argues forcibly in favor of the cremation of the dead as a necessary sanitary reform. The address is in Dr. Guilbert's usual vigorous style, albeit a trifle inclined to poetry and eloquent rounding of points. Cremation may be desirable from some viewpoints, but it will hardly be generally conceded that it is absolutely demanded from a sanitary or any other point of view. Earth burial has its advantages, and as a practice among civilized people as against the cremation of the savage nations in earlier times will not soon be supplanted by the burning process.

The next meeting of the Homeopathic Medical Society of Chicago will be held at the medical parlors of the Great Northern Hotel, on the evening of the second Thursday of January. The programme includes a paper by Dr. R. N. Tooker giving the results of inquiries in relation to the efficacy of antitoxine in diphtheria, and a discussion of the merits of homeopathic treatment in severe diseases, particularly diphtheria, by Dr. J. A. Tomhagen. Dr. Tooker is too well known to require introduction. Dr. Tomhagen is a close student of the homeopathy of the fathers, a clinical teacher in Hering Medical College, and will give to the society a paper based upon the therapeutical principles and practices of Hahnemann, Bœnninghausen and their colleagues. The meeting promises to be an unusually interesting and instructive one.

The Connecticut Indemnity Association has formally recognized the merits of the claim of homeopathy that she should have a share of the appointments of the company as medical examiners, having put the thought into practical application by appointing John B. Garrison, M. D., of 111 East 70th street, New York, examining physician for that city. Dr. Garrison made a square issue of the claims of our profession and after securing for them due consideration and after overcoming opposition which developed in the home office, succeeded in convincing the company of the wisdom and justice of recognizing the two schools equally, the company coming out squarely upon the broad platform of justice to all recognized systems of medicine in the matter of medical examiners. This fact should be borne in mind when insurance is sought, and it should also be impressed upon the minds of directors and agents of other old line companies.

The report of the health department of Chicago for November shows a total number of 201 deaths from diphtheria, 60 from typhoid fever, 165 from pulmonary consumption, 158 from pneumonia, 107 from violence, only three from scarlet fever, four from measles and six from whooping cough. The total number of deaths for the month was 1,726. The health department has made much to-do recently over its "epidemic" of diphtheria, whereas the deaths recorded for November show that there was but one death from diphtheria in Chicago to every 80,000 residents. When this fact is known to the people it will be very likely to create the suspicion upon their part that the medical force of the health department office have been crying "wolf" for mercenary purposes or through ignorance. It can hardly be claimed that a single death for every 80,000 inhabitants would indicate a wide prevalence of diphtheria, or any other disease with this ratio prevailing. To paraphrase *Puck*, the MEDICAL CENTURY is led to exclaim, "What fools these mortals of the health office be."

The Gross & Delbridge Pharmacy Company, for a number of years past located at 48 Madison street, have secured a lease of the ground floor of the building formerly occupied by the D. B. Fisk Company, Wabash and Washington street, and will occupy it about the first of February. Their new store will give them about three times as much room as the old quarters, and is being fitted up in an exceedingly attractive manner. Its furnishings are of mahogany and are of artistic design. When ready for occupancy this well-known house will be in possession of the most attractive quarters occupied by any homeopathic pharmacy in the West. The firm consists of Dr. Jas. E. Gross, Mr. John Delbridge and Mr. Philip Mallen, the latter of whom is secretary and business manager of the company. It will be remembered that Gross & Delbridge, the old firm, were associated with the editor of the MEDICAL CENTURY when this journal was started three years ago. The new company was organized on the first of January last, and its many friends in Chicago and surrounding country will rejoice in its prosperity and wish the Gross & Delbridge Company an exceedingly prosperous career in its new home.

The profession of Detroit has organized the Medical Counselor Publishing Club for the purpose of issuing the *Medical Counselor*, a local homeopathic periodical devoted largely to the interests of the profession of that state. The club has appointed Drs. Harold Wilson and S. H. Knight as editors, with Dr. C. S. Morley as associate in the department of surgery, Dr. R. C. Olin in the department of practice, Dr. D. A. MacLachlan in the department of the eye, ear, nose and throat, Drs. E. L. Orleman and Mary Thompson Stevens in the department of obstetrics, gynecology and pedology, and Dr. W. A. Polglase, superintendent of the Home for Feeble Minded and Epileptics at Lapeer, Michigan, in charge of the department of mental and nervous diseases. Drs. Crumrine of Battle Creek, Sinclair of Grand Rapids and Nottingham of Saginaw are collaborators. It is expected that the *Counselor* will revive the early spirit of homeopathy in Michigan and consolidate the interests of the profession of that state so that it may be able to speak with one voice in all matters of interest to it. The MEDICAL CENTURY extends the right hand of fellowship to the *Counselor* and wishes for it the completest success. The appearance of its initial number will be awaited with interest.

The New York board of health has just issued a report covering the first nine months of the present year and the corresponding portions of the four preceding years. In 1895 antitoxine was manufactured in the department's laboratory and was extensively, though by no means universally, used as a remedy for diphtheria. In the preceding years it was, of course, not used. Statistics in the report show that in the four years before the introduction of antitoxine the percentage of cases of diphtheria terminating fatally ranged from 30.67 to 37.34, an average of 34.63, while in 1895, under partial treatment with antitoxine, it fell to 19.43. That is, a reduction of the death rate by 43.94 per cent is claimed. A peculiar feature of the report is its statement of the enormous increase in the number of cases of diphtheria—or of diphtheria and croup, for the report covers both—during the last two years. In 1891 there were 3,686, in 1892, 4,156, and in 1893, 4,721 cases. The last was the largest number up to that date and showed the highest death rate—viz., 37.34 per cent; but in 1894, when antitoxine was being experimentally used, the number of cases rose to 7,446, and the death rate fell to 30.67, and in 1895, with the new remedy extensively administered the number of cases rose still further to 7,921, and the death rate fell to 19.43. The only explanation of this, according to the Charlotte *Medical Journal*, old school, would seem to be that since the introduction of antitoxine a great many children suffering from light and trifling attacks have been treated and reported as suffering from actual diphtheria. They have recovered as they would have done without antitoxine, and thus have given that remedy credit which it does not deserve. This view is strengthened by the fact that the actual number of deaths during nine months of 1895 has been 1,643, or only a trifle less than the average of the four preceding years, which was 1,734.

Dr. J. C. Fahnestock, Piqua, Ohio, has been having some correspondence with the Mutual Life Insurance Company of New York in relation to the appointment of a homeopathic examiner for Piqua, and is informed by the local agents that it is impossible to secure such appointment for that section of the country, the reason given being that an old school physician has so long done the work that it is not considered desirable to appoint a homeopath to the place. Dr. H. C. Houston, of Urbana, Ohio, has also been in correspondence with the agents of the Mutual Life, and while they proclaim that their company does not discriminate, yet they express their inability to secure the appointment of a local homeopathic examiner on the grounds that an allopath holds the position of general examiner for the company and that he practically gives the agents to understand that they are to appoint only members of the allopathic school in choosing local examiners. Drs. Fahnestock and Houston have been putting forth intelligent and earnest efforts toward securing the recognition of homeopathy in this relation, but thus far the conviction is made to obtain that it is not the policy of the New York Mutual to encourage the selection of homeopaths as examiners. It might be well for us to bear in mind this fact when seeking insurance for ourselves, or when conferred with by our patrons. It might be well, also, for us to busy ourselves just a trifle among our patrons and as far as possible induce them to give their insurance to companies who treat us with consideration and fairness. If a good degree of pressure is brought to bear in this way upon the old line companies it is believed they will eventually cease discriminating against us because of our therapeutic belief. A good many of the insurance corporations have been brought to change their views in this matter within the last few years, and an intelligent and aggressive campaign will surely bring others to see that it is gross injustice to select examiners from one system of medical practice alone, and that by so doing they militate against their own interests with our profession and its friends.

Vigorous protests have been received by the Century from Drs. Lizzie Gray Gutherz and L. C. McElwee, of St. Louis, against its strictures on the profession of that city for not having availed themselves more numerously of the opportunities for advancement and enjoyment during the recent session of the Southern Association by attending its meetings in force from day to day, it being held by Drs. Gutherz and McElwee that more than fifty members of the St. Louis profession were in attendance upon the convention from time to time during its sittings. It surely was not the intention of this journal to criticise the St. Louis profession unjustly. The facts were given as recited by four delegates to the meeting from as many different cities and sections of the country. All were of the opinion that the meetings could have been made more lively and interesting had there been a larger attendance of the local profession, and had there been an effort to inject a degree of life and vigor into its sessions which, it is claimed, was painfully absent. Somebody is in error. According to the St Louis complainants the profession of that city turned out remarkably well and all the promises made at Chattanooga were fulfilled. According to visitors from other cities the St. Louis doctors were not much in evidence. We believe both are right, and that the explanation made by Drs. Gutherz and McElwee is correct, namely, that the St. Louis doctors dropped in from day to day during the sessions, went on about their work and dropped in again as they could. The total number of names given by Dr. McElwee of those present from St. Louis reached a full fifty, embracing all the active working members of the St. Louis profession but one, and others not so well known. If these fifty had all taken an active part in the work of the convention the impression would not have gone out that they were not there. It is the St. Louis quiesence that caused the erroneous impression. St. Louis needs, therefore, but to wake up and bestir herself when a convention is on in her confines. The Century apologizes, hopes everybody will feel better, bows the compliments of the season to the St. Louis profession, and wishes them one and all a happy and prosperous New Year.

A circular letter has been issued by the committee appointed by the British Homeopathic Congress of 1891 to organize the fifth Quinquennial International Homeopathic Congress, setting forth the rules which will govern the London meeting, which are appended for the benefit of the readers of the Medical Century. It will be noticed that the second rule places the selection of the officers of the Congress with the British profession, and since it has been whispered in the United States that it might be well to have followed the precedent of the Atlantic City Congress, for which Dr. Dudgeon, of England, was chosen honorary president, by electing an American or a representative of the profession from some other country than England to that position for this year, it is proper to suggest that the precedent our English colleagues are following is the one set them in 1876 at Philadelphia, at which time an entire corps of American officers were chosen. On the whole we think it will be found that the rules which have been adopted for the government of the Congress will be satisfactory to those who attend. They are as follows:

1. That the Congress shall assemble in London, at such time and during such number of days as may hereafter be determined.

2. That this meeting take the place of the annual British Congress, and that its officers be elected at the Congress of the preceding year; the International Congress being free to elect honorary vice-presidents from those foreign guests and others whom it desires to honor.

3. That the expenses of the meeting be defrayed by a subscription from the homeopathic practitioners of Great Britain, the approximate amount to be expected from each to be named as the time draws near.

4. That the cost of printing the Transactions be met by a subscription from all who desire to possess a copy of the volume.

5. That the Congress shall be open to all qualified to practice medicine in their own country.

6. That all who attend shall present their names and addresses, and a statement of their qualifications, and, if unknown to the officers of the Congress, shall be introduced by some one known to them, or shall bring letters credential from some homeopathic society or other recognized representative of the system.

(*a*). That members of the Congress, as above characterized, shall be at liberty to introduce visitors to the meetings at their discretion.

7. That the Committee be authorized to enter into communication with physicians at home and abroad to obtain—

(*a*). A report from each country supplementary to those presented at previous quinquennial congresses, recounting everything of interest in connection with homeopathy which has occurred within its sphere since its last report was presented.

(*b*). Essays upon the various branches of homeopathic theory and practice, for discussion at the meetings and publication in the Transactions.

8. That all essays must be sent by January 1st, 1896, and shall then be submitted to a committee of censors for approval as suitable for their purpose.

9. That the approved essays shall be printed beforehand, and distributed to such members of the Congress as may apply for them, instead of being read at the meetings.

10. That for discussion the essays shall be presented singly or in groups, according to their subject matter, a brief analysis of each being given from the chair.

11. That a member of the Congress (or two, where two classes of opinion exist on the subject, as in the question of the dose), be appointed some time before the meeting to open the debate, ten minutes being allowed for such purpose; and that then the essay, or group of essays, be at once opened for discussion, five minutes being the time allotted for each speaker.

12. That the chairman shall have liberty, if he sees that an essay is being debated at such length as to threaten to exclude later subjects of importance to close its discussion.

13. That the authors of the essays, if present, shall have the right of saying the last word before the subject is dismissed, ten minutes being granted them for this purpose.

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Obstetrics.

ADVANCES IN OBSTETRICS.

BY T. GRISWOLD COMSTOCK, M. D., ST. LOUIS.

"Divinum est opus sedare dolorem."

The Frequent Use of Forceps to Shorten Labor.—The Latin aphorism that I have quoted expresses the animus and spirit of this paper. "To assuage and shorten pain is a labor which is divine." If we can in some measure lessen the trials of our patients during their confinements we will not only deserve their gratitude but we may surely expect to be recipients of their blessings. With our many advances in medical therapeutics it is our duty to skillfully direct our resources in such a direction as to alleviate and shorten the sufferings of a woman in labor. Chloroform and ether are great boons, and in experienced hands may be relied upon to materially ease the pains of parturition. The use of ether by means of the ether-oxygen anesthesia—a new discovery in the mode of its administration—is now considered as a complete success, and devoid of danger. It is a combination of oxygen and ether given by inhalation, and the patient is brought under the effect of the anesthesia much quicker than when ether is administered in its pure state. But besides chloroform and ether, we require other assistants, and for this purpose the forceps may be regarded as our safest resource, and when properly applied are devoid of danger. There seems unfortunately to be a dread of forceps, not only among the laity but also by some obstetrists, who never use them until the parturient woman is in great peril. There is no valid reason for this fear and delay, because the forceps possess the property not only of shortening the labor, thereby ending the pains of the mother, but they also protect the child from the dangers of a protracted labor. In my early college days, when a student at the clinic in Vienna, forceps were frequently employed, but by no means so frequently as we find them necessary in this "day of new things." Formerly—say about forty years since—in England and upon the continent, accoucheurs used the forceps once in about seventy-five to eighty-five labors; and in the Vienna obstetrical hospital, as far as I recollect, they were used once in fifteen to twenty labors. This was in hospital practice, but in private practice they were resorted to not oftener than about once in seventy-five to eighty labors. In the "Key Notes to Medical Practice," by Dr. Charles Gatchell, are to be found on p. 112 fifteen special indications for the use of the forceps, as adopted by the writer of this paper. These rules as given there have been my guide for many years past, and I still adhere to them. I will quote two or three extracts from them:

"Formerly, in England as well as in this country, the forceps were resorted to only in an emergency; now they are used to save the mother's strength as well as the child's life."

"Remember, it is the length of the labor that specially proves hurtful to both mother and child."

"When the child's head is well down in the outlet and fails to recede after a pain apply the forceps."

"Finally, whenever the mother runs any danger, and this danger will cease only when the labor is ended, the forceps are always indicated."

For several years past I have found it expedient to resort to the forceps about once in every eight labors. Quite recently I had the experience of having to apply the forceps in three labors successively. If we can save the mother from the agony of say six to ten last pains by the skillful use of the forceps we will spare her much suffering and receive her thanks for such a service.

In doing this we are simply terminating the labor by the assistance of a *"vis à fronte,"* as a substitute for a defective *"vis à terge."*

Occasionally it will happen to an obstetrist to have a patient who is a delicate subject, with a weak heart, and one who cannot go through the pains and agonies of a labor without danger. In such cases we should if possible be prepared to shorten the labor by the aid of the forceps. The student of obstetrics has only to recall the sad case in history of the Princess Charlotte of Wales, heir to the throne of Great Britain, who succumbed after a protracted labor that lasted fifty-two hours. Her child was born, but she died from exhaustion, simply because at that date (some seventy years ago), the bugbear of "meddlesome midwifery is bad midwifery" was the rule that governed the court physicians of England. If the forceps had been applied early in the labor the life of this beautiful princess might have been saved and the life of the heir to the crown of England might have been spared. How many cases of this kind might be cited wherein valuable lives have been sacrificed from ignorance or the want of courage and proper skill?

My friend and colleague Dr. W. E. Green, of Little Rock, who has a large obstetric clientele, informs me that he uses the forceps in almost every case of labor that he attends. He contends that he shortens the labor and materially lessens the risks attendant upon any unusual and unnecessary time for the delivery, so that both mother and child are benefited.

Walcher's Position for Expediting Delivery. There is a new position recommended for the lying-in woman that is claimed to be of practical value in the conduct of a labor, and is also of use when the forceps are to be applied, or when the labor is left to nature. This new position is called "Walcher's position." There is "nothing new under the sun," or as Chaucer quaintly said, "There is nothing new but what was once old." It seems that as far back as 1738 a Venetian accoucheur proposed that a parturient while in labor should be placed horizontally on a table with her lower limbs hanging down over its edge. He claimed that in this position the forced extension of the legs increased the antero-posterior diameter of the pelvis, so that the delivery was thereby accelerated. Dr. Walcher, in Germany, some seven years ago called the attention of the profession to this matter, but it was not mentioned in our journals until quite recently. Walcher claimed that by taking advantage of this position the conjugata vera is lengthened from eight to thirteen millimetres (1-4 to 7-8 of an inch). The usual position of a parturient woman when forceps are to be applied is upon her back, with her thighs flexed upon the abdomen. According to Walcher while the woman is in this position the symphisis is inclined to approach to the promontory of the sacrum, and the conjugata vera is shortened at least six or seven millimetres.

On the contrary, Walcher contends that when the thighs of the woman are forcibly extended, with her limbs hanging over the side of the bed, a certain degree of traction is exerted upon the anterior portion of the pelvis, and by this forcible extension the conjugata vera is lengthened some eight to thirteen millimetres. This increase in length of the antero-posterior diameter of the pelvic outlet will be at least one and a half centimetres. It will do no harm for the accoucheur to try this method, and it has been stated that in lingering labors, after placing the woman in this position, ready for the application of the forceps, suddenly delivery has taken place spontaneously, when, of course, the forceps were not needed.

As this maneuvre for the relief of delayed labor had its birth in Germany, and has been tried and favorably reported upon in Dresden, I publish the account for whatever value it may be found to possess in future trials. I notice that Prof. E. S. Bailey of Chicago read a paper upon this position at the recent meeting of the Southern Homeopathic Association, that met in St. Louis November 13th last. Dr. Parvin in his third edition of "Obstetrics" mentions it; and likewise we find it described in the new American Text Book of Obstetrics, which has just come from the press. Walcher's position is there described, and an illustration given of it. It says, "Whenever additional space in the conjugate diameter of the brain is demanded—6-9 millimetres (1-4 to 3-8 of an inch)—the thighs may be extended to their utmost over the edge of the table or bed. This is the Walcher position (here a cut is given), and it will be seen that the axis of traction at the inlet in this posture must be almost directly downward."

HOW TO TERMINATE PREGNANCY.—A SURE SHOT.

BY CHARLES HOYT, M. D., CHILLICOTHE, OHIO.

About five months ago I was consulted by Mrs. H——, on account of an abdominal enlargement, which for some reason she seemed to have formed an idea was due to the presence of one or more uterine fibroids. After a careful examination of her case I decided that the enlargement was due to a living fetus, and so informed her. At this time pregnancy had advanced about three months, as nearly as I could judge. After I had given her my opinion of her case I was greatly surprised and I may say shocked at the vehement remarks she made. She informed me most positively that "the child should never go full time; if she could not get rid of it she would take her own life rather than give birth to this child;" at the same time making various (not very plausible) excuses why she ought not to give birth to another child. She had one son, a young man of eighteen years. After trying for some time to show her the error of her way and the sin of committing this act, which I assured her was considered murder in the sight of God and man, but without making any impression upon her previously declared intentions, I left her, feeling confident that she would put her threats into execution.

Having been away, I did not see this patient again for a month, when I was most agreeably surprised to note her increased proportions, and hoped she had thought of the matter seriously and decided to let nature take its course. In about two weeks from this time, making her period of pregnancy about four and one-half months, she went to C. to consult a specialist of some note in diseases of women. He informed her, as I had done, that she was surely pregnant. She returned home at once, and in a day or two I was sent for in great haste to go to her, the messenger informing me that she had fallen and seriously hurt herself.

I repaired to her immediately, feeling certain that she had not forgotten her threats to destroy one or both. I found the patient alone in the house, lying upon a couch partly undressed and holding her hands tightly against her abdomen. As I stepped in the room she said, "Doctor, I am shot, but I didn't do it on purpose; I was cleaning out a closet and in handling a flobert rifle that was there I in some way discharged it, shooting myself in the abdomen." I remarked, it would be a difficult task to make me believe it was an accident, after the threats she had made in my presence.

She was cold and suffering considerably from shock. I at once opened her clothing and found a bullet-hole that penetrated the abdomen about two inches below and to the right of the umbilicus. The course of the bullet seemed to be right through the center of the womb, from right to left. I could easily see at a glance that the wound was not made by a flobert rifle, but by a revolver, which I afterwards ascertained she had purchased a few days before for this special purpose.

I probed the wound carefully and although I could find no trace of the bullet I was satisfied it was in the abdominal cavity. There was scarcely any external hemorrhage.

I had the patient placed in bed and did all I could to quiet her and bring about reaction, applied calendula compress to the wound, gave *Aconite*, and waited for developments.

The patient rested very well that day and night but the following morning she began to have pains in the abdomen, followed by profuse wasting, so much so that I was obliged to tampon the vagina. The pains continued and that night she was delivered of a four and one-half months child. I was anxious to examine the dead fetus and did so as soon as possible. I found that the bullet had entered the child's back, just about the left hip, passing clear through its body and making its exit to the right of the umbilicus. I delivered the placenta and found it almost centrally furrowed by the bullet, which about divided it in two parts.

After causing the womb to contract firmly I could easily outline the bullet in the fundus of the womb, where it had nearly made its exit from that organ. The bullet seemed only to be covered by the external covering of the uterus. I made no effort to remove or disturb it. I continued to use calendula dressing and in other respects treated the case as I would any other abortion, using antiseptic vaginal douches twice a day for about two weeks. The patient had considerable fever for several days following her delivery, and the abdomen remained swollen and very tender in the region of the wound for quite a long time. The wound discharged some pus for perhaps a month, gradually ceasing at that time. The patient is now as well as before the accident and able to attend to her household duties. This case has afforded me an opportunity of witnessing what I consider a very remarkable recovery.

Surgery.

STUDIES IN CLINICAL SURGERY.

BY HOWARD ROY CHISLETT, M. D., CHICAGO.

FIRST PAPER.

Introductory.—As the present paper is the beginning of a series of articles I have promised for this volume of the MEDICAL CENTURY it will probably save repetition as well as time if I stop to say a few words regarding the preparation of the patient and the general technique observed in my operations.

Preparation of Patient.—The bowels are thoroughly evacuated during the two or three days prior to the operation by the administration of interrupted doses of a saline cathartic, a full enema of plain water two or three hours before the operation completing that cleansing process. No food or drink is allowed for at least four hours before beginning the anesthetic.

A complete warm bath is given the night before. In addition to this, the field of operation is thoroughly scrubbed with soap and warm water, cleanly shaven to remove all hair and surface epithelium and washed with alcohol or ether, thus removing all traces of oily secretions in order that the final scrubbing with a solution of bichloride of mercury (1 to 1,000) shall have its full germicidal effect. The parts thus sterilized are maintained so by a moist dressing of the mercurial solution or a solution of boracic acid, 4 per cent, until the patient is anesthetized. The dressings are then removed, the parts washed again with the antiseptic solution and later with alcohol, when, after the protection of surrounding parts by means of sterilized towels, the patient is ready for the knife.

The Operator.—The hands of the operator, his assistants and nurses are thoroughly scrubbed with a stiff brush, green soap and water for at least five minutes, the nails are then carefully cleansed and the hands again scrubbed with water. They are then carefully rinsed with alcohol and immersed for two or three minutes in a mercurial solution, 1-1000, and finally in sterilized water or a sterilized salt solution. As an extra precaution from septic cases, or when the hands are soiled from post mortem examination, they are thoroughly and freely rubbed for ten or fifteen minutes with a five per cent solution of carbolic acid in glycerine after the first scrubbing with warm water, the after-steps being as above described.

Ligatures.—For ligature and suture material I use almost exclusively fine silk and silk-worm. They are both sterilized by boiling for thirty minutes in a five per cent solution of carbolic acid, and are maintained sterile by keeping in alcohol. The instruments are boiled for fifteen minutes in a one per cent. solution of bicarbonate of soda and then placed in sterile water. The exceptions to this are the knives, which, if they have not been used in septic cases, are not boiled, but simply dipped into boiling water and then soaked in alcohol. The repeated boiling destroys the cutting edge even of our best English knives.

Dressings.–In wounds made through clean tissues, where the operation can be quickly performed and the wound surfaces be brought into accurate apposition, my preference is for the dry form of wound treatment, no solutions being allowed to touch the parts. The advantages are saving of time, minimization of loss of blood, the avoidance of chilling the patient by the irrigation, the less frequent necessity for drainage, and, consequently, the leaving of the wound undisturbed until the stitches may be removed. Where the wounds are large, the duration of the operation prolonged, the operation of a nature demanding much handling of the tissues, and especially where accurate apposition of the entire wound surfaces is impossible, my best results have been obtained by occasional irrigation of the wound during the course of an operation so as to at least mechanically wash away, if not to chemically destroy, any micro-organisms that may have indirectly gained entrance.

Drainage.—When any discharge is expected, whether it be serous, bloody or purulent, drainage is essential. Drainage tubes should be preferably of glass, sterilized by boiling, introduced through a dependent counter opening and in clean cases should be removed in twenty-four to forty-eight hours, the sooner they can be with safety, the better. In infected cases they may have to remain indefinitely.

Looking backward over the last five years of surgical practice I can trace my gradually improving results to the following points:

1. The stricter adherence to the details of surgical cleanliness.
2. The more careful avoidance of manual manipulation of the wound surfaces.
3. The more stringent measures of hemostasis.
4. The less frequent use of drainage and the earlier removal of the drainage tube when used.
5. The substitution of fine silk for catgut as a ligature material.
6. The maintenance of absolute physiological rest of the operated part by firm bandaging or even splints, and the less frequent change of dressings.

Where from any reason the regular methods as above described have been deviated from such change will be noted in the text. Points of especial interest will be emphasized at the end of each reported case.

Case I. Appendicitis Secondary to Carcinoma of Cecum.—Mr. J. T.

HISTORY.—Three weeks prior to admission to the hospital this young man of twenty years of age began to experience cramping pains in the abdomen. The attacks of pain were almost of daily occurrence and were at times attended with nausea and vomiting. The bowels, at first constipated, soon became regular, but during the last few days moved rather too frequently, the passages being watery. No history of chill, but frequent complaints of being hot. By watching the patient a few days the examinations revealed the following conditions:

A well nourished man of medium size; healthy color save a slight jaundiced hue to the sclera; a tongue heavily coated yellow; temperature ranging from 99 to 100; an abdomen somewhat tympanitic; a well defined muscular rigidity of the right abdominal muscles, and exquisitely sensitive to pressure in the lower half of the right side, where a rapidly increasing tumor could be distinctly outlined. Over and around this tumor a pronounced gurgling of gas and water was elicited by pressure. Diagnosis of appendicitis made and operation advised.

Carcinoma of Cecum.

Operation.—A three-inch incision at the outer border of right rectus muscle, the center of which corresponded to a line uniting the anterior superior spine of the ilium and the umbilicus. The peritoneal cavity being entered, a tumor the size of a fist presented. This was apparently composed of rolls of inflamed intestine and omentum, matted together. It was not adherent to the parietal peritoneum, so before opening the supposed abscess I followed my usual custom of making such union by means of sutures, thus shutting off the general peritoneal cavity from infection. After this precaution careful separation of adherent coils revealed an appendix as large as my index finger but no perforation and no pus. The appendix was removed, the stump buried by two rows of sutures. The other coils of the tumor were then investigated, and a firm, irregular tumor involving the cecum was easily recognized as a carcinoma. It was not thought best to excise the cecum without the consent of the patient, so the wound was sutured and the patient sent to bed. Recovery was uneventful save for a suppuration in the abdominal wound which for four weeks postponed the secondary operation. At that time I resected the cecum and made an end-to-end anastomosis of the ilium with the ascending colon by means of a large Murphy button. The tumor had enlarged so rapidly, the adhesions were so extensive and the hemorrhage so great that the patient died seven hours after the completion of the operation, notwithstanding the fact that transfusion for a time seemed to help him. A post-mortem examination revealed a satisfactory condition of the abdominal wound and also the approximated ends of the intestine.

Mammoth Appendix.

The points I wish to emphasize are these:

That in an experience of a considerable number of cases I have never seen a more typical picture of appendicitis, both in its history and the subjective and objective symptoms.

That for a carcinoma to develop at that age is very unusual.

That I believe very earnestly excision would have been successful if it could have been done within a week after the diagnosis was rendered positive, for it is astonishing how rapidly the tumor grew after the first operation.

Case II. Chronic Intestinal Obstruction from a Displaced Transverse Colon.—Mr. C. L., age thirty-nine years.

History.—The following history is told as nearly as possible in the patient's own words. "Have suffered ever since I was twelve years old with a dazed feeling in my head, my brain being at times so cloudy as to make me think I must be dreaming. Frequent pains in the back of the head near the base of the skull. Chronic constipation of several years duration with occasional violent and painful attacks of diarrhea. An almost constant soreness and stiffness across the lower part of the back (lumbar and sacral regions) with frequent attacks of dull, throbbing pain. Not infrequently will have very sharp, cramping pains in the left inguinal region."

Examination.—A well nourished man of large size and good muscular development but an expression of suffering and a slight icteric cast to the complexion and sclera. A general examination revealed nothing. The history suggested intestinal occlusion at the site of the sigmoid flexure. A rectal searcher introduced passed easily until the sigmoid was reached, when it met with an obstruction and caused an intense, almost unbearable pain which made him, as he expressed it, "sweat blood." Steady and gentle pressure overcame the obstruction. The absence of a tumor or any history of peritonitis and the frequent attacks of a dysenteric nature led to a diagnosis of partial cicatricial stenosis of the sigmoid flexure.

The results obtained by the passage of bougies for the next two weeks seemed to confirm the diagnosis, for the bowels for two days after each treatment moved naturally and the pains were less frequent. The treatments were so painful, and the prospects of such efforts being only partially curative, he decided to undergo an operation for the excision of the stenosed portioned of the bowel, so on the 2nd of August I opened the abdomen with that object.

Operation.—An oblique incision was made, beginning just external to the deep epigastric artery, one inch above Poupart's ligament and extending upward and outward four inches. I must not forget to state that prior to the administration of the anesthetic I had introduced the rectal searcher beyond the restricted portion so as to render the discovery of the portion to be excised a matter of ease. Upon opening the peritoneum it was discovered that the transverse colon and its attached omentum were in the field of operation and I was obliged to withdraw from the lower part of the wound and tuck into the abdomen at the upper end at least two feet of the transverse and descending colon before exposing the sigmoid at all. Upon finding the sigmoid flexure and the sound within it I examined carefully for any evidence of constriction. None being discernible from external examination, a longitudinal incision of one inch was made in the anterior wall of the sigmoid and a searcher introduced. In this way the gut was examined from the rectum to the transverse colon, both externally and internally, without discovering the slightest alteration in its calibre. I was then forced to the conclusion that the obstruction was due to a displaced transverse colon. The intestinal and abdominal wounds were then closed, the former with a double continuous suture of fine silk and the latter with interrupted silk-worm sutures. A median incision two and one-half inches long was then made above the umbilicus. The stomach had been drawn out of place and presented just above the umbilicus, but by drawing upon the stomach and omentum the transverse colon was brought into view. Silk sutures were then passed through the anterior muscular band of the transverse colon, through the omentum and then through the peritoneum and fascia of the anterior abdominal wall.

In this manner the colon was sutured for a distance of two or two and a half inches to the abdominal wall at a level midway between the navel and the "pit of the stomach." The wounds were then closed with silk-worm sutures. The patient made an uninterrupted recovery and told me seventy-two hours after the operation that his head felt clearer and more natural than it had ever done within his recollection.

Mr. L. was in my office today, Nov. 4th, three months after the operation. From all physical signs, the colon has remained in place, and aside from constipation he has little to complain of, the head remaining clear and free from the former dazed feeling as long as the bowels move daily.

I can find no record of a similar operation, although "Occlusion from Traction" and displacements of the colon are noted by Mr. Frederick Treves in his work on "Intestinal Obstruction."

It seems that the result has justified the operation, and my only regret is that I did not stitch the colon over a wider area. As far as my own knowledge went there were no precedents to guide me, and in the absence of such I did not feel that a more extensive operation was advisable.

Case III. Hypertrophy of Corpora Cavernosa. Mr. Z., age 23 years.

The history of this patient is rather pitiful. Prior to his marriage, two years ago, he had led a virtuous life and was not aware of his deformity until he endeavored to perform his marital relations.

The penis when flaccid appeared perfectly normal, but during sexual excitement it became so curved with a dorsal convexity that it was impossible in any posture to gain an entrance into the vagina. He had consulted several surgeons, and one severed the frenum and a cord on the under surface which he said drew the head of the organ down. No relief. The wife had been examined and was found perfectly normal.

Mr. Z—— brought his wife with him when he came to me from my colleague, Dr. Huffaker, and they both presented typical conditions of sexual neurasthenia from the ungratified excitement of the past two years. Believing that the condition was due to hypertrophy of the spongy bodies I advised an excision of a portion of their capsule.

Operation.—September 5, 1894, a median dorsal incision, one and one-half inches long, the center corresponding to the point of greatest convexity. The dorsal vessels were drawn aside and held by suture retractors, while the capsule of the cavernous bodies was exposed. I then removed a transverse section of this capsule. It was elliptical in shape and one-half an inch in width at the center, which of course corresponded to the median dorsal region. The edges of the gap were then united transversely by means of catgut sutures, the skin wound being sutured with fine silk. The sutures were removed in five days. Result, primary union.

I did not see or hear of this patient until August 15, 1895, nearly one year later, but I then learned that the result had been entirely satisfactory, his wife at that time being four months pregnant.

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Gynecology.

UTERINE DISPLACEMENT.

BY FRANCIS D. HOLBROOK, M. D., CHICAGO.

Definition.—The term displacement in its general sense is used to designate any position of the uterus apart from the normal posture, and while any malposition may be productive of serious consequences, this paper will be limited to the consideration of ante- and retro-version and flexion only.

The uterine supports, the perineum, walls of the vagina, areolar tissue, bladder, rectum. utero-sacral, utero-vesical, utero-pubic, broad and round ligaments, and peritoneum, are sufficient to suspend the normal uterus in normal position only; and when any one support is taxed a displacement is a very likely consequence.

Situated as the womb is in the pelvic cavity between rectum and bladder, with its neck protruding into the vagina, pointing to the rectum and at right angles to it, with its fundus enveloped by peritoneum, lying upon the bladder, in its position and with its relation to the other important organs in its vicinity, its nerve supply which connects it with every organ of the body, its function and the delicate manner in which it is held in place, we can readily understand why any local condition which will increase its weight, which will pull or push it out of place, which will weaken the supports and displace the organ, is so important a factor in adding such vast numbers to the list of chronic sufferers.

Etiology.—Displacements are more common in married women and those who have borne children than in virgins, showing the influence the married state and parturition have upon this condition. As the most important cause of uterine displacement metritis is supreme; and when we consider the causes of metritis we have taken a step toward the correction of the difficulty.

Laceration of cervix, endometritis, tumors, subinvolution, pregnancy, congestion, muscular effort, rupture of perineum, weakening of walls of vagina, weakening of ligaments, sympathetic nerve irritation, abscesses, inflammatory deposits, a full bladder, rectal trouble, excessive intercourse and general sickness, such as would lower the vitality and tone of the body, thereby weakening the tissues which support the organ, are chief among its many causes.

Symptoms.—The symptoms of displacement, which may be local or constitutional, or both, may be entirely wanting in a case. This condition, however, is very rare. When symptoms are local one can usually make a diagnosis of displacement from the many and varied symptoms rather than from their absence. The patients usually complain of leucorrhea, dysmenorrhea, menorrhagia, metrorrhagia, ovarian neuralgia, frequency of urination, perhaps with much pain, constipation, backache, headache, aching of limbs, weight in pelvis, dyspepsia, palpitation of heart, etc.

Diagnosis.—The diagnosis of retro-displacement can be made by inserting the index finger in the vagina or rectum; if in the vagina, the finger will first encounter the cervix, then by passing the finger posteriorly to the cervix the fundus is felt. If it is flexion the finger will enter a sulcus formed by the organ bending on itself. If it is version the cervix will be pointed upward and the fundus will lie upon the rectum.

The same description will apply to the diagnosis of antefloxion and anteversion, except that the finger will be passed anteriorly to the cervix, discovering the fundus pressing on the bladder if version, and doubled upon itself if flexion. Examination as to the position of the organ is best made with the patient standing.

Treatment.—In considering the treatment for the cure of displacements I will mention what may be termed the expectant treatment and the radical treatment, with the sphere of some of the methods which have been most successful under my observation.

Under expectant treatment I will mention curetting and packing, trachelorrhaphy, perineorrhaphy, colporrhaphy, operations upon the rectum, the use of pessaries, massage and Swedish movement and electricity.

Under the radical treatment will be mentioned Alexander's operation, abdominal ventral fixation, vaginal ventral fixation, and Dr. Pratt's method of displacing the anterior attachment of the peritoneum to the fundus of the uterus and stitching the uterus to the posterior surface of the bladder.

Expectant Methods.—As the majority of uterine displacements are caused from a metritis the expectant treatment will cure nearly all of them except retroversion and displacements with adhesions. Yet a great many firm adhesions have been broken up by the expectant treatment in some form. It is always necessary to cure the metritis, and to do this curetting and packing of the uterine cavity and repair of the cervix if lacerated are the quickest and most successful methods, following the work by an after-treatment which should comprise masssage, tampons and the use of pessaries. In selecting a pessary for flexion I like the stem; if anteflexion the simple stem pessary; if retroflexion, Sims' stem pessary with ring attached; for anteversion, a soft rubber ring pessary.

It has always been harder for me to cure retroversion by the expectant treatment than any other variety of displacement under consideration A Sims' stem pessary fitted to the parts has been of service in holding the retroverted uterus in place. In applying massage I commence about two weeks after curetting and packing a uterus and three weeks after doing trachelorrhaphy. The treatment should comprise massage of the uterus by way of the vagina and also by pressure over the abdomen. There has been a great deal of adverse criticism against the use of uterine massage, but this most important measure should not be censured any more than local treatment of any variety. It is sometimes impossible to give a thorough massage treatment of the uterus at the first sitting. I place the patient in the dorsal position with feet in the stirrups so that it is possible for me to stand between the limbs of the patient. I then insert my index finger into the vagina against the cervix and with gentle, gradual pressure dilate the vagina as much as possible. When I have overcome all resistance I insert my second finger also; if the organ is flexed, with my index finger on the cervix, my second finger finds the fundus and I force the fundus in place, pressing the cervix in the opposite direction.

It is sometimes necessary to put the patient in Sims' position before it is possible to reduce the displacement; then with two fingers of the right hand in the vagina against the cervix and the left hand on the abdomen, grasping the fundus and employing a vibratory pressure I strengthen the tissues so that the organ retains its place after a few treatments. The treatments should take about ten minutes for application; the patient is then put in the knee chest position for about ten minutes. She should then lie down for half an hour.

Another method of giving massage is entirely by way of the abdomen. With the tips of the fingers dipping down over the region of the uterus until the fundus is felt the uterus may be raised with a lifting motion and placed in position.

With the cornua between the fingers, with a vibratory motion the organ is strengthened and the displacement cured. For with an ordinary amount of care as to the proper clothing, exercise, etc., these cases can be cured, patience on the part of the doctor and patient being all that is necessary to carry such cases to a successful termination by the expectant treatment.

It is not necessary to go into the description of the other expectant treatments as they are familiar to all —the benefits derived from perineorrhaphy, trachelorrhaphy, colporrhaphy, etc. It may be necessary to do all of these operations before the replacement of the uterus can be accomplished. Where the conditions are present that call for operations of this character it is always right to do them first before indulging in the more radical methods.

Radical Treatment.—Of the many operations devised for holding the uterus in place there are two and possibly three that are worthy of consideration: Alexander's operation, gastro-hysteropexy or ventro-fixation and the Pratt method.

In the selection of a method for a given case there are several points to be considered. If the case is one of retro-displacement without adhesion, without ovarian irritation and the expectant methods have failed, or if you must cure your case with the first treatment, curette the uterine cavity, repair the cervix if necessary and do Alexander's operation; or, if adhered, open the peritoneum posterior to the cervix, break adhesions, and then do Alexander's operation; but if the case is one of retro-displacement with firm adhesions which do not yield to the ordinary methods for breaking them up, or where you wish to ascertain the ovarian condition, the choice would lie between the gastro-hysteropexy and the Pratt method. With me the choice would depend upon the size of the vagina; if the vagina is roomy and the uterus easily handled I should select the Pratt method, but if the vagina be narrow, the parts leathery from chronic inflammation, indicating a difficult piece of work, I would select ventro-fixation. Leaving out Alexander's operation, everything being equal, the fixation of the uterus by way of the vagina is safer than the abdominal method. While I have had success with both of these methods, opening the peritoneum by way of the abdomen has been a greater shock to the same number of cases than by way of the vagina.

Alexander's Operation. — Alexander's operation is performed very quickly and satisfactorily by making an incision about two inches long, commencing at a point over the outer extremity of the inguinal canal and extending toward the pubes; cut deep through the skin and fascia to the sheath of the canal, which is then opened about an inch and a half at the point where the ligament makes its exit from the abdomen; hold the sheath aside with retractors and with a blunt hook lift up the cushion of yellow fat which marks the location of the ligament. Separate the fat from the ligament and at this point the ligament will appear; it is about a quarter of an inch in diameter here. Use traction on the cord, pulling the ligament out of the abdomen. The peritoneum should be peeled off, the genital branch of the genito-crural nerve which accompanies the ligament should be separated, lifting the uterus then as high as is necessary, which will be from three to four inches. A fold is then taken in the ligament and sutures are applied, piercing the sheath of the canal and folded ligament, coming out on the other side; three sutures are sufficient to hold it. The integument is then sutured. I use No. 2 catgut for this operation.

Gastro-Hysteropexy.—The operation of gastro-hysteropexy is performed by making an incision in the median line of the abdomen down to the muscles. Separate the muscles and make an opening in the peritoneum sufficient to insert two fingers, then, with the patient in the Trendelenburg position, the uterus is brought into the field of vision by a long tenaculum, after breaking up adhesions.

The ovaries and tubes are next examined; if bound by adhesions, break them up; if cystic, the cysts should be evacuated; if the condition is such that they need removal it is very easy to take them out. A space about the size of a fifty cent piece is now curetted on the upper and anterior portion of the uterus, including a little of the fundus; a space of similar size is curetted on the under surface of the peritoneum. No. 0 catgut is then used to co-apt the raw surfaces of the peritoneum to the uterus, then a heavy silver wire suture to support the uterus in place is entered straight in the skin, about an inch from the margin of the wound, piercing all the tissues, and into the abdominal cavity, the same distance from the margin of the wound. It is then passed through the fundus of the uterus, about a quarter of an inch deep, and brought out of the abdomen on the opposite side. After piercing the tissues about an equal distance, as on the other side, the wound is closed. The wire suture is fixed by the short method. The suture should remain about two weeks.

Pratt Method.—The Pratt method is to make a half circular incision about the anterior portion of the cervix, dissect up the areolar tissue until the peritoneum is encountered, open the peritoneum, then with a tenaculum in the fundus of the uterus pull it through the peritoneal opening and into the vagina. If the ovarian condition needs attention we can remedy it in this position. Then scar the anterior surface of the uterus, attach the peritoneum with interrupted catgut sutures to the fundus, put two heavy catgut sutures into the anterior surface of the uterus and into the under surface of the bladder. Replace the organ in the pelvic cavity, tie the retention sutures, sew the vaginal wound and the operation is completed.

Previous to doing any radical operation for fixation curetting of the cavity of the uterus is most essential. The uterus should be supported for a few days after any of these operations by packing the vagina with gauze.

100 State Street.

Ophthalmology.

ACCIDENTS AND COMPLICATIONS IN THE EXTRACTION OF CATARACT.

BY F. PARK LEWIS, M. D., BUFFALO, N. Y.

A number of attentive students had just watched the performance, beautifully executed by a distinguished ophthalmic surgeon, of an operation for the extraction of cataract. "What do you consider," asked he, turning to one, "is the smallest space through which the human hand can consciously move?" A guess of one-twentieth of an inch was ventured. "And you?" asked he, turning to another. "One-fiftieth" was the answer. The third thought that one one-hundredth of an inch was not too small a space, while the fourth, who was an accomplished microscopist and who had made micrometric measurements under high magnifying power, asserted positively that he had repeatedly, by measurement, carried his slide through intervals of one-tenthousandth of an inch. This was accomplished, of course, by the aid of some leverage, but the fact was brought out that with a correct eye and an accurately trained hand a delicate instrument could be carried through an almost inconceivably small space.

When we bear in mind the fact that in all our modern operations for the extraction of the lens from the human eye the differences are exceedingly small, the necessity for this perfect control will be apparent. It is only a century and a half since Francois Daviel originated what is termed the "modern technique" of this operation, and the various modifications that have been made since that time have been necessarily through an exceedingly limited area of space. It happens, consequently, that unsteadiness on the part of the patient and either uncertainty of manipulation or inaccuracy of judgment on the part of the operator, together with those undeterminable conditions belonging to all surgical procedures, may result in accidents and complications which do not belong to the simple, uncomplicated operation, and it is these that prove most trying to the inexperienced operator and which from lack of ready adaptability on his part may cause an operation to be a failure that would otherwise be successful.

While an experience with the best operators is essential to successful work, it is a genuine misfortune for the prospective ophthalmic surgeon to see the operative measures of none but accomplished surgeons. An operation that has been performed by one who has done it thousands of times appears to be so easy that the real difficulties are not apparent, and it is not until the young surgeon tries to do himself what he has many times seen so smoothly done that he is met with emergencies for which he is not prepared. Such accidents as may arise from lack of manipulative skill are not extensively described in ophthalmological writings, and it was this fact that lead the famous Beer to make the caustic remark that "it takes a hatful of eyes to educate an oculist." It may not be uninteresting, therefore, to outline some of the unusual conditions that have arisen in an ordinary opthalmological practice covering eighteen years of active service.

There is no operation giving better results in competent hands than the extraction of cataract. And yet, as Dr. Roosa observes, it is amazing what difficulties may occur in this operation and be successfully overcome. While, on the other hand, it is also surprising that similar operations, performed under the most favorable circumstances, with the most careful technique, will sometimes result in failure.

The Section.—A serious error in operating for cataract is to make too small a section. The attempt to force the nucleus through the narrow aperture may cause a loss of vitreous before the lens can be delivered. It then becomes necessary to enter the eye with a lens spoon, and the result is apt to be disastrous. Too large a section may cause a similar result. The support of the lens and vitreous having been removed, the vitreous prolapses and the probability of a successful termination to the operation is greatly lessened. Accidents may arise, too, from the nervousness, weakness or ungovernableness of the patient. I remember once, while operating upon a physician, that the point of the keratome happened to touch the sensitive iris. He suddenly drew his head back with an uncontrollable jerk. Fortunately I was ready to follow his motion and the only ill result was a small section. I contented myself, therefore, with making a preliminary iridectomy, and two weeks later satisfactorily removed the lens, giving him perfect sight.

On another occasion, while in the act of delivering the lens, the patient, also an elderly physician, fainted. At this critical juncture delay was impossible, without danger to the eye, so the operation was hastily concluded before restoration from the syncope was attempted.

The Lens.—In large, protruding eyes, care must be taken that the lens is not delivered involuntarily before the operator is prepared for it. I have seen the lids nipped together so suddenly and forcibly as to cause the caractous lens to pop out as if shot from a gun. A loss of vitreous is always likely to follow, but that, while unfortunate, is not necessarily prejudicial to the result. With proper antiseptic care as much as one-third of the vitreous may be lost without endangering the ultimate recovery.

Another complication which we may meet is an under-ripe or over-ripe lens. When the opacifying of the lens becomes complete it separates from the capsule very much as the stone of a plum or peach becomes detached when the fruit ripens. Until that occurs the nucleus clings with so much firmness as to require considerable effort to free it and some of the cortical substance is likely to remain behind. This can be removed by syringing, but that may still further complicate matters and the result is not always so satisfactory. In an over-ripe condition the lens becomes calcified, or softened, and it cannot be removed as completely or freely as when normally ripe. Previous inflammatory complications also add difficulties. Adhesions of the pupillary margin to the lens greatly obstruct free delivery of the nucleus and render it almost impossible to remove the cortical substance completely.

Choroidal Disease.—Old choroidal disease, though usually prejudicial to a successful result, does not necessarily forbid operative procedures. I have recently removed the lens without the slightest difficulty, notwithstanding the fact that disease of the fundus existed, of which I had been aware before the lens became opaque.

More serious is the complication when the vitreous is fluid. In a case operated on some years ago, after removing the lens the fluid within the eye oozed out as though it were water. Nothing indicated such a possibility and an attempt was made upon the other eye. The same condition was found and the operation was abandoned, without attempting to remove the cataract.

Sepsis.—Septic conditions are always to be feared, and although the greatest care may be exercised, purulency sometimes obtains. This is especially true if disease of the lachrymal sac or obstruction of the nasal duct exists. In a recent case in which an unavoidable loss of vitreous occurred pus was discovered in the anterior chamber and a suspicious grayness along the line of the section wound. The latter was immediately cauterized by means of the galvano cautery, treated actively with mercuric bichloride and after most watchful and vigorous care the eye was saved. Such condition are, however, exceedingly dangerous and are to be much dreaded.

Constitutional Complications.—Constitutional weakness may also interfere with good results. I have recently had a mild form of insanity occur after extraction of the lens. After a successful operation in a patient sent to me by Dr. Hutchins of Batavia, N. Y., the patient being a feeble old lady of nearly eighty years who had lived in the quiet of the country, I found one morning on visiting the hospital, that she had delusions, imagining that her food was poisoned, that her brother had died in the morgue, that conspiracies were formed against her, etc. After two months she was taken to her home and at last report she was still mentally unsettled. Such cases are, fortunately, not common, and may be due to several circumstances. The change from the quiet of the country to the activity of a hospital, the dread anticipation of an operation, a sensitiveness to the effect of atropine, these may together serve to account for the mental disturbance.

Indeed, for an operation that usually is accomplished without pain, without embarrassment, and with most beautiful and satisfactory results it is also one requiring for its successful performance a wider experience, a greater steadiness of hand, a greater fund of resource, and a greater readiness to meet any emergency that may arise than almost any surgical procedure which the ophthalmic surgeon may be called upon to undertake.

188 Franklin street.

Materia Medica.

Materia Medica Department, Conducted by W. A. Dewey, M. D., New York.

MATERIA MEDICA MELANGE.

Myosotis. In phthisis with a copious mucous expectoration this remedy in the tincture, drop doses, has given some relief. It needs thorough proving.

Zincum Cyanatum, 4th, is one of the useful remedies in chorea; a dose daily will often cure a case in a few weeks. Cold ablutions and a diet in which meat should be avoided will aid greatly in combatting this trouble.

Thuja and China, according to Gallavardin, the French homeopathist and alcoholographer, will in many cases suffice to cure tic douloureux or prosopalgia. *China* has periodical infra-orbital neuralgias of malarial origin. Indicated where the slightest draft makes the patient worse. *Thuja* has a sensation as if a nail were being driven into the vertex or frontal eminences, intense stabbing pains, driving patient almost to distraction; patient must lie down. Hence the two remedies are easily distinguished.

PROF. BUCHNER says: "Intermitting neuralgias appearing at night form a characterizing indication for *Arsenicum.* Those which appear mornings and afternoons call for *Ignatia,* while chronic neuralgias call for *Silicea.*"

HAIR-SPLITTING. Sensation of hair on tongue, *Arsenicum* and *Silicea.* Sensation of hair on back of tongue, not relieved by eating or drinking, *Kali bichromicum.* Sensation of hair in throat, *Sulphur.* Tickling high up in left nostril, as from a hair, *Kali bichromicum.* Tickling, as if from a hair in the right nostril, *Hydrastis.* (Hare-lip has been known to result from too much dependence on the above symptoms).

SABINA is an excellent remedy in gout where there is great sensitiveness of the great toe to motion and aggravation of the pains by rest. It is also a good remedy in articular pains in those women who have an inordinately profuse menstruation.

KALI CARBONICA IN SCIATICA. At the recent meeting of the Homeopathic Society of Schleswig-Holstein Dr. Kunkel, of Kiel, related a case of sciatica cured by this remedy. It was a case of four months' standing, with aggravation between two and three in the night, dorsal position in sleep, dark urine, mouth and lips dry at night, fullness and eructations frequent; formerly bleeding hemorrhoids. *Kali carbonicum* 30 completely cured the case. Dr. Waszily testified to the benefit from *Kali carbonicum* in Sciatica. Dr. Lütze mentioned a case where he gave *Kali carbonicum* with good results in which there were sticking pains and swellings of the upper eyelid. Dr. Kunkel called attention to the difference between *Kali carbonicum* and *Arsenicum. Kali carbonicum* has *Arsenic's* sensitiveness to cold, its restlessness and aggravation after midnight. Neither can remain in bed, but *Kali carbonicum* has more general restlessness, while in *Arsenic* the patient must continually move about on the painful extremities.—*Allg. Hom. Zeib.*

KALI BICHROMICUM. The gastric and rheumatic symptoms of this remedy alternate. When the gastric disturbance gets bad the rheumatic conditions are ameliorated, and vice versa. *Dulcamara* has rheumatism alternating with diarrhea. *Nux moschata* has rheumatic and gouty pains in joint alternating with intestinal and stomach pains.

SENEGA has hoarseness and a throat so dry that talking is painful. *Cistus* has an inflamed and very dry throat, the slightest cold air is painful and the protrusion of the tongue is painful. *Arum* has such painfulness and rawness in the larynx that the patient cringes on coughing.

HOARSENESS, especially towards evening, calls for *Kali bichromicum, Calcarea carbonica, Phosphorus, Carbo vegetabilis* and *Lachesis.* Hoarseness especially in the morning calls for *Causticum* and *Eupatorium perfoliatum.*

SIMPLIFICATION OF THE MATERIA MEDICA would be greatly furthered if the language of the provers were, so to speak, unified. There are so many terms used that mean exactly the same thing that much confusion arises; this is especially true of our repertories. For instance, in a recent work of great merit, under the heading aphonia, there are mentioned seventeen remedies; under loss of voice fourteen remedies. With one exception none of the remedies appearing under aphonia appear under loss of voice, the reverse is also true. *Causticum* is the only remedy having both aphonia and loss of voice. This is quite important, for when we get a case of aphonia plus a loss of voice we can make no mistake in prescribing *Causticum.* However, if we consult Benninghauser we shall find that *Bromine, Carbo vegetabilis* and *Phosphorus* are more important in loss of voice than is *Causticum.* Now the Baltimore Investigation club says that there is no pathogenetic authority for hoarseness (and subsequent aphonia) under *Carbo vegetabilis,* yet the symptoms may be inferred from its concomitant. Finally, Farrington gives *Ammonium causticum* as the best remedy for aphonia especially if burning rawness be present. All of which goes to prove the necessity of simplification and closer indication.

ALLOPATHIC DISCOVERIES. During the past two months several new discoveries have been made in the domain of allopathic therapeutics, which, being interpreted, meaneth that some of our ancient brethren have been studying our materia medica. That well known journal the *Medical Record* is our authority. For instance *Cannabis sativa* is recommended in phthisis pulmonalis. To help our friends along we will give them the following indications for its use in that or any affection: Dyspnea and suffocation as from a weight on the chest; tough mucus in the lower part of the trachea in the morning, with ability to loosen only a little, which must be swallowed after hacking and coughing; scraping in trachea as if raw and sore; finally the mucus loosens itself and he is obliged to hawk it up repeatedly. Cough, hacking from pit of throat, green, viscid expectoration. These and numerous other symptoms were recorded by Hahnemann eighty years ago. *Cimicifuga* has been found to be useful in menstrual headaches. Chief among our indications are the sharp pain extending from occiput to frontal region, the pain in the vertex and sensation as if the brain were moving in waves. Homeopaths have used this remedy for this affection some thirty years. *Thuja* in seminal emissions is another example. Our indications are the sycotic temperament, nightly erections which may be painful and the nocturnal emissions, sweetish-smelling sweat about genitals, etc. Hahnemann gave us this remedy nearly a hundred years ago for this same trouble. Yet the *Medical Record* cannot see why a monument should be erected to his memory.

Finally, they have discovered that *Arsenic* will not cure all cases of skin disease, that it corresponds more closely to psoriasis and chronic eczema than to any other form of skin affection.

NUX VOMICA. According to Jousset *Nux vomica* 30 is one of the best remedies for migraine. It should be given two doses a day, one after dinner and one before retiring, for four days, then stopped for four days, and commenced again. For the treatment of the attacks he recommends *Belladonna* and *Caffeine,* the last in the 1x trituration, in oft repeated doses.

SABAL SERRULATA is recommended in the 3d potency for hypertrophy of the prostate. It has been found to work better than the tincture.

170 West 54th street.

SOME CHARACTERISTICS OF NATRUM SULPHURICUM.

BY H. C. ALLEN, M. D , CHICAGO.

This is one of the so-called tissue remedies, was proved by Schreter in 1832 and by Nenning in 1833, and published in Hartlaub's *Annalen*. It is mentioned in Grauvogl's works in 1858, '61, '62 and '66, as adapted to the "hydrogenoid" and sycotic constitution. Hering's monograph in 1869 gives the first pathogenesy in English and many cures were reported by Hering, Lippe, Raue, Jeanes and Guernsey. Those who have carefully studied the pathogeneses of *Natrum* and *Sulphur*, will not be surprised at the wonderful results obtained by a remedy from their chemical combination, in which many characteristics are found not in the pathogenesis of either. I only propose to give a few characteristics in some of the rubrics that may serve to call our attention to the value of this remedy in both acute and chronic affections of a grave character.

Mind.—Irritable < mornings; dislikes to speak or be spoken to (*Iodatum* and *Silicea* have a similar irritability, but usually accompany some acute, deep-seated organic disease, as bronchitis or pneumonia). Depressed, tearful; lively music makes her sad.

This symptom is common to *Natrum carbonicum* and *Natrum muriaticum*, in fact to all the *Natrum* family. *Sabina* has an aggravation from music but it is during the menstrual nisus.

Despondent; extremely timid and anxious; mind weak and enfeebled.

Melancholy, with periodical attacks of mania.

Satiety of life; suicidal tendency; must use all self-control to prevent shooting himself.

Women suffering from ovarian and uterine troubles, prolonged lactation or other causes leading to nervous exhaustion, frequently present a similar train of mental phenomena, often attended with a wild or irritable condition—where great mental effort is required to prevent personal injury—find their simillimum in *Natrum sulphuricum*. Mental traumatism, arising from a fall, blow or other injuries to the head, mental symptoms following injuries to the head where we generally think of *Arnica* or *Hypericum*, often call for *Natrum Sulphuricum;* especially when we find associated the melancholy, delirium, irritability and suicidal tendency so marked under this remedy—the chronic effects of concussion, brain shock without organic lesion—think of *Natrum sulphuricum*.

Head.—Hot vertex; pressure and heat in vertex during menses; indescribable pain on top of head as if it would split (*Pulsatilla*, *Sepia*—pressing vertex headache > by pressure is found under *Mercury* and *Veratrum*, but the vertex is generally cold).

Violent pains in head, especially at base of brain and back of neck.

Violent pains at base of brain, as if crushed in a vise or as if something were gnawing there. This basilar headache when taken in connection with those of the spine, as: drawing back of neck; spasms of back; opisthotonos more or less complete, with mental irritability and delirium, violent congestion of brain, often call for *Natrum sulphuricum* in genuine spinal meningitis, especially since the influenza (grippe) in the winter of 1890. It has served me well in many desperate cases, so much so that I have come to think of it as more frequently indicated than any remedy in our Materia Medica.

Nose.—Epistaxis: before menses; during menses stops and returns often; in afternoon (compare with *Bryonia* and *Phosphorus*, which have vicarious menstruation, or profuse nosebleed before or during menses).

Teeth.—Throbbing toothache with great nervous restlessness, < from warm, but intolerable to hot drinks, > by cold water in the mouth, cold air or tobacco smoke. Here the aggravation from heat, like *Pulsatilla*, and the amelioration from cold water, like *Coffea* and *Bryonia*, may call attention to this remedy when these fail.

Eyes.—Sight dim; eyes weak; lachrymation; photophobia; scrofulosis ophthalmia, with marked photophobia; granular conjunctivitis, granulations like small blisters; lids agglutinated, burning edges, green pus and terrible photophobia.

No remedy in the materia medica, *Graphites* possibly excepted, has such terrible sensitiveness to light in chronic ophthalmias as *Natrum sulphuricum*.

Another prominent sphere of action of *Natrum sulphuricum* is its wonderful control over the much dreaded, so-called, "bilious" and "malarial" affections of the Mississippi valley and its various tributaries in the west. Patients so often consult us and bring with them the diagnosis: "Doctor, I am bilious, my liver does not work well." Of course, without symptoms this is a meaningless term, but a careful examination often reveals a general derangement of the digestive tract. The symptoms may be defined under the following rubrics:

Mouth.—Taste, bitter, nauseous; mouth slimy, tongue coated with mucus.

Dirty, greenish-gray or greenish-brown coating on root of tongue; greenish with malarial symptoms; slimy; red; burning tip (*Sanguinaria*). Always hawking mucus; from the stomach, esophagus, fauces; by belching; coughed up from the trachea and larynx (golden yellow in *Natrum phosphoricum*).

Stomach.—Complains of acidity; stomach distended and heavy; a sensation of weight; almost constant nausea; vomiting of slimy mucus, bitter or sour.

Hypochondria.—Liver swollen, sore to touch; cannot bear tight clothing about waist.

Excess of bile, vomiting of bitter fluids; irritable liver after excessive study or mental exertion; enlargement in region of the liver.

Jaundice from vexation; bile easily or readily taken up by excretory system and deposited in skin and conjunctivæ, and found in urine in abundance, while the stool is white and clayey.

Lying on left side aggravates.

But now come the deep-seated constitutional disturbances which often underlie many of the minor ills. I refer to the anti-sycotic virtues of *Natrum sulphuricum*.

Sexual Organs.— Sycosis: gonorrhea; yellowish-green discharge of thick consistency; painless gonorrhea; chronic gonorrhea; suppressed gonorrhea.

Condylomata; soft, fleshy excrescences. (*Thuja* and *Mercury*).

Chest.—Asthma, humid of children, first remedy to be thought of; with every fresh cold an attack of asthma. (*Silicea*, *Arsenicum*, *Ipecac*, *Spongia*, *Carbo vegetabilis*, are only palliative). Here it is frequently called for and will rarely be disappointing.

5142 Washington avenue.

Practice of Medicine.

SIX CONSECUTIVE CASES OF PHTHISIS AT ASHEVILLE.

BY T. E. LINN, M. D., ASHEVILLE, N. C.

In reporting the following cases I have taken them in order as they came to me and without selection, except to go far enough back in time to enable me to give a more complete history of the improvement. Not all cases that have come under my observation and professional care have been benefited as these six cases mentioned have been, but others, recent cases, are doing as well as the following six. Death has occurred at the present writing in one case of the six, but on reading the report carefully the only wonder will be that life was sustained so long. The climate of Asheville and the physician, no matter how skillful he may be, can not cure or benefit all the cases that are sent here. Although marvelous improvements are obtained in some cases flat failures result in others.

The physician can not say: "This case will recover but that one will not." I have been happily surprised to see those improve whom I felt were doomed to a hasty death, and, again, my exalted hopes have been rudely shattered over the sudden retrogression of an acknowledged improvement. It will be seen by reading the report of these cases that the most rapid improvement took place in the incipient or early stage of the disease.

I have not mentioned the internal remedies used or when or how I used them, but will say that my constitutional treatment of phthisis is strictly homeopathic. The inhalations used were those in general use but modified to suit the various local manifestations.

Case I. M. S——, female, aged 25 years, brunette, came to Asheville, January, 1894, from New York, presenting a history of having taken a cold a year previous, followed by an involvement of the apex of the left lung. She had gone to the Adirondacks for the following summer and fall with some improvement. Returning to New York in the late fall she soon noticed that she was losing ground and came to Asheville in January.

On examination I could hear distinctly the crackling of the lung when standing three feet from her. On applying the stethoscope the crackling sound was heard as low down as the left nipple. There was decided dullness on percussion, and exaggerated bronchial breathing at one spot about the third rib.

The temperature was between 99 and 100 degrees, and there was not much expectoration, what there was of it being heavy. There was a depraved appetite, night sweats and tardy menstruation.

I kept this patient in bed part of the time and only on bright clear days permitted her to exercise in the open air. She walked but little, generally riding in a carriage when she went out. I saw her every day or two and soon controlled the night sweats, improved the stomach and corrected the irregularities of menstruation. I examined the lungs every second day and was gratified in a few weeks to note an improvement. In April a perineal abscess developed, which I opened, leaving a small simple fistula. This condition had pulled her down some but in a few days after evacuation of the pus she rallied and improvement continued.

In the latter part of May she had regained her weight and strength, had a good color, good appetite and digestion, the night sweats were gone, had but a very slight cough and expectoration, the crackling could only be heard by applying the ear directly to the chest and had greatly decreased in area, temperature 99 degrees.

She returned to New York at this time, remaining two or three weeks, during which time the fistula was cured by the ligature method. She spent the following summer in the Adirondacks, still taking the treatment I had outlined for her. Her physician expressed himself as highly delighted over her improvement and I learn since that she has continued to improve, and is I believe at present in Europe.

Case II. G. L——, male, aged 27 years, came to Asheville April, 1894, presenting the following conditions: Loss of weight, fifteen pounds, loss of appetite, night sweats, persistent cough with slight expectoration, temperature 100 to 101 degrees, pulse 95 to 100, and a history of impaired health of two months. The apex of the left lung showed decreased vesicular murmur, slight dullness and slight crepitation.

Under treatment by inhalations, careful dieting and open air exercise, in seven weeks he had regained twelve pounds, temperature 98 3-5 degrees to 99 degrees, digestion good, night sweats gone, pulse normal, expectoration nil, cough gone, crepitation not perceptible, vesicular murmur better. He left here after a seven weeks sojourn practically recovered.

Case III. A. M——, female, aged 22 years, presenting a history of three hemorrhages from the lungs at intervals of several weeks, with pains through the lungs, hectic cough and emaciation. She arrived in Asheville, May 2, 1894, and on the next day I examined the lungs and found a weak vesicular murmer, irregular and rapid respiration, dullness on percussion over upper part of the right lung, and delayed, scanty menstruation. I ordered her to remain in bed for one week and regulated the digestive organs. At the end of one week I permitted her to exercise by walking in the open air, but cautioned against mountain climbing, as I invariably do with my pulmonary cases when there is much fever or rapid and weakened heart action. Becoming elated over her rapid improvement, however, in a week or ten days she took a mountain ride on horseback and that evening had a hemorrhage, which was controlled by *Erigeron*. I then ordered her to bed again and kept her there for three days, after which she was content to walk moderately and ride only in a carriage. Her improvement continued rapidly and in the course of three or four months she was strong enough to walk and climb to her heart's content and occasionally ride horseback with moderation. She had no return of the hemorrhage, gained in weight, cough decreased, hectic subsided, menstrual function became normal and under regular breathing exercises and singing by fixed rules the irregular breathing was greatly improved. At the present time she enjoys good health and only denies herself the pleasure of attending any entertainment after nightfall. Gain in weight, fourteen pounds.

Case IV. E. J——, male, aged 48 years, came to Asheville June, 1894. He gave the following history: Ten years ago, that is about the year 1884, he went to Colorado, suffering with incipient phthisis, cough, fever, emaciation and profuse expectoration. After a residence at Denver and Colorado Springs of two years he had apparently recovered his health and returned to his former home in the Southern part of Ohio. He engaged in business and for seven years enjoyed good health. Exposure, loss of rest and grief over the sickness and death of several members of his family caused his health to again fail. The cough, fever and emaciation returned, and after several months of treatment at home he was sent to Asheville. On his arrival, June 6, 1894, he presented the following conditions: A persistent, aggravating cough, profuse expectoration, temperature 100 degrees to 101 degrees, night sweats, glassy eyes, no appetite, pale, cadaverous complexion, weight 103 pounds, being a loss of twenty or twenty-five pounds, great weakness and some diarrhea. Under the administration of inhalations and remedies to check the inflammatory action and lower the temperature, and remedies to correct the abnormal condition of the stomach and bowels, with judicious exercise in the open air, in two months he presented the following conditions: Complexion good, instead of being pale it was bronzed; temperature 98 3-5 degrees to 99 degrees; appetite enormous, bowels regular, tongue clean, night sweats gone, cough and expectoration slight, and a gain in weight of fifteen pounds.

Now, even after this rapid improvement, my patient would not listen to words of caution, but said that he must return to his business, and did so after remaining here only two months. He went home to Ohio and returned to Asheville in just one month, but that month was long enough. The healthy complexion was gone, the cough worse, the temperature was up to one hundred degrees, and six of those valuable pounds had been lost. Two days later he went to bed with chills and a temperature running as high as one hundred and three degrees. He remained in bed over a month. It was then nearly November, 1894. He finally got out of doors and, eventually, came to my office, where I treated him by inhalations all the following winter and spring, and now, during the fall of 1895, he is on the streets every day, getting along fairly well with a temperature of ninety-nine degrees to ninety-nine and one-half degrees—cough and expectoration, but certainly holding his own. How much better this man would have been had he only listened to words of caution and not returned to Ohio during that month of August, 1894.

Case V. J. L——, young man aged 18 years, came to Asheville during the month of August, 1894. One month after his arrival I was called to attend him professionally. He gave a history of having lagrippe about Christmas, 1893. He was taken to San Antonio, Texas, and remained there about four or five months with very little improvement except the disappearance of night sweats. He spent the summer of 1894 at St. Louis and rapidly grew worse. His condition, September, 1894, when I first saw him, was as follows: Absolutely devoid of color, ears transparent, loose cough with profuse, green, frothy and heavy expectoration, temperature as high as 104 degrees, pulse 120, hands icy cold in the mornings, disordered stomach and diarrhea. On thorax examination I found both lungs affected from apices to bases, rapid respiration with crepitant sub-crepitant and mucus rales;—in other words, he was rapidly dying and had he remained at home I am quite sure he would not have lived until the end of the year. The green, frothy expectoration showed an intense inflammatory action. I put him to bed and under the effects of rest and the action of fever remedies his temperature decreased to 100 degrees and the character of the expectoration changed from green to yellow and whitish yellow. In a few weeks I permitted him to ride out in a carriage once a day. He made some improvement and I then sanctioned short walks daily. By December he came to my office almost every day until the following May. I noticed a letting down, however, when the warm spring days came and put him to bed again without much benefit. Diarrhea set in violently during May with high temperature and sweats.

He was taken home the latter part of May and died during the month of August. I believe his life was prolonged at least nine months during which time, being of a happy disposition, he enjoyed many pleasant hours.

Case VI. J. C. ——, male, 24 years of age, came to Asheville from the Ohio valley, giving the following history: March, 1894, he first noticed a decided decrease in weight, otherwise he felt well except, possibly, a feeling of weakness for a while each day, scarcely noticeable on some days. However, this loss of weight continued and the weakness became more apparent; still the patient stated that he never felt better in his life. Sometime during June he noticed a lack of confidence in his voice, a peculiarity which he could not describe.

Following this in a few days came the slight tickling, hacking cough with scarcely any expectoration. About this time he became conscious of slight headaches at eventide, but on arising in the morning he felt perfectly well and could not account for the headache. He was not conscious of fever. Went north into the woods of Michigan for a rest, expecting to be fully restored to health in a few weeks. He was disappointed, however, as the symptoms were aggravated.

Three weeks after his arrival at the northern resort he became conscious of chilly sensations, followed in a day or two by a severe chill and high fever. He was confined to bed for three days when he made a brave effort and prepared for his journey home.

Consulting a physician on his return, the cough, emaciation, fever, glistening eye, depraved appetite were looked into more thoroughly, and a careful examination was made, showing the apex of the right lung affected with dullness on percussion and crepitant rales. A microscopic examination revealed the bacilli in large numbers and very active. After remaining home for two weeks, during which time his temperature often reached 103 degrees, he came to Asheville and became a patient of mine. On examination I found the persistent cough, expectoration thick and yellow, fever, emaciation with a decrease in weight of twenty-five pounds. His weight at this time was 128 pounds.

He suffered quite a good deal the first two weeks with intercostal neuralgia so severe that it was necessary to administer morphia hypodermically several times. His temperature at this time went as high as 101 to 102 degrees.

The patient stated to me that he felt better than he had for nearly two months. He was kept quiet for several weeks, being permitted only to walk to and from my office, and to ride out once a day. His appetite improved at once, his temperature dropped to 99 3-5 degrees to 100 2-5 degrees, the neuralgia ceased in two weeks, but the other symptoms remained the same. Two months after his arrival here he had gained three pounds, coughed less, temperature 99 1-2 degrees to 99 4-5 degrees, was eating well and was taking plenty of physical exercise every day between 9 A. M. and 5 P. M. Six months after arrival he had gained eight pounds, cough less, expectoration less, temperature 99 degrees to 99 3-5 degrees, and a beautiful appetite. One year from date of arrival he presents the following conditions: Slight cough in the morning with some expectoration, coughs but seldom during the day and none at night; temperature 98 3-5 degrees to to 99 1-5 degrees, a gain in weight of twenty-three pounds, cheeks plump, good color, eyes natural, hands look healthy, sleeps as well as ever, good appetite—in other words, well except slight cough and expectoration, with dullness on light percussion over apex of right lung, good deep percussion sound, slight bronchial breathing at one spot; even and well developed expansion, vesicular murmur good and clear. My treatment in this case was—inhalations of different formulas, plenty of out-door air, plenty ef good things to eat, especially butter and bananas. Remedies, *Aconite, Bryonia, Gelsemium, Mercurius biniodide, Chelidonium, Nux-vomica,* etc.

GENERAL MANAGEMENT AND TREATMENT OF BRIGHT'S DISEASE.

BY D. W. DICKINSON, M. D., DES MOINES, IOWA.

Importance of Early Diagnosis.—Some forms of this disease are much more amenable to treatment than others, as the large white kidney, and acute nephritis, all of them especially if seen in the earliest stage. The disease is so insidious, however, in its onset, that few cases come into the hands of the physician for treatment until well advanced. In fact in many cases the disease is first recognized upon an examination for life insurance, or upon an examination being made for some other supposed ailment. Hence the importance of an urine analysis in all chronic cases in patients whose health has become impaired towards middle life; for the beginning of the various forms of this disease are undoubtedly a part of the degenerative changes which occur in middle life, and the beginning of old age. For instance, it will be remembered that the autopsy upon President Garfield revealed Bright's disease in an advanced stage, although when living it had been entirely unsuspected.

General Management.—General management embraces the consideration of clothing, bathing, exercise, climate, diet, etc. The clothing should be such as will prevent chilling of the body, or the taking of cold, to which patients with this disease are especially liable. Probably flannel worn next to the skin all the time is the best material, although for cold weather I prefer chamois skin garments over gauze underwear.

The bath should be of warm water, of but a few minutes duration, followed by rubbing of the body until a healthy glow is secured. The Turkish bath is quite beneficial in some cases, but must be used cautiously in order to not weaken the patient.

Climate.—A favorable climate is the greatest aid to securing an amelioration of the symptoms. Many patients in a suitable location may enjoy a fair degree of health for years, who will otherwise rapidly decline. One should be selected that is mild and dry, with a light and sandy soil, also where sudden changes in the temperature do not occur. The reasons for this abode are, that it allows of moderate exercise in the open air the year round, thus improving digestion, and aiding the kidneys through increased perspiration, also in such a climate less nitrogenous food is required for warmth and to sustain life, hence the system is less liable to be cloggod with waste material, so making less work for the kidneys, also having an equable temperature, the intercurrent diseases, pneumonitis and bronchitis will not be liable to trouble the patient. These favorable conditions of climate are realized in parts of North and South Carolina, Florida, and California.

Diet.—The diet should be generous in quantity but of a light, nutritious character, especially avoiding all food rich in nitrogen, all highly seasoned food, alcoholic and malt liquors, coffee and tobacco.

Foods of prime importance are milk, eggs, fresh fish, light broths, green vegetables, stale bread, fruits, cocoa, hot water and Waukeshaw mineral water.

A potent factor is to early induce your patient to give up the cares and avoid the worries of business; to stop entirely such habits as smoking, drinking and sexual indulgences, and devote his time and attention in a systematic and yet cheerful and contented manner to the business of getting well.

Medical Treatment.—The medicinal treatment is to be considered under three heads: First for the acute, second for the chronic forms, third palliative.

Acute nephritis is that which follows or is coincident with the course of infectious diseases, hence the importance of a close watch over the functions of the kidneys during an attack of one of these diseases and a frequent analysis of the urine. The remedies in the order of their importance are *Aconite, Cantharis, Terebinthina* and *Apis mellifica.*

Aconite is the remedy in the first stage, i. e. congestion and engorgement. There is headache, high fever, rapid pulse, restlessness, pain in the loins and painful urination. It is also useful when the urine seems to be gradually suppressed and uremic convulsions seem to be impending.

Cantharis is indicated when there is a very high fever, with a full, hard, quick pulse. The face is flushed, the patient is restless and there is loss of appetite. The urine is scanty, bloody, albuminous, containing casts, showing an intense degree of congestion.

Terebinthina is a most useful remedy when the first fierce onset is over. The urine is scanty, smoky, contains albumin and casts. Upon standing the urine deposits a sediment like coffee grounds. I can vouch for the value of this remedy, as it has cured a number of cases for me.

Apis mellifica.—The special indication for this remedy is edema of the face or general anasarca. The urine is scanty, high-colored, largely albuminous, containing casts. There is renal pain.

Arsenicum album is a useful remedy in sub-acute cases.

I must confess that my treatment of the chronic forms of this disease, especially after the disease has made considerable headway, is far from being satisfactory. A number of our remedies have, however, proved their efficiency both to check the progress of the disease, and to allay many of the distressing concomitant symptoms.

Phosphorus is a remedy especially adapted to parenchymatous nephritis. The skin is of a pale, waxy appearance. There is puffiness of the face, particularly the eyelids. The urine is high-colored, of a high specific gravity, contains albumin, pavement epithelium, tube casts and pus. The following concomitant symptoms or diseases also indicate its use. A profuse, watery, debilitating diarrhea, pneumonitis, tuberculosis, a condition of general atrophy and nervous exhaustion.

Terebinthina is also an excellent remedy in the parenchymatous form, one I have found both reliable and often indicated. Symptoms demanding its use are scanty urine, dark, smoky from disseminated blood discs, contains much albumin and blood casts. Patient suffers from violent pains in the kidneys, extending along the ureters. There is anasarca. Sometimes the urine has a violet odor. General prostration, frequent and severe, together with a lowered temperature and feeble, rapid pulse, is a strong indication for its use. It is also useful for the intestinal and bronchial catarrh occurring during the course of the disease.

Plumbum metallicum as a remedy for cirrhosis is strongly endorsed by Charles Gatchell, M. D., who relates one case cured by it. The symptoms calling for its use as given by him and Lilienthal are a frontal headache, worse from mental labor, dyspepsia, amaurosis, dyspnea, worse at night. The skin is dry even after exercise. They suffer from colicky pains and obstinate constipation. There is edema of the face and ankles. The patient has a pale skin, is extremely weak and loses flesh rapidly. The urine is of a low specific gravity, contains a small per cent of albumin, and many hyaline and granular casts. Sometimes useful for uremic convulsions.

Aurum muriaticum may play an important part when the disease is associated with a syphilitic or mercurial cachexia, caries, or indurations. The urine is scanty, red and thick, decomposing rapidly. Millard recommends it in chronic interstitial nephritis associated with nervous symptoms, hypochondriasis, irritability and vertigo.

Mercurius corrosivus is highly esteemed by many. In post mortem examinations where death has followed poisoning by this drug many of the lesions of the kidneys are analogous to those of parenchymatous nephritis, as an increase in size, destruction of epithelium and plastic exudation. It must be a valuable remedy in impending suppuration and uremia. The following symptoms suggest its use: The urine is scanty, sometimes being entirely suppressed, blackish, bloody, albuminous and contains fatty, epithelial, and grandular detritis, pain in the renal region, offensive diarrhea with colic and tenesmus, puffiness of the face and feet, great dyspnea.

Arsenicum, judging from its provings, should be a most valuable remedy, but the consensus of opinion is that it helps in but few cases. It is more often indicated in cases of large white kidney. The skin is pale and waxy. There is local or general dropsy. Prostration with restless anguish is present. The urine is scanty, albuminous, contains fat globules, epithelium and fibrinous casts also very good when inflammation of serous membranes complicate the disease.

Other remedies worth bearing in mind are *Apis mellifica, Crotalus, Glonoine,* and *Nitric acid.*

There are a number of symptoms and intercurrent diseases, which appear from time to time during the course of Bright's disease, whose existence seem to depend in part at least upon other conditions than the existing lesions of the kidneys, which require palliative or special treatment. These I will name and give the most frequently indicated remedy for it. Serous inflammations, *Arsenicum album;* dyspeptic vomiting, *Nux vomica;* palpitation of the heart, *Cactus;* excessive dropsy, *Apocynum;* bronchitis, *Mercurius corrosivus;* pneumonitis, *Phosphorus;* dyspnea, *Convallaria, Digitalis;* coma, *Opium;* convulsions and delirium, *Belladonna, Hyoscyamus.*

ANTI-CANCEROUS SERUM.

BY H. P. HOLMES, M. D., OMAHA, NEBRASKA.

The anti-diphtheritic serum, non-specifically called antitoxine, has been having a close competitor in anti-cancerous serum. In the November number of *L'Art Médical* is an article by Dr. Marc Joussett, and in *La France Médicale* of November 15th and another by Professor Berger, successor to the late Verneuil in the surgical clinic of *La Pitié*, giving extended reviews of this interesting subject.

The first experiments were made in 1891 by Dr. William B. Coley of New York, and reported to the American Surgical Association in 1894. Other experiments have been made by numerous physicians, and the reviews above referred to give the results of the treatment. The theory is based on the occasional occurrences of attacks of erysipelas modifying or curing malignant tumors. Acting on this hint, Dr. Coley treated several cases of carcinoma and sarcoma with cultures of the erysipelas germ. Though ameliorating some cases he produced unfortunate results in others. He then mixed the cultures of the prodigiosus with the erysipelatous streptococcus. In brief, his experiments showed little if any effect on carcinoma, though apparently greatly modifying sarcomata.

Emmerich and Scholl, in the *Deutsche Medicinische Wochenschrift* (1895, No. 17), report their work done with an erysipelatous toxine injected into the veins of a sheep, the serum of the sheep's blood being used as the curative agent.

Messrs. Richet and Hericourt, April 29th, and October 21st, 1895, addressed reports to the *Académie des Sciences* giving their experiments in the treatment of cancer by a still different agent. They used a portion of a malignant tumor. This they crushed, added to it a little water, filtered it and injected the filtrate into an animal (dog or ass). In from five to fifteen days the animal was bled and the serum collected. Injections of this serum were made about the periphery of the tumor, but not into it.

The following is claimed for this sero-therapeutic treatment of cancer: 1. The pains diminish. 2. The ulcerations improve. 3. The tumors diminish in volume. 4. The evolution of the disease is retarded. 5. The general condition is improved.

Dr. Marc Joussett is inclined to believe this treatment may find its field in malignant tumors and especially in the inoperable cases. He says: "If the seropathic treatment is not yet certain to radically cure these neoplasms it ameliorates them at least more than any other known method."

His most interesting report is that of a case of inoperable tumor of the parotid successfully treated by M. Czerny of Heidelburg, with erysipelatous serum prepared according to Coley's indications:

"A woman of 55 years, confined in the beginning of May, 1895, had noticed about Christmas of last year, a tumefaction in the region of the right parotid, which had at first increased slowly, then rapidly, and which finally was approaching the external auditory canal, occasioning a facial paralysis, with violent pains in the face and ear.

"At the time when the patient was admitted to the service of M. Czerney a paralysis of all of the right facial nerve had taken place. Behind the right auricle there was a tumor the size of the fist, with a nodular surface, and which filled the auricle from behind forward. The tumor piece by piece infiltrated the concha and filled the auditory canal; it adhered to the parotid which was infiltrated by the neoplasm. Its surface was ulcerated in places and covered with a fetid pus. The diagnosis was diffuse infiltrated carcinoma of the parotid region, having really had its point of departure in the parotid. Microscopic examination of a fragment of the tumor extracted from the auditory canal demonstrated it to be a small round celled sarcoma.

"The tumor being deemed inoperable, it was decided to treat it with injections of erysipelatous toxines. From the 10th to the 22nd of June, eighteen injections were made in the tumor, beginning with half a syringeful and increasing it to six syringefuls. Five times the patient was seized with a chill, the duration of which varied from ten to forty-five minutes, accompanied by pains in the head and loins. The internal temperature was elevated to 104 7-10. During these attacks of fever, the neoplasm became transiently tumefied, then it shriveled.

"The 22nd of July the auditory canal was free and the tympanum was again accessible to inspection. Of the muscles supplied by the facial only the frontal was still paralyzed. The infiltrated tumor was reduced to a slight thickening situated behind the ear; the parotid had regained a soft consistency. The retro-auricular tumor had the thickness of only about three layers of skin and was loose, with the appearance of raspberry granulations. The patient was entirely freed from the pains in the head and ear. Her subjective condition was very satisfactory during the days when the injections were not given. The treatment was continued."

Professor Berger's lecture reviewing the subject is very thorough, conscientious and instructive. Summing up the history and experiments in an able manner, he says: "What results have this new method of treatment given? What hopes may be built on their use? What place will it be proper to reserve for them in cancerous maladies, what role should they play in surgery?

"A few words will suffice for answering these questions: And first, to commence with the painful confession, there does not exist a single example of the recovery from cancer by the injection of either Coley's erysipelatous cultures, of Emmerich's erysipelatous serum, or of the anti-cancerous serum of Messrs. Richet and Hericourt. In the actual state of things, then, we cannot hope to obtain a veritable cure by the employment of the means which we have just studied."

He admits it may be different for certain sarcomata. Lympho-sarcomata seem to have been cured in Coley's hands, Czerny affected a remarkable recovery and Richet and Hericourt brought about ameliorations in inoperable cancers. Their use should be limited to those cases where surgical intervention has not brought about a recovery and to the inoperable cases.

Such, in brief, is the résumé of these very able reviews by these very eminent physicians. It allows us a faint hope that along these lines "we may some day find the preservative or the remedy for one of the most terrible evils which desolates humanity."

Necrology.

MEMORIAL SERVICE TO DR. A. R. THOMAS.

On December 13, 1895, Association Hall, Philadelphia, held a representative body of the laity and physicians of that city who met to honor the memory of Dr. A. R. Thomas, late dean of Hahnemann Medical College. Professor W. C. Goodno presided, and exceptionally fine music was rendered by a specially trained choir. After the invocation by Rev. W. M. McVickar, D. D., Dr. Goodno made a few remarks and then called upon Dr. Pemberton Dudley, the senior professor at Hahnemann, who spoke on Dr. Thomas' traits as dean of the college and of his work for higher medical education which resulted in the adoption of the three years' graded course at Hahnemann in 1869, four years before its adoption by the first old-school college, viz, Harvard University Medical School. To his inspiring genius and indomitable energy was also due the magnificent pile on North Broad street, the Hahnemann Medical College and Hospital.

Dr. James H. McClelland of Pittsburg, a member of the state board of health, spoke of Dr. Thomas' professional career and dwelt upon his character with much intensity of feeling.

Rev. W. N. McVicar, D. D., rector of Holy Trinity church, spoke very eloquently of Dr. Thomas as a man who had brought all his gifts to the service of mankind and as a character that must live on through the work he has done.

The last address was by Mr. George C. Thomas (head of the banking house of Drexel & Co.), who spoke of his close friendship with the deceased which extended over twenty-seven years. He said their relations had been the tenderest that can exist between doctor and patient and summed up the strongest features of Dr. Thomas' character as his fidelity, his honesty, his modesty and his benevolence.

The meeting closed with a benediction from Rev. Dr. McVickar.

J. H. Carmichael, M. D.

Germantown, Pa.

Correspondence.

MONTREAL NEWS.

The advent of the festive season in Montreal is of more than usual interest this year to the physician. Santa Claus does not, as a rule, in this country, deem it neccessary to remember the doctor, whose services are only required to remedy the effets of too fervent devotion at the shrine of St. Nicholas. This year the good saint's coming is attended with rain and sleet and a thaw worthy of March, while his pack, which serves in lieu of his sleigh, is loaded down with pneumonia, bronchitis and such ilk of the respiratory tract; nor has he forgotten a fair supply of diphtheria and its cousin, German membranous croup.

The sudden change from the bitter cold weather of the early part of the month to the mud and slush and foggy weather of the holiday season is responsible for the scanty filling of many Christmas stockings and sparsely laden Christmas trees, while the doctor waxeth fat and his children must need hang up bloomers, so unexpectedly lavish will be Kris Kringle's generosity.

However, "it is an ill wind, etc.," this weather giving the opportunity desired for the completion of the walls of the new hospital building; the brick work is finished and the roofers' work will be done ere '96 is many days old. The rough carpentering and partitioning of the lower floors is completed ready for the plastering, and the advent of the autocratic plumber and steam fitter is now in order. Montreal homeopathy has done itself proud in the erection of this monument to its faith, and the men and women of its ranks deserve a world of credit for such a grand, tangible evidence of their belief in the truth as promulgated by Hahnemann. Especially is all commendation due them when one remembers that homeopathy as a public institution has just entered into its second year of existence.

The ladies' auxiliary committee, which has charge of the maintenance and domestic management of the hospital, held a very successful bazaar at the Victoria armory December 13 and 14, to raise funds to pay off the past year's indebtedness. Despite the inclement weather and the counter attraction of several other entertainments the hall was well filled during the two days. The assemblage was a representative one, and generously inclined to the "little pills people" as some $600.00 ably testifies. The presence of so many of the wealthier and influential class was rather a revelation to the adherents of "regular" medicine, indicating that ere long it will be "the correct thing" to countenance and support homeopathy. The auxiliary intends holding another sale of fancy articles at the reception on the opening of the new hospital building in March next. Much praise is due the managers of the bazaar and the ladies assisting them for their untiring energy and efforts in performing their alloted tasks, thus giving assurance of a successful issue.

The completion of the hospital's first year is marked by the issuance of the first number of the new paper, *The Homeopathic Messenger*. It is published by the ladies' auxiliary and devoted to the interests of homeopathy and the Montreal Homeopathic Hospital. This is a great stride onward, as it is the first attempt at homeopathic literature in this province, and will no doubt be a valuable aid in the propagation of the true faith. Unfortunately, some accident happened in the printing of this first number, making it look like an epistle to the Greeks or a philosophical dissertation from Confucius. They call it the "impressionist" style of printing and it certainly looks it.

The attending physicians to the hospital for the coming year are Drs. John Wanless, W. G. Nichol, A. R. Griffith, A. D. Patton, and Wm. McHarrie. Surgeon, Dr. H. M. Patton. Each physician attends a week at a time in his turn, but carries all cases received during his week to a conclusion, making it possible for him to be in attendance all the time and for the whole staff to be on service in the one week. The dispensary staff consists of twelve physicians, with the various specialties divided among them.

The friends of the Montreal General Hospital are now at work arranging for a grand bazaar and series of entertainments to be held next June, for the raising of funds to purchase surgical instruments. The sum of $10,000 is desired and will probably be realized. It seems strange that men who pose as surgeons could not have and would not prefer to use their own instruments and leave hospital money for legitimate uses.

Dr. McHarrie has finished a very able and interesting course of lectures to the training school on practice of medicine and medical nursing. His plain, practical way of putting things aroused the enthusiasm of the class to the studying pitch. Dr. W. G. Nichol follows with a course on physiology and hygiene, lasting a month. The skill and efficiency of the nurses who are sent out to private cases are favorably commented on, reflecting credit on themselves and the school.

If the next year witnesses an advancement of homeopathy proportionate with that of 1895 Montreal's position in the galaxy of homeopathic cities will be an enviable one.

From the profession and the faithful of the Canadian metropolis a happy new year to the MEDICAL CENTURY and the members of our great family.

Arthur D. Patton, M. D.

Montreal, Canada.

Associations.

THE NORTHWESTERN HOMEOPATHIC MEDICAL SOCIETY.

The Northwestern Homeopathic Medical Society, lately organized, held its first quarterly meeting, in the parlors of the Brewster House, Freeport, Ill., December 3, 1895. The physicians from out of town were right royally dined by the homeopathic physicians of the city.

The forenoon session began at nine o'clock; the meeting was called to order by the president, Dr. S. H. Aurand of Freeport, Ill. Prayer was then offered by Rev. N. O. Freeman; and after disposing of the minutes of the meeting of the organization of the association, and the transaction of the regular business, the society had the pleasure of listening to an intensely interesting and forcibly convincing address by the president on "The Natural Laws in Medicine." The auther showed by a clear and distinct process of reasoning that the law of homeopathy has been recognized and practiced as a true and natural law in medicine, historical facts demonstrating that it was recognized and made use of in the early history ot man.

The first bureau to report was on Materia Medica and Clinical Medicine, with Dr. J. C. Burbank of Freeport, Ill., as chairman.

Practice.—A paper under the caption of "Theory and Practice" was read by Dr. G. L. Chapman of Polo, Ill. The doctor argued philosophically that if at medical conventions the authors of papers would report more of their failures and fewer of their brilliant successes they would be doing more to assist members of the fraternity to avoid the pitfalls that the authors had fallen into in their ignorance of what not to do.

While the doctor's views are well founded and for those of experience, and the suggestions are good ones, yet were they followed out in toto the young practitioner might be led to conclude that there was only a hopeless possibility of his ever being able to render valuable service to his patients. The paper was thoroughly discussed by Drs. Hayes, Sutherland, Soule and Smith.

A short paper by Dr. R. P. Wales on a case of "Dysmenorrhea Accidentally Cured," was read by the secretary as Dr. Wales was unable to be present at the meeting; the cure was brought about by glasses being properly fitted to the patient's eyes.

A clinical case of paralysis of the lower extremities in a child five or six years of age, caused by injury to the nerves at the lower end of the spine, treated by internal medication, faradization and massage was reported by Dr. A. G. Soule, and discussed by Drs. Currier, Hayes, Burbank and Smith. A clinical case, a male, suffering with periosteal rheumatism, was brought before the society by Dr. Noyes. A clinical case of a female suffering with a tumor, occupying a position on the sternum directly between the breasts, was presented by Dr. Burbank; diagnosed malignant tumor of the breasts and an immediate operation advised by most of the members of the society.

Surgery.—The bureau of surgery, with Dr. Noyes of Mt. Carroll, Ill., as chairman, made the following report: A paper on a peculiar case of inguinal hernia was read by Dr. Aurand, where after futile efforts to reduce the hernia, it spontaneously disappeared, and was followed by an abscess and the sloughing away of a portion of the gut, with a final recovery. The paper was discussed by Drs. Burbank, Chapman and Currier.

Dr. H. J. Hughes, of Mount Carrol, then read a paper on the "Relation of Orificial Surgery to Reflex Conditions" which was discussed by Drs. Chaney, Smith, Burbank and Hayes. Dr. Noyes followed with a paper on "Surgery, Old and New," in which he made a careful comparison of the advantages that the surgeon of today has over those who practiced the science and art a quarter of a century ago.

Pedology.—The bureau on pedology and preventive medicine was opened by the chairman, Dr. L. M. Currier, of Freeport, Ill., in the following appropriate presentation: "Mr. President and Fellow Physicians: But once in the history of man was he created in his completeness; since which time he has passed through the several stages of fetal, infant and child life before arriving at his maturity. It is a true axiom that 'tall oaks from little acorns grow,' so it is also true that stalwart men from little children grow. The first implies that if we want the oaks we must care for the acorns; the second, that if we want the men we must care for the children. It was therefore fitting that this society should establish a bureau on pediatrics and preventive medicine, and that no inconsiderable time should be spent in discussing the merits and demerits of the best means of restoring the little ones to health when assailed by the many diseases which they must from time to time encounter; and also how to prevent the same. For if the children are allowed to be dwarfed, either physically or mentally, in just that same proportion may we expect to find adult manhood weakened in abilities, physically, mentally and morally.

"This being the season of the year most productive of diseases (particularly of children) I presume was the reason that the executive board selected this bureau as a proper one to report at this, its first quarterly meeting. As the stability of a structure depends upon the solidity of the foundation, so does the science of medicine advance in proportion to its means of protecting the health and lives of children which is the foundation upon which all human society depends."

The doctor then introduced to the society Dr. Q. O. Sutherland, member of the state board of health of Wisconsin, who read a paper on "Toxin and Anti-Toxin," giving his experience in the treatment of diphtheria with anti-toxin. Dr. Sutherland says he has tried several different preparations but does not care to recommend other than "Behring's imported and Mulford's of Philadelphia; he advises the use of it very early in the disease; as soon as the patient has been exposed, administer the immunizing dose; as soon as there are any positive signs of diphtheria, the curative dose should be administered. The speaker advises that the properly selected homeopathic remedy be administered and all local means be used that are known to be of benefit in controlling the disease process, but seems confident that there is much to be hoped for in the early administration of anti-toxin, and much to be regretted in delaying the use of the remedy until you have tried to control the disease by the use of other remedies alone; the locality preferred by him for the injection is between the shoulder blades or in the side between the crest of the ilium and the lower rib; he says in some instances abscesses have formed at the seat of the injection. Dr. Sutherland was plied with many questions and his paper was thoroughly discussed.

Dr. R. F. Baker, of Pearl City, Ill., read a paper on "Acute Catarrhal Enteritis" in infants, and advises strongly the use of the colon douche, with warm water, in all cases that do not yield readily to internal medication. The paper was discussed by Drs. Chaney, Rice, Hilliard and Chapman.

Dr. Currier followed with a paper on "Scarlet Fever," in which he reported a most remarkable case, in which the temperature ran to one hundred and seven degrees and remained there for nine days. The author of the paper advises patience and the use of the old and well-tried remedies *Aconite* and *Belladonna*, but discourages the use of any oleaginous preparation to the skin in any stage of the disease, as he believes that bathing with water will bring about as good results without danger, and be much pleasanter to the patient and nurse.

Ophthalmology.—The bureau of ophthalmology, otology, rhinology and laryngology was conducted by Dr. Soule, of Freeport, Ill., as chairman. An able paper on "Refractive Errors and Headaches" was read by Dr. Noyes of Mt. Carroll, Ill., in which attention was called to the fact that the general practitioner was frequently at a loss as to "what to do next," because he overlooked this ocular cause. The paper was discussed by Drs. Chaney and Currier. Dr. I. C. Soule made a successful effort to fill in the gap between the specialist and the general practitioner by reading a very interesting paper entitled, "The Eye, Ear, Nose and Throat; How Does Their Diseased Condition Interest the General Practitioner?" The paper was discussed by Drs. Smith, Hilliard, Chapman and A. G. Soule.

The society was called upon to consider the applications of Drs. W. R. Franklin of Rockford, Ill., E. Dilliard of Stillman Valley, and E. E. Rice of Apple River, Ill. These physicians were duly elected regular members. Dr. Q. O. Sutherland, of Janesville, Wisconsin, was elected honorary member and a vote of thanks was extended to him by the society for his instructive and interesting paper.

The society decided to hold its next meeting on Tuesday, March 3, 1896, in the parlors of the Brewster House, Freeport, Illinois.

A. E. Smith, M. D., Secretary.
Freeport, Illinois.

Aurum in Bone Diseases.—The mental symptoms of aurum are guiding. Ailments from fright, mortification, anger, or vexation, with reserved displeasure (*Staph.*). Profound melancholy—even suicidal. Constitutions broken down by syphilis and mercury (*Asafetida, Nitric acid*). Severe bone pains, boring in character, worse at night (*Mercurius*), drives sufferer to despair and threatened suicide. Periastitis of long bones. Exostosis of bones of skull and exfoliation, especially of frontal bone; pains aggravated by touch and when lying down. Caries of mastoid, superior maxillary and nasal bones, with tearing, boring, burning pains, worse at night; excessively fetid discharges.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - EDITOR.

New York and Chicago, January 15, 1896.

A FEAST TO BE SPREAD.

Ever alert to the interests of its readers, this journal has been busying itself for some weeks past arranging a menu for 1896 which shall be unusually attractive and valuable. Its list of contributors is not altogether complete—in fact that list will be kept open throughout the year that every man and woman to whom the journal goes may feel at liberty to communicate his practical thoughts and suggestions to its pages—but enough has been secured in the way of promises for substantial contributorial support to enable us to at this time set before our readers a prospective feast which cannot but be appreciated.

Commencing with the department of Obstetrics, a most important and yet neglected one, the CENTURY will be able to publish contributions, already promised, from Drs. T. Griswold Comstock, St. Louis; Sheldon Leavitt, Chicago; H. E. Spaulding, Boston; L. C. Grosvenor, Chicago; R. N. Foster, Chicago, and others. Drs. Comstock and Grosvenor have already sent in their first papers for 1896, the former's appearing in this issue. In Surgery Drs. Macdonald, Washington; Shears, Chicago; Green, Little Rock; A. G. Beebe, Chicago; Chislett, Chicago; Emerson, Boston; Wilcox, Buffalo, and a number of others have signified a willingness, aye, more than this, have made outright promise, to contribute to a series of clinical studies in this specialty during the year. Several of those named have been frequent contributors in the past and the profession is well acquainted with their abilities as surgeons and medical journal contributors. Dr. Chislett's first contribution to his series of Clinical Studies in Surgery will be found in this issue. All or many of them, as also of those in every department, will be illustrated, as far as possible, to enhance their value and make the CENTURY more attractive than ever. In Gynecology we shall have articles from Dr. J. M. Lee, Rochester, than whom there is no better operator, from Drs. J. W. and Florence Saltonstall Ward, San Francisco, two of the most successful gynecologists of our profession, from Dr. A. G. Beebe, Dr. W. G. Willard and Dr. E. S. Bailey, Chicago; Drs. W. E. Green, Little Rock; M. D. Hunt, Columbus; J. C. Wood, of Cleveland, and others, all successful men in their profession and amply able to elucidate the problems in their department. In the Eye, Ear and Throat department of work Drs. F. Park Lewis, Buffalo; E. J, Bissell, Rochester; W. R. King, Washington; T. M. Stewart, Cincinnati; Henry Houghton, New York; D. A. MacLachlan, Detroit; D. A. Strickler, Denver; J. F. Beaumont, Chicago; and yet other ophthalmologists have promised practical contributions for the general reader during the year. In Neurology we have secured pledges of papapers from Drs. N. B. Delamater, Chicago; Selden H. Talcott, Middletown, New York; J. T. Greenleaf, Owego, New York; Amos G. Given, Stamford, Conn.; H. V. Halbert, Chicago; George H. Martin, San Francisco, and J. T. Tomhagen, Chicago, all men of established reputations in Neurology, each of whom has kindly consented to contribute to the pages of the CENTURY in their specialty. In the department of practice Drs. J. D. Buck, Cincinnati; J. S. Mitchell, Chicago; Drs. W. J. Hawkes and H. C. Allen, Chicago; J. W. Dowling, New York; C. F. Menninger, Topeka; B. F. Bailey, Lincoln; A. L. Monroe and Allision Clokey, Louisville; H. E. Beebe, Sidney; C. T. Hood, Chicago; L. C. McElwee, St. Louis; J. Q. Sutherland, Janesville, Wis.; George Royal, DesMoines; D. W. Dickinson, Des Moines, and hosts of others of the CENTURY'S general practitioner readers, East and West and North and South, will voice their best thoughts from time to time in these pages, the whole going to make up a menu that will surely satisfy the most unreasonable subscriber.

It is impossible to name all who have been asked to add to the value of the CENTURY for 1896, nor is it necessary. Its past is an earnest of what its future will be. With time comes experience in all lines of labor, and medical journalism is no exception. The progress in general literature is marvelous, and so it must be in medical literature. The CENTURY will faithfully strive to grow more and more acceptable from year to year, in this ambition courting the contributorial support of all its readers. It is their journal, and their journal is what they make it. Remember, one and all, who may read this review of part of the promises for 1896, that the invitation is cordially extended to each of you to contribute freely of practical thought and suggestion and experience to the CENTURY'S pages during the year upon which we have entered. Let us try to faithfully reflect the work of our profession from month to month, improving it as best we may as we go on.

HOMEOPATHY VS. HOMEOPATHICIANS.

Homeopathy represents a principle of drug application to disease. Homeopathicians are that class of homeopathic physicians who abrogate unto themselves only the right to interpret the law of similia, to say who are and who are not orthodox in its application, and who fail to see that there may be good medical truth in other laws or principles than that enunciated by Hahnemann. Homeopathy will live forever, homeopathicians there will always be, perhaps, but it is not within the realm of reason that as at present made up they will ever attain that degree of strength numerically and that power of intellectuality that will enable them to be a potent factor in the substantial things that are based upon and pertain to homeopathy. The law of Hahnemann is one of nature's laws. Homeopathicians are but children of nature attempting the interpretation of this law, but neglecting the while to accept the fact that nature did not necessarily limit herself to one law or principle of drug adaptation. Nux vomica in full doses will cause convulsions and nux vomica in the attenuation will cure convulsions like unto those it will cause. Here are two direct possibilities for this drug. Ipecacuanha will cause nausea if given in full doses, and it will cure a like nausea when administered in attenuation. Here are two applications for this drug likewise. And so on down the list; there is a primary and a secondary action for almost all drugs. It has been demonstrated times without number that some drugs are capable of effecting cures according to their primary action and also according to their secondary action. Take mercurius, for instance, no experienced physician will gainsay the fact that many a case of dysentery is cured, absolutely cured, by broken doses of calomel, while, on our side, we all know that mercurius solubilis, murcurius vivus and mercurius corrosivus cure case after case of the same disease. Quinine cures intermittent fever in a given number of cases, while china cures more when administered according to the indications—the symptoms which it is capable of producing—in homeopathic attenuation. None of the remedies named cure as satisfactorily, as gently, as harmlessly, as certainly, when administered according to antipathic principles as when administered according to homeopathic principles; but for us to assert that there is no curing except according to similia will hardly secure for us or entitle us to credit for careful study of the history of medicine.

Until within an hundred years homeopathy was scarce known, and yet medical systems lived and cured; not as we cure, 'tis true, but they cured, nevertheless, and we cannot deny it and be truthful. They cure today, and we, in our weakness, all too often call upon their agents to help us in our efforts in the same direction. Yet homeopathicians not only deny that there is aught of merit outside of similia similibus curantur, but they also attack that homeopath who ever resorts to palliation or auxiliary measures, even though these latter do not interfere with the action of the properly indicated homeopathic remedy, attack him who resorts to more than one remedy in a given case; aye, more than this, the homeopathician attacks him who would give more than a single dose of the single remedy, proclaiming him not a follower of Hahnemann, not a true homeopath, not deserving of the right to proclaim his belief in similia and his intention to exemplify it in practice as best he may.

The homeopathicians, as represented in the "Society of Homeopathicians," which held its first meeting at Coney Island last summer, are an offshoot from the International Hahnemannian Association. The latter body is an offshoot from the American Institute of Homeopathy, and was until recently supposed to represent the purest of the pure and the highest of the high in homeopathy. Not so any more. The homeopathicians claim this distinction. To them the ordinary homeopath is a gross mortal, a mongrel physician, half allopath and half nothing, in no sense a true follower of Hahnemann. To them the International Hahnemannian is but one remove from his cruder colleague, deserving of a place alongside the allopath, the eclectic and the American Institute homeopath. Fortunately there are not many of them, nor are they all believers in and practitioners of that which they teach and proclaim to believe. One of their number, one of the founders of this extreme society, while yet engaged in assisting in its organizing, was dispensing crude remedies in large quantities and in polypharmaceutical form in country practice, and upon being confronted with written evidence of his perfidy retired behind the suggestion that the administration of aconite and belladonna and gelsemium in a mixture of the tincture in the strength of half a teaspoonful to a half a glass of water was the administration of the sixth attenuation of the drug, which he claimed to have "proven thoroughly" by having "administered it to several hundred people suffering from diphtheria, typhoid fever, rheumatism, pneumonia" and other severe diseases. This homeopathician seemed wholly unaware of the fact that Hahnemann's provings were made upon healthy individuals and that the experimental use of drugs upon the sick is in no sense a proving; and he seemed also to believe that attenuations or dilutions are made by simply mixing or stirring together the selected agent and the selected menstrum without reference to succussion at all. If all homeopathicians believe as does this one and if all of them practice as widely at variance with their teachings as this, it will be difficult to assign them a correct place in medical circles.

Homeopathy is a mighty truth and will live forever. The homeopathicians represent nothing tangible, but are composed of disgruntled men and women whose chief characteristic seems to be their inability to get along with their fellows and to live and practice honest medical lives. The true follower of similia similibus needs not to separate himself from the great army of men and women who are daily doing battle for this principle in therapeutics. The world respects and admires him who would die for the sake of a living principle, but it despises him who pretends to represent all that is godly in a given field while at the same time he practices that which is crudely empiric and unproven of his profession. Consistency is a rare jewel in this world and in this respect the homeopathicians, from the testimony before us, while claiming to be the most ethereal of us all, the purest of the purest, the highest of the highest, the altogether lovely and only sanctified sect in homeopathy's ranks, are but of earth like the rest of us, but clay of a drosser sort, and not altogether o'er burdened with that degree of honesty that makes man but little less than his God.

ETHICS AND MEDICINE.

In a recent editorial titled as above the *Chicago Daily Tribune* delivered itself of some rather more than usually aspirant newspaper medicine, an effort far above the average in this direction. Taking the position that the laborer is worthy of his hire, the paper referred to argues that the patentee of a discovery in medicine, a cure-all, is entitled to the net profits received from the sale of his mixture, at the same time scoring the law-unto-itself ethical code that will not recognize a proprietary preparation unless the profession be admitted to a knowledge of its constituents. The Chicago board of health came in for its share of criticism for its recent action in refusing to regard favorably a "sure cure for diphtheria," which, it was claimed, had "cured one hundred and four out of one hundred and five cases" in the practice of the man who "discovered" it; and the *Tribune* next dealt, and not unmeritedly, with that notorious inconsistency on the part of physicians who daily prescribe from the list of a score or more of well-known proprietary medicines of various and excruciatingly divergent efficacy. An analogy is also struck between the mechanical inventor, the playwright, and the author, on the one hand, and the medicine-maker on the other, in the following language:

> "The law permits the discoverer of a valuable medical preparation to patent it, and to make large sums of money out of the sale by self or agent. But it does not enable him to reserve to himself the pecuniary benefit of the discovery while making known his secret to the profession, though the inventor of a machine, the writer of a book, and the author of a play or opera can retain his rights to profit after his secret is in possession of the world. Hence it is hardly fair for the medical profession to demand such knowledge under penalty of social and professional ostracism of those whose chief offense is that they have discovered a cure for a disease and have not seen fit to divulge the full formula. At least it would be less unjust to agree that a brother practitioner should have the right for a named term of years to the profit legitimately due for his important discovery without being pointed at as 'a quack' —after which term of years the exact nature of the compound should be at the service of all those who have the right to put down a few Latin words following the sign for 'recipe' and charge a fee therefor."

This is clever reasoning—fatuously clever, we may say, remembering that it comes from the old enemy of the doctor who won't advertise, the newspaper. Aimed at allopathy's empiricism it proves a fair shot and the arrow rankles; aimed at homeopathy's scientific law it miscarries, rebounding harmlessly from the shield similia. With that ignis fatuus for allopathic guidance, "anything to cure," it is not to be wondered at that oft-times shifting gleams, even though they be patented, are followed forlornly through swamp of despair and quagmire of experiment for light sufficient to get at the right reading of the magic riddle, health; to the physician without a guiding law, who cures the names of diseases, suggestions even from the alien outside sometimes appeal most powerfully; and there is, indeed, little logic in his advocacy of an ethical code that inculcates contempt for the "quack" who claims to have discovered a felicitous admixture which, having worked well with certain constitutions, when giving evidence of a certain disease by certain symptoms under certain definitive considerations, he heralds as a cure for that disease when attacking any individual, manifested by whatever symptoms, and under any and all circumstances and conditions. But there is the point whereon pivots the difference between the allopathic situation and the homeopathic. The allopath, aiming at the disease, may well be expected to find a cure-all for the disease; the homeopath, treating the individual, knows that there can be no cure-all for any disease in all people so long as the people are many and each peculiar unto himself. The homeopath, then, but turns the searchlight of his law upon these dark places, these incongruous mixtures, this empiric universalization—and doesn't risk his patients.

Yet while the allopath has little to sustain him in his demands for a knowledge of the ingredients of a given mixture offered the profession and the public, from the viewpoint of his own scientific inaccuracy, the homeopath and the allopath alike, from the standpoint of physicians and conservers of the public health, are justified in demanding of the discoverer or promoter of an alleged cure-all "What is it"? It is not enough that answer be given "a cure for diphtheria," or "a cure for consumption," or "a cure for cancer." Far more than this must be told the conscientious prescriber who wishes to heal the sick, not experiment upon them. The discoverer is a little haughty, a little over-assertive, and the *Tribune* a trifle over-abundant in chaperonage when they expect the alleged discovery to be grasped at by physicians, who should always look before they leap, in order that this luckless discoverer may "reserve unto himself the pecuniary benefits resultant upon his discovery." "Buy it," says the discoverer, "it cures." "Buy it," says the *Tribune*, "Give the man the pecuniary profits of his discovery." "What's in it?" asks the physician. "Only good things—no bad thing," says the discoverer. "Accept his statements blindly and give him his profits," says the *Tribune*, "he says he cured one hundred and four out of one hundred and five cases." And so the situation unfolds two serious aspects; either physicians must not use their patients for experimental purposes or an alleged discoverer must be kept out of the cool thousands which he claims and in which claim the *Tribune* supports him.

Were the profession to treat the subject seriously it would mean the depriving of the discoverer of moneys which the *Tribune* claims belong to him rightfully, or it would mean the submission of life and health to a remedy we wot not of. Who can ask the medical profession to thus blindly prescribe for those entrusted to their care? What moral or ethical right have we to subject our patients to treatments of which we know absolutely nothing? The proposition is preposterous, the more so because it emanates from one of the world's greatest daily papers, whose influence is thus thrown in favor of blind empiricism and dark-lantern prescribing instead of on the side of accuracy of knowledge and scientific attainments. Surely the *Tribune* did not weigh its words, else it fails to realize the sacredness of human life. If the "discoverer" whom it thus encourages in his mercenariness is really in possession of a remedy of the value proclaimed, which no sane physician believes, how despicable in him to withhold it from dying men and women in order that he may profit by their sorrow and gain upon their woes! The medical profession must not be expected to be a partner in his crime. It is a profession with faults, 'tis true, and its work is far from a perfect work. But it is a philanthropic calling; its honorable members are closer to the people in their sufferings and sorrows than any other class; they are, as a rule, humane and high-minded, and to ask them to be willing to prescribe remedies of whose physical and dynamic characteristics they know absolutely nothing is but to ask them to return to the empiricism from which they have long been struggling for freedom and to submit their clients to drugs of whose possibilities for good or evil they are ignorant, either to sustain or counteract in case of ill effect.

The medical profession of Chicago has no good reason to be proud of the position of its daily press in relation to medical affairs in recent months. Their consideration of the antitoxine work of the city health office has been remarkable for its imbecility and one-sidedness, and not until that office was severely called down by the Homeopathic Society of Chicago have the people had relief from almost daily bulletins about the "remarkable power" of the antitoxine fad and the wonderful work of the health department; and now this craze has hardly commenced to subside before Chicago's "greatest daily" becomes a partner in the secret medicine business and invites the medical profession to prostitute itself to the mercenary ends of a "discoverer" of whom it knows nothing and of a "discovery" of which the *Tribune* would have it know less. Truly the censorship of the press is not to its credit as it partains to the medical profession.

A DIAGNOSTICIAN NEEDED.

Under date of December 2 the lay commissioner of public health for Chicago and his assistant commissioner issued a circular in which they recite that "recent experience has again demonstrated the necessity of regarding membranous croup as true diphtheria—at least for sanitary purposes." The next paragraph follows with the suggestion to the medical profession that it explain to their families that in cases of membranous croup there is a possibility of danger of such cases giving rise to diphtheria and to give advice as to the proper precautions. If anything were necessary to convince the medical profession that the medical department of the health office of this great city is unfortunately manned this pronunciamento would suffice to serve the purpose. Membranous croup is membranous croup, and it is all bosh to talk about its ever giving rise to diphtheria. The two diseases may occasionally be confounded, but one of the most important diagnostic indications in the case is and ever has been that membranous croup is a non-contagious and a non-infectious disorder, whereas diphtheria is highly infectious and directly contagious. While this journal was quite disposed to believe that Mayor Swift was fully justified in selecting a business man to serve as health commissioner for Chicago, it is now even more fully convinced that the present occupant of that position is either wholly unfit for the medical needs of the office or that he is surrounded by a corps of cheap medical talent quite unequal to the duties that devolve upon them. It may be put down as a rule that a physician whose life has been largely spent in the clerical duties of health offices is incapacitated to guide and direct the average general practitioner in his routine work.

What is needed in Chicago's health office today is the injection of a little common sense into the medical corner of the office. The commissioner may be conducting the business affairs of the office with commendable prudence, but the medical employes of the health department are certainly proving to be a set of meddlesome Matties who are not conducting the duties of their office upon that high professional plane and with that discriminative judgment that should characterize their every movement. If our previous health commissioner failed to manage the smallpox hospitals and alleged epidemic satisfactorily how much more completely has the present medical corps of the city health office failed to manage the diphtheria question and the alleged epidemic of that disease with satisfaction to the people and profession and credit to themselves?

BOSTON MEDICAL LIBRARY
APR 11 1916

Editor's Table.

Dr. F. O. Cutler, Gibson City, Illinois, spent a few days in Chicago recently.

Dr. W. E. Keith, San José, California, visited Chicago the early part of this month.

Dr. F. C. Titzell, Lake City, Minnesota, visited Chicago the early part of this month.

Dr. Watson, Lansing, Michigan, made the CENTURY office a call while in Chicago recently.

Dr. D. M. Nottingham, formerly of Lansing, Michigan, is now located at East Saginaw.

Drs. T. L. Johnson and R. A. Campbell, Pomona, California, have entered into copartnership.

Dr. Paul Allen, son of Dr. T. F. Allen, New York, who has been severely ill for a long time, is now convalescing.

Dr. F. S. Davis, Dallas, Texas, visited Chicago recently and while in the city paid the CENTURY office a pleasant call.

The Kansas City Homeopathic College is reported to be enjoying a good winter, with an excellent class and a faculty working in unison for the best interests of the school.

Dr. Harriette C. Keatinge is an officer in the Society for Political Study, an association of prominent New York women engaged in the study of the new Constitution of the State.

Dr. Charles A. Brown, of the New York Homeopathic Medical College, '95, was married in November to Miss Effie Sheefer, and is now practicing at 163 Halsey street, Brooklyn.

Typhoid fever is reported to be unusually prevalent in Connecticut. The *Medical Record* records the disease as reported in fifty out of the one hundred and sixty-eight towns of the state.

Dr. A. L. Wilson, of Cleveland "1880," formerly at Sandusky, Ohio, has removed to Chicago and located at 516 West Sixty-third Street. He will devote special attention to the diseases of children.

The announcement of the sixth annual post-graduate clinical course for graduates and practitioners at the Chicago Homeopathic Medical College has been issued. The term will begin on Monday, March 23d, and continue two weeks.

The homeopathic profession of New Jersey are out after an insane asylum, with fairly good prospects of being successful. A strong petition has been circulated asking the legislature to place the new asylum, about to be created, in our hands.

Dr. Porter, general secretary of the American Institute of Homeopathy, announces the completion of the annual volume of transactions for 1895, suggesting that it is being made ready for shipment to members not in arrears and others entitled to it.

Dr. Henry M. Marsh, Danville, Kentucky, will be married on the 22d of January to Miss Maria Caldwell, at the Methodist church, Danville. The CENTURY's congratulations are tendered in advance of the happy event, which has been announced by card.

Dr. E. W. Reller, Council Bluffs, Iowa, one of the most zealous and conscientious homeopaths of the Northwest, has been appointed county physician for the ensuing year. In Dr. Reller's appointment homeopathy gains a deserved recognition in the metropolis of Western Iowa.

Prof. A. Leight Monroe, Louisville, will give a special course of lectures on materia medica, beginning Monday, April 6th, and lasting two weeks. This course will be for advanced students and general practitioners, and will be largely devoted to the comparative, physiological and clinical study of drugs.

The MEDICAL CENTURY's arithmetic was a little out of order about the first of the year. In its editorial on Chicago's Antitoxine Craze the monthly death-rate from diphtheria was made to be but one death for every eighty thousand inhabitants, whereas it should have read one death to every eight thousand.

Besides being elected president of the Southern Homeopathic Medical Association at its St. Louis meeting, Dr. S. S. Stearns, of Washington, has now been elected president of the Washington Homeopathic Medical society. His honors come thick and fast, but they are all deserved. Dr. Stearns and the society are congratulated alike.

And now comes the *Medical Record* with the statement that "The Chicago College of Physicians and Surgeons is making arrangements to amalgamate itself with the University of Illinois." We wonder if this isn't a last winter's item held over, or can it be that the college referred to still hopes to foist itself upon the state as a state medical school!

It has been reported to the MEDICAL CENTURY that Palo Alto, California, the seat of the Stanford University, is an excellent opening for a cultured, experienced physician financially able to hold on a while until his business could be built up. There is a large university population within reach of the city, and the environments are those of culture and refinement.

The High Court of Justice of England has recently rendered a decision allowing a smallpox hospital to be built in a public place upon the ground that it is not, per se, a public nuisance. Sound sense, that. Properly conducted a smallpox hospital is not a menace. It takes closer contact than that likely to follow by simply passing a smallpox hospital to set up the disease.

The National Homeopathic Hospital, Washington, treated 458 patients last year, of whom 295 were free patients. Its receipts for the year, including $8,000 appropriated by Congress, were $21,089.23, its disbursements being several hundred dollars less. Its nurses' department earned $1,606.95 of the income. The out-department treated 5,593 patients, nearly one-third of whom were surgical cases.

Dr. Thomas Charles Martin, of Cleveland, has issued a circular to the profession asking all the data obtainable bearing upon the success and failure of the "American Operation" for hemorrhoids, with a view of assigning it its proper sphere among recognized and valuable operations. He desires data furnished "without enthusiasm or bias" in order to get at the exact value of the method if possible.

The *Medical Advance-Hahnemann Advocate* matter drags its slow length along in the courts without a settlement seeming to be nearer than when it was begun. The latest is that an injunction has been issued by the court forbidding the further issuance of the *Advocate*, it being held, however, by the friends of that publication that the injunction will not prevent its prompt and continued appearance.

The Illinois State Board of Health has elected Dr. B. M. Griffith, of Springfield, president for the ensuing year, in place of Dr. W. M. Quine, of Chicago. At its meeting for January it also placed the Southwestern Homeopathic College, of Louisville, upon the list of colleges whose diplomas are recognized as evidence of a sufficient medical education to enable the holder to practice medicine in this state without examination.

The Missouri Valley Homeopathic Medical Association, Dr. M. T. Runnels, Kansas City, president, meets this year in Omaha. The Omaha city society has elected Dr. H. P. Holmes president. The profession of that city, like that of most cities, has had troubles of their own in recent years, but it is hoped the presence of the Missouri Valley Association among them will result in a genuine awakening of good fellowship and brotherly love.

Dr. George M. Gould, the author of the Browning Prize Essay on Homeopathy fiasco, has retired or been retired from the editorship of the *Medical News*, Philadelphia. Doubtless Lea Brothers & Co. were brought to see that his all but insane vampings against homeopathy materially decreased the sale of their publications, since it is acknowledged by all publishers that the homeopathic profession are liberal book buyers. Requiescat in pace, ex-editor Gould.

During December in Chicago, according to the health office report, forty-two persons died of typhoid fever, one hundred and seventy-three of diphtheria, one hundred and seventy-two of consumption, one hundred and forty-seven of pneumonia, one hundred and seventeen of violence, five of scarlet fever and six of whooping-cough. Pneumonia pushed diphtheria pretty hard, and we may safely look out for the adoption by our health office of anti-pneumonine, or some other alleged cure-all if this keeps up.

Dr. Robert Boocock, of Brooklyn, was the unsuspecting recipient of lofty honors at the last election. Nominated without his knowledge or consent to the office of coroner on the Populist ticket, he learned for the first time a week after election that he had polled 309 out of the 171,141 ballots cast. Supposing him informed of his candidacy none of his friends happened to mention it to him, and he narrowly escaped failing to perform his duty of filing a certificate of election expenses with the county clerk within ten days after election.

In the year ending September 30, 1894, there were committed in New York State as lunatics, 370 farmers, gardeners and herdsmen. This is a larger number than any other class except laborers, of whom there were 607 commitments. As against these large classes there were only 54 members of the professional classes committed, including clergy, military and naval officers, artists, authors, civil engineers, and surveyors. There were only 45 men committed from the large class of waiters, servants, miners and seamen. The class of male teachers, students, house keepers and nurses gave only 23.

The *New York Daily Press* is prepairing an enthusiastic reception for the forthcoming formula of a new cure for consumption. Columns of preliminary discussion are published, and that before more than a hint of the method is made known. The remedy, denominated asepsin, is the discovery of Dr. Cyrus Edson, formerly of the Health Board. It is a germicide, to be administered hypodermically, and is expected to be of use also in malaria and other diseases due to germ infection; a full description of the treatment, with history of experiments conducted and results obtained, is promised at an early date.

Mayor Strong, New York, has followed the example of Mayor Swift, Chicago, and appointed a lay commissioner of charity. Now look out for squalls; not because the medical profession is hunting for lay scalps, but because laymen who are elevated to medical or semi-professional places invariably grow too large for their lay garments and soon begin to think themselves as well qualified in medical matters as the most skilled physician. Our commissioner of health only claims to be possessed of "horse sense," hence his outspoken adoption of horse-serum as a diphtheria remedy. These lay doctors usually know it all very quickly.

In his annual report for the Middletown State Hospital for the Insane, Dr. Selden H. Talcott advances a theory to account for the prevalence of insanity among the farming classes. Balancing their hard work, isolated lives, and bad diet, with their fresh air, freedom from mental and nervous strain, and diminished liability to infectious diseases and bad effects of alcohol, he concludes that another cause must be sought. He finds it in the excessively early hours of rising practiced by these classes. He thinks that growing children in particular suffer severely from the "artificial cut-off" which is applied so rigidly to their lives.

A new medical monthly, the *American Medical Review*, has been issued in New York. It aims to occupy the field in current medical journalism analogous to that of the *Review of Reviews* in the world of letters, and is modeled after that valuable magazine. Its unique feature is an "Index Medicus," which gives an alphabetical list of the leading articles published in two hundred and four periodicals of the preceding month. Homeopathic journals are fully indexed, though none of their contents are reviewed in the first number. The editor is Daniel Lewis, M. D. It is published at $1 per annum by the R. N. Plummer Company, 106 Fulton street.

The next meeting of the association styled the World's Congress of Medico-Climatology will be held at San Antonio, February 20th, lasting three days. This association has labored under the disadvantage heretofore of having the suspicion attached to it that it is the child of a railway corporation with a number of climatic points on its line whose interests needed booming. It is understood that this suspicion no longer rests, in which event it should be made to grow into a practical and useful society. San Antonio is a good climatic point, and therefore an excellent place for the meeting. The business club of that city has taken hold of the entertainment and business features of the convention, and will see that all who attend it are made welcome. The initial circular smacks just a little of a boomlet document.

The health report for Chicago for December, just out, shows that the epidemic of diphtheria, of which the local health board wrote so freely in the city papers until the thrashing it received at the hands of the Homeopathic Medical Society of Chicago, resulted in the death of but one hundred and seventy-three persons from this disease in that month. Giving Chicago a population of a million and six hundred thousand people this means but one death per month for every nine thousand two hundred and forty-eight people, or one death per day to every two hundred and eighty-six thousand inhabitants. What city of this population would pronounce diphtheria or any other disease epidemic in its confines with this meagreness of death-rate? Verily Chicago is cursed with alarmists and incompetent men in her health office

The supreme court of Michigan has sustained the act which provided for the removal of the homeopathic college of the University of that State to Detroit, and unless the recalcitrant regents can now drum up some other excuse for not obeying the mandates of the legislature the homeopathic school will eventually be located in Michigan's metropolis, where it properly belongs. The friends of the school are much encouraged by the decision and have now strong hopes that removal will soon be an accomplished fact. Once from under the domination of the old school college at Ann Arbor and housed in its own college and hospital, in an atmosphere wholly homeopathic and with larger clinical facilities and better hospital advantages, the Michigan school will doubtless soon become more substantially established than ever before and will have larger classes than it has yet had. It would seem to the disinterested as well as the practical observer that the interests of the college would be in every way better conserved by giving it a separate existence, and the further unwillingness of the regents to yield to the wishes of the legislature and the profession from whom the support of the institution must come will be looked upon as unreasonable in the extreme.

And now it is another, and to our mind a ridiculous "enterprise" for college-crazy Chicago. The "National School of State Medicine" has been incorporated, without capital stock, "for the purpose of instructing physicians, health officers, and superintendents of asylums and conferring the degree of doctor of medicine civitatis." The incorporators, as noted in the newspaper reports from Springfield, are: "T. C. Duncan, L. D. Rogers and John Wallace, trustees; with J. A. Vincent, O. C. Baines, W. M. Tomlinson, E. D. Clapp and J. D. Craig." Imagine this institution instructing the superintendents of our asylums, if you will, how to superintend insane asylums, and the New York board of examiners, for instance, how to examine students and perform other duties pertaining to their office! It will be a matter of surprise that Drs. Vincent and Baines, members of the state board of health, are associated in a movement of this character. When will this ridiculous farce of establishing new medical schools cease? It is time the journals and profession were taking it up in earnest and declaring against it with such emphasis that there can be no misunderstanding its meaning. The "National School of State Medicine" will be a ridiculous fiasco, and the Medical Century is almost willing to stake its right to further existence that the names of some of those mentioned in this connection is without their consent or knowledge.

An unusually large and enthusiastic meeting of the Homeopathic Medical Society of Chicago was that of the second Tuesday of this month, the new meeting night, when Dr. Tooker read a paper on antitoxine, and Dr. Tomhagen gave an impromptu talk on the homeopathic treatment of diphtheria—as he understands it. The medical parlors of the Great Northern Hotel were crowded to their utmost capacity, half a hundred having to stand during the whole evening and many going home because they could not gain entrance. The success of this meeting would seem to indicate that this society can be made a great success if the managers will select popular subjects for discussion—and if another meeting night than the regular weekly prayer meeting night be chosen. It was not suspected that so many of Chicago's profession are attendants upon these Wednesday night services, but from the fact that by far the largest attendance the city society has yet enjoyed was that of Thursday night it is believed that the doctors of Chicago are better than they look, and that hundreds of them have heretofore failed to attend the meeting because they were at prayer meeting President Halbert was not in evidence, but the meeting was presided over with dignity and success by Vice-president Gatchell. Dr. Tooker's paper was severely—though perhaps not too severely—denunciatory of the methods of the Chicago health office, and was warmly commended and supported in the discussion. Dr. Tomhagen took several extreme postions which did not meet with approval, but his confidence in the single remedy, the single dose, and total abstinence from all local measures in treating diphtheria impressed many as being of the genuine kind. The Chicago society is a coming power for good. It should be as largely attended every night as upon the occasion referred to,

Volume II of Goodno's Practice of Medicine has been issued by the Hahnemann Press, Philadelphia, and is now before the profession. It compasses diseases of the circulatory, respiratory, urinary and digestive systems, diseases of the blood, and constitutional and parasitic diseases, the whole covering above nine hundred pages. In most respects the volume is worthy of hearty commendation, but in the most essential particular it is not what it might be. The homeopathic therapeutics of the diseases considered is but feebly outlined. In pathology, diagnosis, etiology and the general course and management of the diseases discussed the volume is equal to any work extant, and is deserving of the favorable consideration of the profession for these reasons. But as a volume purporting to represent that homeopathic method of treatment it signally fails to equal Raue, Arndt, Hempel and even older systems. There is a lack of specificity of indications for the use of medicines which will render the book less valuable to the student and beginning practitioner, and to the busy doctor as well, than it could easily have been made to be. It is recognized, of course, that a work on practice cannot take the place of the materia medicas, but, at the same time, a few pointed indications which have been supported in the experience of the author would have been acceptable in connection with the consideration of the pathology and general management of the more important diseases discussed. In some instances the treatment is fairly well reflected, but in all too many the only reference to homeopathic treatment is a simple mention of a few of the remedies commonly in use. Upon the appearance of the first volume of this otherwise splendid work this criticism was offered by the Century, since which time two professors of practice of medicine in colleges in neighboring cities have raised the same objection, one going so far as to suggest that he preferred his students should not attempt to rely upon the treatments outlined. Had the author been more specific and thorough in this regard the work would have been a great advance upon any treatise on practice previously offered the homeopathic profession. Even now it is a work which should find ready acceptance with the general practitioner for its merits and for what of homeopathy it does possess. The mechanical features of the work are of superior order. The book is sold through agents only, and therefore cannot be had of dealers or the pharmacies.

Medical Century

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Obstetrics.

SUPER-FETATION: ITS PROS AND CONS.

BY L. C. GROSVENOR, M. D. CHICAGO.

Case I.—I am engaged to attend a lady next month, who has a peculiar and very interesting history. In 1894 she gave birth at full term, under the care of a midwife, to a beautiful girl baby with large black eyes and an abundance of black hair, a beautiful brunette. Four months and five days later she gave birth to a little boy, also at full term, having blue eyes and light hair, under the care of the same midwife.

The labor in the first case was short and benign, not disturbing the repose or loosening the afterbirth of number two, who was then about five months advanced. So far as I can learn the secundines were normal and isolated. If this had been a primipara the prolonged and more severe labor would undoubtedly have caused also the expulsion of the second child. The second labor was, as I learned, also without incident.

One physician suggested a double uterus, but this on examination fails to reveal—at least there is but a single os uteri. After becoming pregnant with the first child she menstruated several times, and then probably again became pregnant. I say "probably," because some eminent physiologists claim that ovulation cannot occur during pregnancy.

Case II.—Some twelve years ago I attended Mrs. F., who gave birth at full term to a girl baby with black eyes and dark hair, a perfectly developed and beautiful child. A half hour later she gave birth to a seven months boy with light hair and blue eyes, which was undersized and imperfectly developed, and to the practiced eye bore evident marks of its prematurity. With good nursing and a high temperature we were successful in saving him. They live now in a distant city, but when heard from last both were fine, well developed children. Although bearing some family resemblance they evidently are not twins, though born at the same time. The father, a successful merchant, sometimes writes me of their development.

In this case, too, the mother menstruated twice after becoming pregnant with the first, and then conceived again.

Case III.—Some years ago a lady in my vicinity gave birth to a full term child, so I am credibly informed; two months later she gave birth to another, also at full term. This case I had not the pleasure of attending, but the account came to me through reliable sources.

Godfrey reports a woman aborting apparently at three months and four days after giving birth to a seven months child. Parvin takes exception to the idea of super-fetation in this case, claiming that the first one died four months before and had been retained; but certainly an acute observer would have taken notice of the fact that the germ had macerated in utero for four months. Appearances in these matters are not deceitful. The accomplished accoucheur certainly knows if the germ has been sometime dead.

The placentæ in twin labors often coalesce, and it would be impossible for the parturient effort of the first not to break the connection of the second.

If twins develop from two separate ova and form their uterine attachments at points sufficiently distant from each other they will have separate secundines. But if they develop from two mother nuclei in the same ovum they will have a common placenta and the chorion and reflexa would be in common, precluding the possibility of birth at separate intervals.

I am aware that advanced physiologists are unwilling to admit the possibility of super-fetation, claiming that if ovulation were possible during pregnancy, it would still be quite impossible for the spermatozoa to reach and fecundate the ovum while the uterus was already occupied by a growing fetus.

Dillon Brown, however, says that if two children are born at an interval of four months and both are capable of being reared we must acknowledge that super-fetation is probable, or else admit that a five months child is capable of being reared, which is in the highest degree improbable.

Most cases of supposed super-fetation can be explained as twin pregnancies; but in case like my No. 1., where the interval is between four and five months, we must admit not only the possibility but also the probability of super-fetation.

It is assumed that ovulation cannot occur during pregnancy but the very frequent occurrence of menstruation during pregnancy would seem to contradict this statement.

195 Lincoln Avenue.

Surgery.

THE DRESSING OF SURGICAL WOUNDS.

BY A. G. BEEBE, M. D., CHICAGO.

General Remarks.—Considering the amount of attention devoted to preparatory surgical technique—to the almost innumerable and interminable scrubbings, bathings, boilings, bakings and other ingenious sterilizing devices, it seems somewhat remarkable that so little attention has been directed by surgical writers and operators toward the perfection of the post-operative technique, which means securing the best attainable results from the work already done and the greatest comfort and well-being of the patient.

Ordinarily the operator considers his work finished when the wound is closed, at the very utmost, sometimes even before. He assumes that, as a matter of course, the subsequent details will be attended to by an assistant or nurse, and this indeed is done. But how? How much actual training, experience and judgment have such assistants acquired, and from whom?

How often have surgeons carefully thought out the details of their surgical dressings and thoroughly drilled their subordinates so that they may be sure they can and will successfully execute them? It is not seldom that such dressings require quite as much judgment and skill to properly perform them as the original operation; and often they will have quite as much influence in the final outcome of the case, its success or failure. Sometimes it would be wiser for the surgeon to allow the assistant or nurse to make the operation and himself attend to the subsequent dressings and care (always supposing himself to be the more skillful of the two). It might contribute more toward the ultimate success. As a matter of fact, it can hardly be doubted that much too commonly are the subsequent dressings dismissed by the operator with hardly a thought, as being too insignificant to occupy his time. He supposes the assistants "understand their business," though how they should he could by no means tell you.

Enough has surely been said to justify some careful consideration of this subject; if not for the benefit of the hospital surgeon and his assistants, then possibly for the "general practitioner," who must be, many times, both surgeon and assistant and oftentimes for this reason may achieve higher success than his pretentious specialist brother.

Special Consideration.—Take for example a typical operation wound, such as an amputation of the breast. The sutures have been placed, the flaps approximated, the drainage introduced and now the question arises, how shall it be dressed? According to the prevailing fashion it will be dusted with a quantity of iodoform and a mass of sterilized gauze heaped upon it thick enough to suffice for half a dozen dressings and over all a great gauze bandage, bundling the patient almost out of sight. If the surgeon or his assistant is a little more "recent" he will substitute for the iodoform some boric acid powder or some acetanilid; but always some sort of powder and always piles on piles of gauze or cotton or bandage *ad infinitum*.

What criticism have I to offer to this dressing? Much, every way. In the first place I object to a dry dressing on the score of comfort. The next time you have a sore finger try the effect of a dry bandage compared with a wet one and you will know what I mean at once—if you do not already.

One qualification for the practice of surgery which a great many men lack is sympathy or consideration for the comfort of their patients. It would be of incalculable advantage to suffering humanity if every man or woman who goes out to practice on the sick could first be made to serve as a patient in some of our public hospitals for a few weeks. It would shed new light on the ways to avoid pain or even discomfort.

I object to it also on account of its bulk and cumbersomeness. A dry dressing is not antiseptic and can only be made aseptic with care, and the chances of failure are very many. If I must array myself either among the aseptics or the antiseptics I shall unhesitatingly join the latter party. I believe a dressing should by all means be antiseptic, positively so. I shall not stop now to argue this proposition. It seems too self evident to require it. I admit the possibility of making many operations practically aseptic, and in the case of abdominal operations, the necessity for doing so; but I fail to see the advantage of undertaking to make or keep dressings aseptic when it is infinitely easier and safer to make them antiseptic.

I repeat what I just said above, a dry dressing is not antiseptic, for the same reason that a dry substance is not septic and cannot be. Moisture or fusion is necessary for both chemical and organic activity. Perfect desiccation would, it is true, prevent septic decomposition, but this is impracticable to any considerable extent in connection with wounds. My conclusion is, therefore, that the best form of dressing is a moist antiseptic one. The object of the dressing is, of course, to prevent infection and put the tissues in the most favorable condition for healing and at the same time provide for the absorption of any effused fluids escaping from the wounded surfaces.

A Typical Dressing.—In the first place I lay over my line of sutures a strip of fine paraffine paper which has been thoroughly washed with the lotion I shall presently describe, as has the entire surface to be covered with the dressings. This strip of paper prevents the cotton catching or pulling upon the sutures or adhering to any exposed edges of the skin, though I do not mean there shall be any such. It also protects the edges of the wound (when the dressings are changed) from any accidental infection. Over this I apply a layer of absorbent cotton about as thick as my hand, but two or three times that thick over the drainage tube. This cotton, if it were sterile, would exclude germs, but it is not easy to be sure it is sterile and if it were it would not readily absorb the serum and blood escaping from the wound, nor would it destroy any accidental infection, nor would it be as soothing to the injured tissues as if it were moist. I therefore moisten it well (not wet it) with the following lotion: ℞ Water, 10 ozs. } (=5 per cent)
Carbolic acid, ½ oz. }
Fl. ext. calendula, ¾ oz.
Glycerine, 5 ozs.
Mx. ft. "My Lotion."

Over this moistened cotton must be applied some kind of impervious protective. It may be oiled muslin or silk, guttapercha tissue, or, what I usually prefer, several layers of the fine paraffine paper. The whole is then secured with as simple a bandage as will be effective. I prefer the absorbent cotton to gauze because it clings to the skin better and is not so apt to drop away from the surface from some movement of the patient's body, thus allowing access of air; and because, being much finer in texture, it affords a surer protection from infection through it. It is thus only necessary to use just sufficient to absorb the escaping fluids (which it does very greedily on account of its moisture) and so avoids the cumbersome and heating dressings commonly employed. At the end of thirty-six to forty-eight hours this dressing (together with the drainage tube) is removed and another similar, but lighter, is immediately applied in its place, having been prepared before the first was removed. This second dressing should remain unchanged until the wound is soundly healed; *i. e.* from five to eight days. It is usually desirable to remoisten it two or three times by means of a syringe introduced under the edge of the protective.

The glycerine in the above lotion prevents the drying out of the dressing from the heat of the body which would so readily occur without it. It also holds the carbolic acid and gives it off gradually, thus preventing its irritating action upon the skin and in conjunction with the calendula strongly favoring the normal healing process. If others find this method as comfortable and successful as I have done I feel confident they will gladly abandon the methods more generally in vogue.

Results to be Attained.—Simple and easy as the method just outlined is, it must be adhered to strictly if it is to succeed, and it is my habit to look after these details myself, since ordinarily a clean case requires but two or three dressings. It is very exceptional to have any failure of primary union in any clean wound; and in my private practice and in the Presbyterian Hospital I expect such operations as removal of the breast and the major amputations to be soundly healed inside of ten days or two weeks at the utmost. Not long since a young girl whose arm I removed at the shoulder joint was running about the hospital at the end of a week with the wound entirely healed. I would by no means allow the meddlesome irrigations and re-dressings so often employed. Scarcely anything could be more certain to disturb the natural processes of repair. Even when primary union fails and suppuration supervenes, scarcely anything can be more unwise than the constant irrigations and packings so often resorted to. It is more than doubtful if a wound once infected by pus can by any such means be made sterile, and all efforts in this direction will generally prove worse than useless. The most that can be done will be to prevent the pus from decomposing and thus irritating the granulating surfaces as well as infecting the system by absorption. In addition, if the healing process stagnates from lack of vitality in the tissues, it may be desirable to resort to local stimulation. This does not, however, mean very frequent irrigations or dressings. Once in twenty-four hours is certainly sufficient in any case, unless of a gangrenous character; and very often once in two or three days would prove much better.

In most cases of recent abscesses or cavities remaining after operations and in otherwise normal tissues all that will be needed will be to gently fill the cavity once or twice with the lotion before mentioned, or sometimes—if some stimulation is needed —with a five per cent carbolic lotion (watery), and dress with a compress, moistened as in the first instance with "my lotion." This may often not require renewing for two or three days if the suppuration is not profuse. Do not imitate the child with the garden seeds, keep digging them up to see if they are growing. Give nature a chance.

Let it be borne in mind that in what I have been saying I have spoken of the dressing of wounds beneath the surface, or such as are covered by the skin. According to my judgment exposed or granulating surfaces require an entirely different kind of treatment — but that can wait until some other time.

582 West Adams Street.

HERNIA: ITS TREATMENT, PALLIATIVE AND CURATIVE.

BY A. PERRY BOWMAN, M. D., SIOUX CITY, IOWA.

THIRD PAPER.

Injection Method.—The history of the injection method for the treatment and cure of hernia goes back to the time of Velpeau. He says: "Sensible like other practitioners of the want of a radical cure for inguinal hernia, and convinced moreover for a long time that we were wrong in abandoning indiscriminately all the trials which had this object in view, I also have endeavored to arrive at it by a special method. The process which I have proposed is the same as that which is employed for the radical cure of hydrocele." He conceived the idea in 1835 of injecting, and in February and July of 1837, did inject iodine into the canal, but first cut down upon the parts, being careful not to allow any of the fluid to enter the abdominal cavity. This was in 1837, and was the outgrowth of the idea generated in 1835.

Desault had even before this injected one case, which was a failure, the hernia returning immediately upon the subsidence of the acute inflammation following the injection.

In 1836 our own Dr. Joseph Pancoast treated thirteen cases of hernia by the sub-cutaneous injection of either Lugol's solution of iodine or tincture of cantharides. In the main body of Warren's "Practical Treatise on Hernia," he, Warren, gives Heaton credit for being the originator of this method, but in an after note he says: "I am convinced that the first operator who used this method was Prof. Joseph Pancoast, and to him belongs the honor of originating it."

To Heaton belongs the honor of first bringing it prominently before the profession, and of placing it upon a more or less scientific basis. In 1840 Heaton operated on his first case, using a solution of quercus alba, but he says he had experimented as early as 1832. To Dr. Pancoast, then, we will give the credit for having first used it, in this country at least, but to Dr. Heaton the credit of first bringing it prominently into notice.

Dr. Joseph H. Warren, of Boston, was the next to come into prominence before the profession with an injection treatment for hernia. Dr. Warren was a personal friend of Heaton, and to him Heaton gave the only instruction he ever gave to any one regarding his method of treatment. He began treating by injection soon after the death of Heaton, and soon improved on both the method and fluid used by the latter and devised also what he thought was an improvement on the instrument.

In 1880 Dr. Warren published a comprehensive "Treatise on Hernia" to which I have already referred, and to which I am indebted for much of the historical matter in these papers, as well as to the works by Thos. H. Manley, M. D., and Henry O. Marcy, M. D. Dr. Warren, not liking the sharp-pointed common hypodermic needle, nor the one used by Heaton which had a lance point and two openings on the side for the distribution of the fluid, devised a very ingenious instrument, the needle having a blunt point, revolving upon a ruby, and set in motion by the release of the fluid from the barrel through the opening of the valve by a spring, his idea being to distribute the fluid over and around the rings and canal. A great many physicians followed in his footsteps, and with success, among them being Drs. Greeno, of Kansas City; C. P. Heath, Boston, Mass.; W. A. Byrd, Quincy, Ill., and W. H. Heath, of Buffalo; all mentioned by Dr. Warren in his "Treatise."

During all these years the surgeons had been at work trying to perfect operative measures, but seemed to be meeting with no more success than were those who were injecting, although the latter method was constantly derided as dangerous and unscientific. With the advent of antiseptic methods came a renewal of interest in this way of treating hernia, and a belief that under the new order of things better results would be obtained; and while perfection has not been attained by any means, so many honest, conscientious physicians are investigating and striving to perfect this method that I believe a simple and comparatively safe method and fluid will yet be found, with which we will be able to really cure a large percentage of cases, not as large as is now claimed by so many, viz., 95 per cent, but 70 to 80 per cent.

Hernia Injections.—There are at present a large number of hernia fluids on the market, each lauded to the skies as an absolute cure for all forms of the disease, and a number of specially devised needles, most of them simply a small troca and canula, known at the instrument maker's as the De Garmo needle, all of which can be attached to an ordinary hypodermic barrel.

Now as to the fluid used to set up the required amount of irritation. Steffen of Zurich: Hinke of Vienna, and Schmidt of Hamburg, all report success with Schwalbe's method of injecting three or four grams of alcohol, seventy per cent. The treatment may occupy as long as two years, but their statistics show a good proportion of cures.

The fluid first employed by Heaton was as follows:

Fl. ext. quercus alba	℥ i
Solid " " "	gr. xiv
Morphia sulp.	gr. ii

Sig. Inject eight to ten drops.

This Warren improved as follows:

Fl. ext. quercus alba ℥ ii, reduced by distillation to	ʒ i
Alcohol 70 per cent.	ʒ ii
Ether sulp.	℥ i
Morphia sulp.	gr. ss

Sig. Inject eight to ten drops.

This formula he used for infants and children, and for adults doubled the quantity of each ingredient, and injected ten to twenty-five drops. What he considered his best formula was:

Fl. ext. quercus alba	℥ vi
Reduced by distillation to	℥ ii
Alcohol 90 per cent.	℥ ss
Ether sulp	ʒ ii
Morph. sulp.	gr. iv
Tinct. verat. vir.	ʒ ii

Sig. Inject fifteen to twenty drops in small and recent, twenty-five to fifty drops in large and old hernias.

These were the formulæ relied upon, up to within the past few years, quercus alba being the mainstay of the preparations. Later operators have in a great many instances discarded the quercus entirely, as has Schwalbe.

Dr. Walling of Philadelphia claims fine success with the following:

Complex salts of aldehyde	30 per cent.
Iodo ethylate of guaiacol	30 per cent.
Sulp. tannate of zinc.	20 per cent.
Free guaiacol	5 per cent.
Beechwood creasote	15 per cent.

Allow no water to come in contact with the fluid, as water decomposes it. This formula I have never used, but one I have used, and successfully, is:

Carbolic acid, pure.	
Glycerine, pure	aa ʒ iii
Tinct. iodine U. S. P.	ʒ ii.
Potass. per. mang.	gr. i
Caromel	grs. x

Mix carbolic acid and glycerine, add iodine and caromel, then add potash in crystals. Allow to stand for two weeks before using, occasionally agitating to get perfect solution. Inject from twenty to thirty drops in adult, half the quantity in children. This, I believe, is the formula used by Dr. J. A. Conninger, of Indianapolis. I have cured several cases with this, and am constantly using it now. I think its efficacy can be augmented by the addition of ten grains bisulphate of quinine to the ounce. The whole matter narrows down to this, that almost any antiseptic, irritating fluid, injected properly will cause enough inflammation to result in an exudation, which will close the canal and rings, and prevent the extension of the gut, but it is not a simple matter to do, and unless done right, will accomplish no more than any other procedure wrongly done.

Instruments and Technique.—As to the instrument and technique, I use a plain hypodermic needle, two inches long, and with a point a little blunter than the regular needle for hypodermic use;the patient in recumbent position with hips elevated slightly, to facilitate the return of the gut and sac. The field of operation is cleansed and then washed with ether. Now locate the external ring, by invaginating the scrotum with the forefinger of right hand, and while the finger is *in situ,* with the left hand plunge needle straight down until you feel with the finger of right hand that it is in the external ring. Using the right finger to protect cord and vessels, push the needle steadily in, until you are certain you are through the fascia and in the ring. Now depress the handle of the syringe until you can readily pass the needle up the canal, being careful to keep within the canal. When the point is about one and a half inches up the canal, or it may be two in some cases, inject slowly about half the quantity you design to use. Then gradually withdraw the needle, injecting the balance as you do so. After removal gently massage the parts for about five minutes, thus distributing the fluid evenly in and around the ring and canal. The patient, unless you have struck a nerve or been rough or hasty, will experience very little pain, and after five or ten minutes, may resume his truss and go about his business. If the work he is engaged in is very laborious he had better rest a day. Such patients I try to treat on Saturday, thus giving them Sunday to rest in.

Results.—In quite a large experience,covering now over six years, and a good many cases, I have never seen but one bad result, and that was readily controlled. It was not, I am satisfied, altogether my fault, as the patient took his treatment once a week, and then rode fourteen miles in a lumber wagon. He was a drinking man, and exceedingly dirty, all of which I think were factors in producing a very large slough, but it perhaps would not have happened had I been as careful as I should each time to have the field thoroughly clean. At any rate he gave me a good scare by sloughing out a piece as big as a hen's egg, laying bare the vessels and cord. It caused no other trouble, healing quickly, leaving what some operators desire, a large deep cicatrix from granulation, and resulting in a perfect cure, which in the light of later experience, I do not think he would have obtained had it not worked as it did.

Two or three times I have caused severe pain, which only lasted ten or fifteen minutes. I consider the procedure a perfectly safe one, if the fluid is carefully prepared, and if as strict precautions, either aseptic or antiseptic are observed, as are in other operations. No "bugs" can live in the fluid, and if rightly used and the syringe and needles are thoroughly cleansed each time there need be no fear of any untoward results, such as blood poisoning, abscess, etc., etc., about which so much fear is often expressed by both profession and laity.

Illustrative Case.—I do not impugn the honesty of any man, but I believe those who claim to be able to cure every case of hernia, no matter of how long standing, nor of what degree, will find that they are making claims which they will have difficulty in substantiating. I have had as bad cases as any one could have, and in the early part of my experience honestly thought that I had them cured, only to have them return in a few weeks or months as bad as ever. Within the past week I have operated on a case for the radical cure, using Andrew's modification of Bassini's method, which by-the-way I like and will explain in my next paper. This case was one that was readily returned, and held by a truss. Patient, a vigorous young man, of good habits, not engaged in hard labor, and, otherwise than his hernia, in perfect health, an ideal subject for injection. He was treated first nearly three years ago, and apparently cured. He went on a visit soon after to his old home in Sweden, and about four months after he arrived there wrote me his hernia had returned. He was gone about six months and on his return came to see me. I found the hernia practically as bad as ever. He again underwent a course of injection treatment, and again was apparently cured, but this fall, it relapsed again, when he decided to undergo an operation for radical cure. Upon cutting down on the parts I found evidences of my previous work in abundant adhesions in the canal, but the sack was down and adherent to the cord clear down through the external ring, being very much attenuated and drawn out. The internal ring, the point of attack in any method of operating, was of course open. Now this was a case which no fluid, no matter how carefully injected, would cure, because the internal ring could never have been closed with the sac still out in such a shape. The probabilities are the sac was out and adherent when I began, which would partly if not wholly account for my failure.

In cases, too, where there is descent of the omentum, this method will fail, and in those bad cases of direct hernia, which are so from the first, or become so by constant descent of the intestine until the internal and external ring are brought opposite and the contractility of the abdominal muscles entirely destroyed, this method will generally fail. No method is a success that does not cure permanently; six months' or a year's retention only is failure. But there are a great many cases that can be permanently cured by this method. Cases where it is reasonably certain that every thing is back, and perfectly held; where the patient is not engaged in any laborious occupation, and will, following the first one or two injections, remain in bed a couple of days, until sufficient exudation has taken place to render the retention of the gut within the abdomen an easy matter; these cases can be cured, but I believe there will be a larger number of relapses following apparent cures by injection than by operation by reason of the tendency to absorption of the exudation. An apparently firm, solid, cicatricial plug will absorb in a few months, while the next case will stand perfectly. It is utterly impossible to tell which will stand and which will not.

While so large a proportion of the population are afflicted with hernia and while a great majority of these absolutely refuse the aid the knife affords, there will be a field for this method of treatment, and once in the hands of those who earnestly desire to perfect it, it will, I am sure, grow in popular favor, and eventually prove a valuable procedure for the cure of hernia.

My next paper will be devoted to a consideration of the various methods now in vogue for the radical cure by operation.

Gynecology.

LIGATURING UTERINE ARTERIES FOR UTERINE MYOMA.

JAMES G. GILCHRIST, A. M., M. D., IOWA CITY.

Owing to a careless and hasty preparation of a short communication on the subject of oöphorectomy for myomatous tumors, in a former issue of this journal, I failed to make myself clearly understood and opened a door for criticism that has not been overlooked. The question at issue, it appears, is whether the ligaturing of the uterine arteries is so uniformly successful in bringing about atrophic changes in the uterus and uterine myomata. An associated question is, it would seem, just what is meant by ovarian function.

Ligation of the uterine arteries is not by any means an entirely novel nor very recent operation, but at the same time has only lately been systematized. Gottschalk (*Amer. Med.-Surg. Bull.* Feb. 1, 1895, p. 188), in giving the indications and limitations of the operations, says the method is applicable to myomata ranging from the size of an apple to that of the fist, that give rise to hemorrhage and other symptoms. In all cases the menorrhagia was permanently cured. Most of the cases were treated by curettage in addition and a certain number received ergotine pills; in the latter class were a number that did not begin to improve apparently until the *Ergot* was given.

Küstner, quoted in the *Hahnemannian Monthly* for May, 1894, p. 310, "has tried the operation with success, and believes it might be used with advantage for concentric hypertrophy of the uterus. It appears to be particularly adapted for uncontrollable climacteric uterine hemorrhage not from ovarian causes. He reports a successful case of the latter" in which the uterine arteries were tied.

Byford (Manual of Gynecology, 1895, p. 414), says: "The uterine arteries may be tied through vaginal incisions. (F. H. Martin, Dorsétt Gottschalk). * * * * * The good effects are often, although not always, immediate and striking."

There are many other references scattered through the journals, and it had not occurred to me that the information was not general until attention was called to it by Dr. W. E. Green. On looking over recent publications, Wood's, and our last surgical work, I find no mention is made of the operation. I have had the opportunity of making the operation five times within three years; in one case there was a cure, apparently; in four there was either no change, or a mere arrest of growth. It may be that the location of the tumor has much to do with the result. The case cured was a tumor in the lower part of the body; sub-mucous. The others were all higher up, and sub-serous, or sub-peritoneal. Another possible explanation for failure may be early collateral circulation. Still another is the possibility of a blood supply for some varieties of fibroma and myoma other than the uterine vessel. For these and other reasons, joined to my want of success, I have not been favorably impressed with the operation, and think, for the present at least, it must be looked upon as in a purely experimental stage.

The second point upon which I failed to make myself understood was in reference to the influence of the ovary on the uterus and morbid processes connected therewith. Even now I must refrain from more than the merest mention of the matter, a full presentation requiring more space than I can command and knowledge than I possess. The student will find the question most convincingly and beautifully presented by Prof. White in the *Annals of Surgery* for July, 1895: The good effects of oöphorectomy are not so much due to alterations in nutrition through the ovarian artery, as the change in function by inclusion of the fallopian tubes, doing away with the uterine function of menstruation, while the loss of the ovarian function removes all excuse for the existence of the uterus, which thus becomes physiologically useless.

Practice of Medicine.

THE PRESENT STATUS OF DIPHTHERIA ANTITOXINE AT HOME AND ABROAD, AND A COMPARISON OF ITS ALLEGED RESULTS WITH FORMER METHODS OF TREATMENT.

BY R. N. TOOKER, M. D., CHICAGO.

HOMEOPATHIC MEDICAL SOCIETY OF CHICAGO, JANUARY 9th, 1896.

Introductory Remarks.—In the present paper I propose to discuss at some length the claims which have been made almost constantly during the past few months by the health department of this city that antitoxine is superior to all former methods of treating diphtheria and that in consequence of its use the disease was being mastered as it never had been before—to use its own expression, the disease was being "stamped out."

Ever since last September circulars have been issued by the department of health calling attention to this serum treatment; physicians have been urged to use it in preference to any other and the daily press has teemed with ostentatious bulletins from the health office stating that the mortality from the disease was constantly diminishing. The public was given to understand, or made to believe, that in antitoxine a true specific for diphtheria had been found and it was authoritatively stated in a circular issued not long since, that any physician who failed to use this "specific remedy" was derelict in his duty, and his conduct most reprehensible. If a physician protested, as some have done, in a public way that the remedy was not unattended with danger he was quite as publicly given to understand that he was an ignoramus and his opinion of no account. From time to time statistics purporting to give the true state of affairs respecting the number of cases and the relative mortality in the city, were published, which, taken at their face value, did really show a most remarkable effect of antitoxine in curing this terrible disease. But these statements of the health department were, in every case, falsifications of the truth and no such results have followed the use of antitoxine, as I shall proceed to show.

It is always an ungracious task to criticise public officials and under ordinary circumstances such a course would be reprehensible. But when the health and lives of thousands of people are jeopardized by a dogged adhesion to a waning fad; when statements are made which delude the public, to its serious detriment; when an official board rides rough-shod over the rights, privileges and preferences of a large number of medical practitioners; when a system of treatment of questionable or at least undetermined value is forced upon the profession, it is certainly the privilege, if not the duty, of someone to enter a protest and state his objections.

This statement of the present case is putting it all too mildly, for the present commissioner of health has abrogated to himself authority and power which would not be tolerated under an autocratic government. In point of fact the use of antitoxine has not been, as stated, salutary at all, but distinctly and demonstrably otherwise. There has been no perceptible abatement of the disease since they began to use antitoxine. On the contrary, the disease last month was more prevalent than in any corresponding month and the mortality greater than at any time in the city's history. In order to make this plain to you it will be necessary to briefly review the history of the past three months.

In September last the board began using antitoxine, purchasing its supplies from New York City. After reaching a point where its cost to this city was over fifty dollars per day, the source of supply proved inadequate and further supplies were purchased in the open market, still under the false plea that wonderful reduction in the city's mortality from diphtheria was being effected by this means. Still later, under the further plea of emergency, a special fund was created for the purchase of antitoxine and fifteen special inspectors were added to the board, already larger than ever before, to dispense this treatment to the poor and to see that the rich did not altogether escape the benefits of this highly vaunted blessing that came originally from across the waters from German chemical laboratories. The daily press immediately began publishing the most fabulous statistics of reduced mortality until the climax was reached on the 1st of January, 1896, when the department of health caused the statement to be published in all the daily newspapers that the death-rate from diphtheria had been brought down from fifty or sixty per cent. to some six per cent. Had this statement been true Chicago would indeed have had cause to enter gaily upon a happy new year.

Alleged and Real Results. — But, alas, the statement was not true; it was a long way from being true. It was all the way from 6 per cent. to 43.4 per cent. from being true. Let me give you the correct figures, as taken from the board's official report. Up to the 21st day of December there were reported during that month, 412 cases of diphtheria, with 179 deaths, showing a mortality of 43.4 per cent. During the three months of October, November and December, there were 1,548 cases reported and 645 deaths, a mortality of 41.8 per cent. It is only fair to the health department to state that for the three months preceding, when antitoxine was not used, the mortality was 58 per cent, according to the board's report. But the utter absurdity of drawing conclusions regarding the mortality from diphtheria, or in any other disease, from the reports of cases as compared with the number of deaths, is clearly shown by the record for the month of March last, when there were reported only 123 cases of the disease yet 232 deaths. On the face of the returns the mortality for the month was 188.6 per cent. In other words, there were 109 deaths from diphtheria in excess of the number of those who had it. How utterly ridiculous! But the commissioner of health himself, in one of his public circulars, makes the statement that not one-half of the cases of diphtheria are ever reported—a statement which is unquestionably true. If, then, it be true, how is it possible to form any estimate of relative mortality under different modes of treatment, or to reach any satisfactory conclusion of the relative prevalence of a disease? It is nothing but guess work. The only reliable figures furnished by the board of health is as to the number of deaths; these figures are doubtless correct, since the death certificates are filed in its office. They show that there died of diphtheria in this city during the year 1895—the statistics being complete for the year excepting the last ten days of December—1,778 cases; and for the three months during which antitoxine was used, there were 645 deaths, exclusive of the last ten days of December. The mortality is larger for the year by nearly five hundred cases than in any previous one. It is not only larger for the entire year but also larger for the last quarter, during which time the health board, with its fifteen extra inspectors, was industriously employed in "stamping out the disease" with antitoxine and a hypodermic syringe and deluding the public by false statements into the belief that it was accomplishing that most desirable end.

An Official Circular.—With these facts before it, near the middle of December, 1895, the commissioner of health issued a circular letter to the public, in which occur the following most remarkable statements:

"*To the Family:* The accompanying circular on the antitoxine treatment of diphtheria gives the reasons in some detail why the health department urges the use of this remedy in all cases of diphtheria. In addition to these reasons our experience of the last three months has demonstrated:

"1. When antitoxine is used within the first twenty-four hours of the disease every case recovers.

"2. When it is used during the second day ninety-eight cases out of one hundred recover.

"3. When it is not used until after the third day it is practically useless—about as many die as usual.

"These statements are not opinions or guess work but naked facts. The remedy is absolutely harmless. Over one hundred thousand cases have been treated within the last few months with not one single untoward result. With the prompt use of antitoxine diphtheria is no more serious than a cold in the head! The responsibility where death is caused by diphtheria must rest upon those who fail to use antitoxine in time. It is a positive cure if used early. It is a positive protection in all cases of exposure. William R. Kerr,

"Commissioner of Health."

In that entire circular there is only one statement which is true, and that one statement is open to criticism as being too limited in its range of application. I refer to the paragraph which states that "when it" (antitoxine) "is not used until after the third day it is practically useless—about as many die as usual."

Diagnostic Errors.—It would be an act of charity to pass over such idiotic statements without criticism or comment, but emanating from the chief of the health department and presumably endorsed by his subordinates, no one of whom has repudiated them, it would be a reflection upon the intelligence of the physicians of this great city to allow them to go abroad unchallenged. Let us look at the statements for a moment. In the first place it is absolutely impossible in many cases of sore throat to determine within the first twenty-four hours whether diphtheria is present or not. It is often difficult, if not impossible, to determine this question within the first forty-eight hours. Morrell McKenzie in his work on "The Nose and Throat," describes over thirty different affections of the pharynx, only one of which is true diphtheria. Very many cases of tonsillitis in their incipiency resemble diphtheria so closely that a positive diagnosis cannot be made early in the disease or before the third day. To say that antitoxine must be used within the first twenty-four or forty-eight hours after a sore throat manifests itself to be efficacious, is to ignore differential diagnosis and means that we must call every angina diphtheria. Then why should a young aspirant for a medical diploma spend four or more years in learning to distinguish the features of disease? If every angina is diphtheria, then every backache is Bright's disease, every headache is meningitis, a corn is gout, a cough means tuberculosis and a boil is cancer. But the advocates of antitoxine are woefully inconsistent. In one breath they tell us to call all our sore throats diphtheria and with the next breath they insist that only by the most scientific and elaborate methods can the disease be diagnosed, and that a diagnosis is positively necessary to the proper management of the disease. But every sore throat is not diphtheria. In all probability not one in one hundred is diphtheria, and, under any form of treatment, if all anginas are classed as this disease, the mortality should not be over one-half of one per cent.

Some two or three years ago it was stated by the believers in the germ theory that, in suspected cases, if the Klebs-Loeffler bacillus was found in the throat the diagnosis of diphtheria was assured. With the Klebs-Loffler bacillus present diphtheria was also present; with this bacillus absent there could be no true diphtheria. But later even Klebs himself, and still later all of the germ theorists, with the exception of those connected with our health department, abandoned this position as untenable. The bacillus was found in multitudes in perfectly healthy throats which did not develop diphtheria and was afterwards found absent in cases of indubitable diphtheria. In spite of these facts, which are universally acknowledged abroad, our board of health, last fall, with a great flourish of trumpets, informed the physicians of Chicago that "culture tubes" had been distributed at convenient places throughout the city so that the diagnosis of diphtheria, in suspected cases, could be arrived at with celerity and accuracy. It further offered the services of its bacteriological laboratory to expedite the diagnoses through its experts. How far this kind and generous offer of the department was made use of by our physicians I cannot say. I am also ignorant as to the value they derived from this bacteriological study. Its success and practicability, however, may be inferred from an extract from a letter published in the *New York Medical Record*, Nov. 23, 1895. The writer, Dr. E. V. Brendon, practicing in New York City, says:

"I had occasion to report two cases of diphtheria November 5th and was excessively annoyed to find cultures had been taken from the two patients on November 7th. Both were typical cases and there could be no shadow of doubt regarding diagnosis. Imagine my amazement at receiving a report, Laboratory No. 7705, saying 'the case did not admit of an exact bacteriological diagnosis as the inoculation was made at so late a period of the disease.' The case was about forty-eight hours old and the pharynx is now (three days after taking culture) covered with exudate. The other report, Laboratory No. 7729, said 'bacilli present, slightly resembling diphtheria bacilli, not sufficiently characteristic for positive identification; a prompt confirmatory culture is requested.' This could not be furnished as the infant died from exhaustion before receipt of request. This case was not twenty-four hours old when the culture was taken. Both cases were very severe in local and constitutional symptoms and typical cases of diphtheria. The question occurring to me, and which must suggest itself to all general practitioners, is this; if we cannot get a correct and definite report in a typical case, how can we rely on the report in a doubtful case? I have frequently had reports on cultures from the health department laboratory where the clinical symptoms did not bear out the bacteriological report; but this is the first time that it has been clearly demonstrated to me that the report is a lame reed to lean on, and for this reason I still further emphasize my objection to strange doctors taking cultures from every case as a routine procedure. I may say that in conversation I have heard several medical neighbors make the same complaint of interference and unreliability of report.

"Yours truly,
"E. V. BRENDON, M. D."

1½ Charlton street, New York City,
November 11th, 1895.

The difficulty of making diagnoses by means of laboratory experiments is explained by the fact that micro-organisms precisely alike, or at least undistinguishable under the microscope, are present both in pseudo- and in true diphtheria. The recent work of Dr. Lenox Browne on diphtheria may be considered authoritative, as he is the legitimate successor of Morrell McKenzie as an author and specialist in diseases of the nose and throat. It was a review of this work by Dr. Hamilton, editor of the *American Journal of Medicine* and consulting hygienist to the Chicago board of health, that came so near producing a rupture in that august body. Perhaps I should explain that Lenox Browne's book is the latest publication on this subject; that he is a pronounced believer in the germ theory; but, at the same time is, as is evidenced by his recent work, a most careful, painstaking and independent investigator. In his introductory chapter he makes this statement in a special paragraph, with the important words italicised:

"The term pseudo-diphtheria has been erroneously applied to an affection of the throat, characterized by the presence of a bacillus identical with the Klebs-Loeffler in every respect save that of virulence." He does not explain, but I shall endeavor to, how the virulence or non-virulence of these "identical" bacilli is determined. It is done by producing a culture of the bacilli and trying some of the culture on some of the lower animals—a dog or a rabbit. If the animal is speedily killed, the inference is quite natural and fully warranted, that the bacillus is virulent, but if the animal does not quickly succumb to the experiment there is ground for doubt whether enough was used, whether it was properly used, or whether the case from which it was taken was a "pseudo" or a true diphtheria. But all this takes time and meanwhile the sick child is liable to get well or die a most horrible death for want of a diagnosis.

What Constitutes Diphtheria.—Before proceeding further in this discussion, let us pause a moment and see if we can get a clear notion of what diphtheria really is. According to the Chicago board of health it is anything in the nature of a sore throat; pharyngitis, laryngitis, rhinitis, tonsillitis, and all other forms of sore throat are all to be treated the same, unless the board is greatly misrepresented by itself and others. But such a generalization, such ignoring of the value of diagnostic differentiation, is worthy only of the dark ages. Our health board is peculiar and eccentric, if not revolutionary. But there is a difference in sore throats, a difference which is quite apparent to most physicians, and should be to all. Lenox Browne's definition will not do for reasons already given. He defines diphtheria as "An acute infectious disease, due to the presence of a specific micro-organism (the Klebs-Loeffler bacillus)." His explanation, made later on, that in spurious diphtheria, the same identical bacillus is present, although in a non-virulent form, renders the term "pseudo-diphtheria" unnecessary or at least of no practical import. The best definition which I have seen anywhere is that which was given to the disease when it first appeared on our shores and when it was the custom of doctors as well as others who were not doctors to give things a definite and distinctive name. The term "diphtheria" is of modern origin, given to an old disease, first fully described and baptised by Bretonneau and the name he gave it being afterwards adopted by the register general of Great Britain and having now become universal. But the older name, and I think the better one, was putrid sore throat. The more modern terms "septic angina" or "infectious angina" would convey the same meaning. Of all the affections of the throat, diphtheria is septic and it is the only one which is septic. It is not always possible to tell within the first twenty-four or forty-eight hours whether a sore throat is septic or not, but the constitutional symptoms will determine the matter. If it is septic, it cannot be quasi-septic, or pseudo-septic. It is either septic and directly dangerous from infection, or non-septic and only dangerous from complications of a local character. If it is aseptic it will not involve the blood and the vital organs, including the nervous system, kidneys and heart. If it is septic, the danger will be commensurate to the amount of sepsis and the constitutional powers of resistance on the part of the patient. The terms "diphtheria," "diphtheritic" and "diphtherial" are simply refinements of modern nomenclature. Call it what you please, it is a most formidable disease and the really important question before us is—is antitoxine worthy of confidence as a preventive measure? Is it a better remedy than others formerly in use? And, lastly, is it a safe remedy to use either as a prophylactic or as a curative? It has been in use now for a sufficient time to judge calmly of its merits and to compare its results with those of other and older modes of treatment.

Antitoxine Prophylaxis.—Regarding its alleged prophylactic virtues, the *American Practitioner and News* says editorially, referring to the experiments of Martin, Sevestre and Variot: "A large number of cases show exacerbation of temperature, and critical effects in general may arise." Sevestre says that many children have died under the influence of injections of Roux's antitoxine and refers especially to its dangers in children who are tuberculous. Johannesson carried out independently a large series of experiments and in his deductions says: "It further appears that injections of two to twenty cubic centimeters of serum in non-tuberculous patients calls forth quite serious symptoms of intoxication in the majority of cases." Lenox Browne, in summing up his conclusions, has this to say: "Reports of cases are not wanting in which noxious and even fatal results have followed the use of serum when employed as a prophylactic. We do not feel justified therefore," he continues, "in recommending serum for this purpose. More real methods for preventing the spread of diphtheria are to be found in improved sanitation and in efficient isolation and disinfection."

Antitoxine's Dangers.—The next question which concerns us is as to its safety, whether employed as a prophylactic or as a curative remedy. The assertion of the city board of health that antitoxine is "absolutely harmless" has been repeatedly contradicted by numerous physicians in this city, who have observed its pernicious effects and have published their observations through pamphlets and also through the medium of the daily press. The small number of fatalities resulting directly from serum treatment is doubtless on account of the cases which have been used in its administration. A considerable number of fatal cases immediately following its use have been recorded. But the strongest indictment against its use is furnished by Lenox Browne, who finds that there is a notable increase of anuria under serum treatment. The same is true of albuminuria. He also says that parenchymatous nephritis, cardiac failure, broncho-pneumonia and septic peritonitis are all more prevalent under serum treatment than they were before serum was used and he quotes Baginsky as having "remarked at Munich that paralysis is more frequent under antitoxine than before." Hanseman, Lepere of Lyons and Moizard of Paris are quoted as agreeing in the dangerous character of serum-therapy. But, unfortunately, we need not go outside our own body to find facts to disprove the assertion that the use of antitoxine is unattended with danger. The lamentable death of Dr. Rockwell I would gladly pass over in silence, but to do so would be just neither to the dead nor to the living. The following account of Dr. Rockwell's death is from the pen of Dr. M. R. Barker, who gave it to me while the facts were fresh in his mind:

"At the time of administering antitoxine to Dr. Rockwell there were no complications in his case; I had no apprehension of a fatal result and no anxiety excepting that it was a case of diphtheria. There was positively nothing in the case of an alarming nature. When antitoxine was administered the pulse was 90, full and strong, temperature 101 degrees, respiration 18 per minute. For about three hours there was no appreciable change in the condition of the patient; then, suddenly, severe edema of the glottis complicated the case. This was so sudden and severe that the immediate use of steam was necessary, and in an hour from the onset intubation was the only thing which could give relief. From this time until six o'clock the next morning (the antitoxine was given at seven in the evening) our patient had many sinking spells, during which the heart's action was rapid and very weak; it was so rapid that it could not be counted, and he rallied only after the greatest exertions of all in attendance. Between seven P. M. and six A. M., no condition had arisen which might not have been caused by diphtheria poison, although such a sudden and decided change for the worse is contrary to my clinical experience with this disease, taking into consideration the condition of the patient at the time of administering the antitoxine. At six A. M. another dose of antitoxine was administered. No immediate change followed. The patient continued to have the sinking spells as before, during some of which it seemed as if he could not survive thirty seconds. About three hours after giving the second dose and in the midst of this great depression, the patient developed the wildest delirium, simulating, more than anything else, an attack of acute alcoholism. This condition came on as suddenly and in about the same time after the second dose as did the edema after the first dose. Following this delirium, which lasted for an hour or two, came violent convulsions, ending speedily in death. The tube was removed about three hours before death and the breathing continued as freely as before its removal. Antitoxine was given because it was thought that no harm could arise from its administration and that it might hasten the recovery of the patient. I am responsible for the statement, which is concurred in by Drs. C. B. Rockwell (the father of the deceased) and Dr. J. S. Mitchell, the consulting physician, that antitoxine caused the death of Dr. Gordon Rockwell. Its use was due to the action of the city board of health in constantly importuning and almost demanding that it be administered, and by the expressed wish of friends of both patient and physician, whose minds had been biased in favor of antitoxine by the glowing newspaper reports of its efficacy, emanating from the city board of health and from other sources."

The reply of Dr. Reilly to the letter which Prof. Mitchell published regarding the death of Dr. Rockwell, and charging the health department with being in some measure responsible therefor, was insincere. It was a mere subterfuge, as you can readily see from what I have just read.

Relative Value of Antitoxine.—But I pass to the final question, is antitoxine better than other means of cure in diphtheria? Or, to put it more succinctly, has it shown better results than homeopathy can show and is showing all the time? To answer this question it will be necessary to institute a comparison of statistics from unquestioned authorities. In favor of antitoxine I shall avail myself first of the figures compiled by Prof. Wm. H. Welch, pathologist of the Johns Hopkins Hospital and professor in the Johns Hopkins University. He has collected the data concerning 7,166 cases of diphtheria treated with antitoxine in various cities of Europe and America. These statistics he gathered from eighty-two different authorities, including some of the best known medical men of the world. Unfortunately for his deductions he states that about five-sixths of his cases occurred in hospital practice, while it is not stated where the other one-sixth was obtained. It is respectfully submitted that data thus gathered together from miscellaneous sources and without knowledge of surroundings, epidemic influences, duration of time, etc., are too loose for scientific purposes. However, let us not be captious, but accept the figures as he gives them. In these 7,166 cases treated with antitoxine he found a mortality of 17.3 per cent. This is certainly a good showing and is far better than that obtained here in Chicago, according to the authenticated reports of our health department. But by far the most accurate, careful and scientific statistics are those furnished by Lenox Browne. He treated 1,000 cases of diphtheria in the Northwestern Hospital in London with antitoxine, and carefully and laboriously compared them with 1,000 cases treated previously without antitoxine. Here we have reliable data. The hospital was the same, the environment the same, the food and general care were the same; the only difference was in the treatment. Without wearying you with the details of the cases, which are surprisingly full and recorded with conscientious fidelity, he states that under both systems of treatment the mortality was exactly twenty-seven per cent. In other words, the mortality under serum treatment was not reduced under what it was before by even a fraction of even one per cent. If we take the 7,166 cases of Dr. Welch and add to them those of Dr. Browne, we have a total of 8,166 cases treated with antitoxine, with a mortality of 22.15 per cent.

We may cheerfully accept the figures while we contemplate the statistics which are furnished by the physicians of our own school of medicine, although it is only fair to say that a physician working in private practice cannot always secure such favorable results as could be obtained in a well-equipped hospital, with trained nurses, clean floors and bedding and scientific sanitation.

Homeopathic Results.—Some six weeks ago I sent out a circular intended to reach every homeopathic practitioner in Cook County, but, owing to a defective mailing list, I failed to reach a considerable number. I received in return forty-five replies from as many different physicians of our school, who reported having treated during the year 1895 315 cases of diphtheria, of which number 67 were classed as malignant. Lest some of those present this evening did not receive a copy of this circular I will read the list of questions asked:

1. How many cases of diphtheria have you seen and treated during the last year, *i. e.*, from November 1, 1894 to November 1, 1895?
2. How many deaths have you had in this number of cases?
3. How many of these cases can be classed as malignant?
4. How many cases developed laryngeal symptoms?
5. In how many cases did you use antitoxine alone?
6. What results did you have from its use?
7. In how many cases did you use antitoxine in conjunction with other remedies?
8. If you used local or topical treatment in these cases, please state what it was and how used?
9. What form of mercury do you use as a specific (?) remedy, and in what strength or attenuation?
10. State the three remedies in the order of merit in which you place the greatest reliance?

Of the forty-five responses, thirty-three reported having treated 123 cases without a single death. In the total list of cases 44 were laryngeal. Eleven cases were treated with antitoxine in conjunction with other measures. None were treated with antitoxine alone, so these 11 cases are not included in the 315 treated homeopathically. Thirty-seven of the forty-five doctors used local treatment in addition to internal medication, while eight used no local treatment whatever. All but five used mercury in some form and these five answered the question about treatment by saying "the indicated remedy."

Mercurius cyanuret is mentioned twenty-seven times; *Mercurius biniodide* is mentioned twelve times; *Mercurius iodide* is mentioned fourteen times; *Kali bichromicum* is mentioned twenty-eight times; *Phytolacca* is mentioned ten times; *Belladonna* is mentioned twelve times.

These statistics were gathered from representative physicians, many of whom are unknown to me personally and of whose predilections on the question of antitoxine I was entirely ignorant. Some of them are young in practice, while others have been in practice for thirty years or more. There was no incentive in any case to prevaricate or to misstate the facts. There was no public office or function to be subserved by misrepresentation or sophistication of facts. The treatment they used was not new and therefore no allowance need be made for undue hopefulness by reason of its novelty. There was no necessity or inducement to run in suspects or undeveloped cases and classify them as genuine. I can see no reason to question the results of this inquiry or to pick a flaw in the percentage as it unfolded itself. Of the 315 cases reported 23 died, giving a mortality of 7.3 per cent. If we charge up the total mortality to the 67 cases classed as malignant, the mortality would then be but 30.4 per cent; but this is unwarrantable. Several physicians reported numerous cases of tonsillitis and other forms of sore throat, but no real diphtheria. No cases other than those of pronounced diphtheria are included in the tables I have just given you.

Now, at the risk of being wearisome, let me recall the statistics of Professor Welch, who found a mortality of 17.3 per cent. in his 7,166 cases treated with antitoxine and those of Lenox Browne, whose mortality was 27 per cent. If we lump them together, cases and percentages, we shall find in the 8,000 cases treated with serum a mortality of 22 per cent. and a small fraction, while under homeopathic treatment the mortality is less than one-third this, or 7.3 per cent. If this low mortality can be applied to the general mortality for diphtheria throughout the city —and I borrow the argument from the advocates of antitoxine—and if every one affected with this disease during the past year had been under homeopathic treatment, there ought to have been a saving of considerably over one thousand lives in Chicago alone, and without the expense attending the use of antitoxine.

Conclusion.—Why the present board of health is so infatuated with the continental fad is a mystery I am unable to solve. It is unfathomable. If antitoxine were what was at first claimed for it the medical journals throughout the world would still be sounding its praises and advocating its use to the exclusion of every other remedy. But the medical press is not talking about it. Apparently it has been forgotten. I have carefully examined the medical journals of this and foreign countries to see what the editors had to say about it. Out of thirty-six American journals only six of them have mentioned antitoxine editorially in the last four months, and not one of them has given it an unqualified endorsement. The same thing is true of foreign journals printed in English. This state of things could not exist if the treatment had not fallen into "innocuous desuetude." Here in Chicago, and only here, is antitoxine receiving anything in the way of attention which savors of a boom, and here its chief advocates are city officials who seem to have forgotten that they are servants and not masters. The assertion that by this means, or by any medical means other than by a rigid application of sanitary laws, it is possible to stamp out diphtheria exposes their ignorance and incompetency. The board of health ought to know if it does not that in the whole history of medicine medicine alone never conquered an epidemic. In this country the only instance on record when an epidemic of disease of any sort was stamped out after it had gained a foothold was when Ben Butler stamped out yellow fever in New Orleans and Memphis. But he did not do it with a hypodermic syringe or by means of drugs given internally. He did it with shovel and hoe, with pick and broom, with wagons and barrows and an army of laborers who cleaned up the cities. Our commissioner of health stated in one of his circulars that "Diphtheria is the poor man's disease." Then why in the name of common sense did he not spend the money at his disposal in cleaning up the poor man's surroundings—in cleaning up the alleys and side streets and in removing the filth from his door? The money spent in the last ninety days for antitoxine and its administration would have kept an army of men busy in cleaning up the city and preventing the spread, not only of diphtheria but of typhoid fever and other zymotic diseases. Sanitation is the cure for diphtheria, and not horse-serum or any other poisonous antidote. If microbes are ever the cause of disease, which to my mind is an absurdity, the time to kill them and to prevent their ravages is before and not after they have found lodgment in the human system.

SOME CASES FROM PRACTICE.

A. R. F. GROB, M. D., MILWAUKEE, WIS.

Case I. A Mistaken Diagnosis.—On February 23, 1895, Mr. S—— after eating frozen coffee at noon was suddenly taken sick towards evening with a most severe pain in the bowels. The most distress was caused by a feeling as if bowels were filled to bursting with gas. An allopath was called who gave a clyster and prescribed. Patient grew worse. Next day second allopath was called who continued in the same line of treatment. He gave all possible forms of injections, cathartics, purgatives, etc., until Tuesday morning. Then he surrendered, saying to patient's wife: "I know nothing more to give. If these three capsules fail to produce a passage I will have to call another physician and we will then have to operate. Under the present conditions he cannot possibly live more than a few hours as there is intussusception of the bowels" This frightened the woman and she ordered her father to call me, the homeopath.

Diagnosis.—Severe case of peritonitis. Patient was vomiting continually, which I thought mostly due to deranged stomach as result of rank doses received prior to my calling.

I gave *Belladonna* and *Ipecac* every half hour with hot fomentations over entire abdomen. Was called again in the evening. Patient no better and vomiting just the same. Now gave *Arsenicum* and *Mercurius corrosivus* in half-hourly alternation. Next morning found patient much easier and vomiting less frequently.

With *Bryonia*, *Arsenicum*, *Veratrum album*, *Lycopodium* and *Sulphur* given as indicated by the changing of symptoms he steadily improved and visits were discontinued after about ten days.

Case II. Infantile Marasmus.—Called February 18, 1895, to see child of Mr. G——- Found child five months old, wasted away almost to a skeleton, without sleep for several days, crying continually day and night, severely constipated, occasionally vomiting, etc., etc. Gave *Chamomilla*, *Calcarea carbonica*, *Belladonna*, etc., as indicated, for several days with same conditions continuing. I then demanded an examination of sexual organs. Found foreskin completely adherent. When liberating the same, after considerable trouble, I found the largest collar of smegma, completely surrounding the base of the glans, that I have ever found in any case thus far. This was thoroughly removed. Child became easier and slept four hours the next night. Now I gave *Calcarea phosphorica*, 3x, and child gained in flesh, strength and health so rapidly that it surprised all who knew it. Within six weeks after first visit child had gained two and a-half pounds, and is now a picture of health. (At time of this writing, December 3d, child weighs twenty-eight pounds without its dresses).

I was told by the father that his three previous children died at same age of five and a-half months, and seemingly of the same trouble. This is the fourth child and the first which will remain alive.

This case shows that when our remedies are correctly selected and fail to act there is generally a mechanical cause back of it. This cause must first be removed before the remedies can do good. Many a child has surely been lost just because the physician failed to examine the sexual organs, as a most frequent cause of convulsions, sleeplessness, marasmus and many other infantile ailments.

Case III. Headache of Twenty Years Standing.—Mrs L——, called at my office, December 12, 1894; age 53, and had passed climacteric period several years previous. She has had recurring headaches regularly about every eight days for twenty years. She had tried many things and many physicians until all hope was lost and nothing had been done for some time. About twenty-four hours before the headache comes on she will experience a peculiar drawing sensation in right arm, which gradually works up to right shoulder, and then the headache commences. For one or two days she will be perfectly wild with pain and also experience considerable retching and vomiting. When headache subsides she will feel exhausted for several days more.

As best I could I prescribed *Lachesis*, *Sanguinaria*, *Gelsemium*, *Natrum muriaticum* and *Sulphur*, but all in vain. I then concluded to give *Iris versicolor*, 2x trituration. This caused immediate improvement, headache staying away for three weeks, when she had a slight recurrence. Continued *Iris*, three or four powders daily, for several weeks longer and she has been entirely free from the above named attacks ever since. She is now perfectly well in all respects.

Case IV. Appendicitis.—Miss R—— was found with most severe pain in right iliac region. Great sensitiveness at McBurney's point. So sensitive could hardly be touched. Moderately high fever, ranging from 101 to 103 degrees F.; great thirst; occasional vomiting, etc. I doubt not but that many a surgeon would have immediately demanded an operation for appendicitis, as all symptoms plainly pointed that way. Still, hot linseed poultices, with remedies, such as *Belladonna*, *Bryonia*, *Nux* and *Mercurius corrosivus*, improved the condition so much that she could leave her bed in about one week, though the soreness in that locality remained for perhaps four weeks longer, when it finally disappeared.

Case V. Appendicitis.—Mrs. S—— was taken sick on March 2, 1895. If ever I felt sure of facing an appendicitis it was this case. Her suffering was most intense. She could not bear the slightest motion. Some hard swelling could be detected in right iliac fossa, and the touching of McBurney's point would make her scream with pain. Right leg was also flexed. Applied hot linseed poultices, but as they felt too heavy I resorted to hot hop bags. The same remedies were used as in previous case, *Belladonna* and *Mercurius corrosivus* in half-hourly alternation first, and, later on, *Bryonia* and *Nux* at longer intervals. This woman also recovered rapidly and completely.

I have met with similar cases at different times during eight years of active practice but I have never yet found one where an operation was demanded.

I believe that in years gone by, when the knife was less fashionable than today, the vermiform appendix was just as active and mischievous as at present; but physicians then modestly called it "acute catarrhal inflammation," "typhilitis," "para-" or "peri-typhilitis," or "right ovarian colic." Simple local applications, olive oil internally or by injections, and the internal remedies were used, and I believe that the mortality from that trouble was smaller, at least by no means greater, than it is now.

I do not wish to be understood as condemning operative procedures in these conditions, for I believe cases will occur which are so far advanced and where suppurative conditions are so extensive that nothing short of free exposure and cleaning out of the parts, together with the radical removal of the offending body, is demanded. Still I am inclined to conservatism—perhaps if more of the younger practitioners took the same view upon this subject humanity might greatly profit thereby and undertakers be less plentiful.

In a paper published in the *Clinique* some time ago, Dr. Nichols, of Plano, Ill., says: "I therefore feel justified in concluding that if prompt and proper measures are employed in every case during the first twelve to twenty-four hours of the attack a very large per cent. of all the cases will be stopped short of the condition calling for surgical treatment and the black record of mortality following this disease will give place to a more hopeful one, while the annoying condition of ventral hernia, which so frequently occurs in cases that are reported as cured by an operation, will be less frequently seen."

In another paper upon appendicitis Dr. J. D. Craig, of Rogers Park, Ill., says: "In reviewing the treatment of these cases I cannot recall all of the remedies used, but one remedy stands out as prominently in this as *Bryonia* in hepatitis, and that is *Dioscorea.* Although it will by no means either cure or even relieve all cases it is indicated more frequently than any other remedy and when it is required the cure is prompt and permanent."

I heartily agree with the remarks of our late beloved friend, Dr. J. P. Dake, than whom a nobler and truer practitioner of our school was never found, when he says: "I have never lost a patient with appendicitis nor have I had one operated on surgically in an extensive practice of more than forty years." He further says: "From my observation and reading I am convinced that more people have been killed by appendectomy during the past five years than have died from the want of it during the last one hundred years."

Materia Medica Department.

Conducted by W. A. Dewey, M. D., New York.

SOME RANDOM THOUGHTS ON PURE MATERIA MEDICA.

BY A. M. CUSHING, M. D., SPRINGFIELD, MASSACHUSETTS.

MASSACHUSETTS HOMEOPATHIC MEDICAL SOCIETY.

Pure Materia Medica.—When I received a request to furnish something for this meeting on "Pure Materia Medica" I asked myself the question, "What is pure materia medica?" I believe it to be a record of the symptoms produced in a healthy person by his taking a remedy in sufficient doses to produce appreciable symptoms. Members of our school have done this till we have a materia medica superior to that of any other school of medicine, but we need to have yet more of this work done. We have many remedies that need to be re-proved, besides many valuable ones that have never been tested; and I want to ask if some of the younger men and women of our profession will not aid in this work. Later I will speak of one or two remedies that I wish to have tested.

Impure Materia Medica. Impure materia medica is the giving of remedies that have never been proved upon the healthy person. Among those largely given at the present day by "old school" doctors are the coal-tar remedies. I know they are fashionable and there is a great temptation to be in the current of fashion, but I think we can swim in safer water. What are these remedies? One "old school" doctor proclaims them "the refuse from the rear end of a paint or dye factory." The most we know of them clinically is from the harm they have done. If we accept the verdict of "old school" physicians they certainly are dangerous. A doctor in Boston said she gave ten grains of *Antipyrine* and if she had not been in her office when they sent for her soon after in great haste the patient would have died. Another "old school" physician recently said to me "They are dangerous, and never has the death rate in certain diseases been so great as since these remedies came into use." Another told me he gave ten grains of *Phenacetine* without fear, yet before he had talked to me five minutes he had acknowledged that he gave one patient ten grains and he soon became almost pulseless, with cold hands, feet and perspiration, and nearly died in spite of his best efforts. A physician in New York recently gave ten grains; he soon called counsel but the patient died and both physicians thought the medicine caused the death. Doctors who give these remedies say one should be very careful if the patient has a tendency to a weak heart. In these days we don't know who has a tendency to a weak heart, nor why there are so many weak ones. Why is it that during the past few years the death rate from pneumonia under "old school" treatment has been so great? I believe it is because they give remedies that partially paralyze the heart and brain, and when the lungs become engorged and need a power to drive the blood through them that power has been destroyed and the patient dies. These patients rarely or never die under judicious homeopathic treatment.

The Value of Provings.—Now what shall we do with these dangerous remedies? Let them alone till we can have provings made of them. For nearly one hundred years homeopathic physicians have treated patients without them and their success has been the greatest known to medical science. I do not believe it is necessary to have three or four persons prove a remedy before we can test its virtues. We have done wonders with remedies that have been proved by only one person; but the more provers the better. Let us get our knowledge where we can even if it is only clinical. The "old school" and medical mugwumps have taken, without our leave, so much of our materia medica they could not practice one week without it, and if they have anything worth using let us take it. We see advertised almost daily that *Sanmetto* is the "vis a tergo" that will make the pendulum of life swing more satisfactorily, yet that is composed largely of *Sabal serulata*, recommended several years ago by Dr. E. M. Hale for a similar virtue. *Chionin*, advertised as such a wonderful liver remedy, is our *Chionanthus* which will do the work of *Chionin* for us. I do not know that *Chelidonium* will make the heart omit every third beat but it will cure that symptom. Now all of these and other remedies need proving, and why won't you help do it and report your provings. It is one of the most interesting things you can do, this trying to decide whether a sore throat, head-, stomach- or other ache comes from the remedy or other source. Are you afraid it will make you sick? If you will examine the published proceedings of this society, which publications ceased some ten or twelve years ago, you will find that fully one-half of the provings recorded there I made and all upon myself, and do you think I am sick? Did you watch me at the dinner table? If you want to live long and be happy go to proving remedies.

Kalmia.—Thirty-five years ago I made a short proving of *Kalmia latifolia*, but the most I can remember, as it was never published was, "an alkaline mouth and severe neuralgic pains." Some months since I met a gentleman from Brooklyn who said he had suffered for years from facial neuralgia which doctors had been unable to cure. Coal-tar remedies gave temporary relief but he was afraid of them. I recomended *Kalmia*. Some months later he came to my office on purpose to report his experience. His physician said he had never given *Kalmia* to him. The doctor's wife was suffering from the same disease. He reported that the doctor gave him *Kalmia* 30x (I had never given above the 3x), and it cured him so quickly that he gave his wife some and it cured her so quickly she came near hugging me. I told him that was just my luck, I had never cured but one lady so quickly she wanted to hug me and that was when I was young and bashful.

Dioscorea.—When you are proving remedies you little know how much good you are doing. After I made a proving of *Dioscorea* one of the leading physicians in New York City told me that proving saved his life. Later that same physician advised me to give *Picrate of ammonia* for malaria when the "old school" would give *Quinine*. Last year I had under my care one of the sickest of those Weslyan University students whom they claimed were poisoned by eating oysters. I called it typho-malarial fever; consultation called it typhoid fever which would probably die. Some months later I learned the family was advised to send to Boston for consultation but the father said it was of no use, he must die. Every seven days he got suddenly worse. At the end of the fourth week his pulse went suddenly from 100 to 120 and his temperature from about normal to 105° and he was very weak, I gave *Picrate of ammonia* 6x and he made a rapid recovery, virtually saved by the proving of *Dioscorea*.

Rhatany.—When I made a proving of *Rhatany* it gave great itching of the rectum, and for thirty-five years I have failed but once to cure pin-worms with this remedy and then it was my fault by not giving it as I should. Two years ago I was asked to prescribe for a patient without seeing her. Her son was a physician and he had had well known counsel and they said she must die. She was quite old and feeble but her greatest trouble was frequent discharges of mucus, blood and pus from the bowels night and day, with great pain and burning in the rectum, almost wholly preventing sleep. I gave her *Rhatany* 3x, a dose once in two hours and a three grain *Rhatany* rectal suppository each night. In a few weeks she was well of that trouble and has been well of it two years and during that time she has not had an attack of dysentery.

A few months since I prescribed for a lady of about forty years, a school teacher when well enough, who had been under the care of a rectum specialist, or perhaps better, a proctologist, who said she had bad rectal fissures, and was badly constipated. She used three or four dozen rectal *Rhatany* suppositories and reported herself well, constipation and all. Now I want to say to you all, and especially if there are any proctologists here, if you will except *Sanguinaria nitrate* I believe *Rhatany* will cure more diseases of the rectum than all the other remedies in our materia medica. This is not simply opinion, but is based on experience.

Ferrum Metallicum.—I want to relate a little personal experience to show what a remedy can do. Perhaps some of you have had severe cases of sciatica to treat. If so I am sorry for you unless it was good pay. If you have had it yourself I pity you. Since living in Springfield I have had something to do in the city but rarely drive into the country; but during one month early in the winter I drove one hundred miles in ten mile drives in the country, every time over bad roads, and during the thirty days I averaged one hundred miles each day, or much of it in the night on the cars, visiting patients. In that tired-out condition I had a severe attack of sciatica of the left leg. I had to walk with a cane. I could sleep only few minutes at a time and that only on a lounge on my back, my knees drawn up near my chin and the knee resting against the back of the lounge. I took medicines the best I knew, and in low attenuations. I used hot water. I used *Chloroform* and the battery but got no relief and feared my winter's work was done. One afternoon I asked Hahnemann and Hartman and Jahr what to take and they said *Ferrum metallicum*. I replied it will do no good, but nevertheless went to my case where I supposed I had several vials of the remedy, but to my disgust all were empty but one and that the highest one. I was about to shut the case when the pain gave a good grab. I took a dose and tried to read. In the evening I thought I felt better. I went to bed on the lounge and to my surprise straightened out my leg. I soon went to sleep and in the morning was well and have had no trouble since. Has the "old school" got any coal-tar remedy that will beat or equal that? or any hypodermic injection?

Hypodermic Medication.—Mind I do not object to the hypodermic injection of the indicated remedy, as it is the quickest and surest way to send the remedy to the diseased part. I believe the day is not far distant when many diseases, especially consumption, will be treated and cured in this way. I believe the germs of small pox, scarlet fever, measles, etc., are in our systems when we are born, and why not consumption. We say one has a tendency to consumption. What is that! We know that grains, fruits, etc., are perpetuated by the pollen from the blossom, and what are the microbes we find in the sputa of the consumptive except the pollen from the blossom of the consumptive germ. Keeley could never have cured his patients by putting medicines into a drunkard's stomach, and did you ever know a consumptive whose stomach was fit to put medicines into? Now the "old school" doctors are looking that way, and must we be the "dog's narrative" forever? Their latest scheme so far as I have learned is to inject into the system small doses of mineral remedies that will destroy the germs, but not kill or harm the patient. They say *Cadmium* is productive of instant death to microbes in the human system, used in small doses. (Why not use triturations?) And other minerals will kill the microbes of diphtheria, consumption, small pox, etc. It seems to me they must have been reading Allen's Materia Medica. *Antitoxine* is similar to our animal poisons, and has that remedy ever cured a case of diphtheria by putting it into the stomach? The "old school," by the hypodermic injection of this remedy have reduced their death rate in diphtheria to almost as low as that of the most unfortunate homeopath, yet many "old school" doctors say it kills as many as it cures. Perhaps some of you have tried this remedy by injection, but have you ever tried the injection of any of our well-known and reliable remedies? I have recently had some experience in the subcutaneous injection of the seemingly indicated remedies that has surprised me, but not in diphtheria, as I have had none to treat.

Phaseolus Nana.—I want now to call your attention to two remedies, briefly, and hope you will become enough interested in them to help develop their curative powers. First, *Phaseolus nana*, or the common white bean, not a stranger in Boston. Some of you have heard me tell how, when I was ten or twelve years of age, I stuck the tine of a hay fork into the top of my bare foot; how it was prophesied I should be lame all summer, if not a cripple for life; how a back-woods doctor promised to have me well the next day. He split open a common white bean and bound the split side dry on to the wound. He fulfilled his promise, for the next day I was well.

During my forty years of practice I have had occasion to try it a good many times for punctured wounds with rusty nails, etc., some of them very bad, and every one made a remarkable recovery. But for a few hours the pain is almost unbearable. Some of us know that a hot hasty pudding will relieve pleurisy or other pain better than mustard; some bind dry corn meal on to the face to cure toothache. Within a few years we have learned that oats are a powerful nerve remedy, and some curious fellow has found that corn silk has medicinal virtues, while all these years we have neglected to test the ever-present bean. A few months since I selected some medium-sized white beans, made the 4x trituration and took four ten-grain doses a day for a few days, then rested. Two months later I made the 6x and took that in the same way, and rested again. A month later I made the 10x, making the 7th with pure ozone water, and the others with alcohol as usual. I took four ten-drop doses a day for a few days and am waiting to see if others can verify the symptoms I think it produced. I will say that I think it would make an excellent remedy for aurists, oculists and nose-ologists. I prefer not to give the symptoms I think it produced; but one thing I think it has done for me, although am not sure—for quite often I go into the ozone company's office and drink a little ozone water or inhale the ozone, and others claim it aids their digestion—but one or the other has affected my digestion wonderfully. For thirty years I have been unable to eat fruit except some one kind for a few days and then wait a few days, but lately I have been able to eat all kinds and several times a day, and go to bed happy and wake up happy.

Homarus.—I want to call your attention once more to *Homarus*. My experience with it leads me to believe that if well developed it would prove to be equal or superior to any remedy we have for stomach or bowel trouble from indigestion; or malignant diseases such as diphtheria, cancer, etc. I wish those of you who have occasion to use local applications for diphtheria, indolent or malignant ulcers would try it, for a substance that will digest fresh pork in ninety minutes ought to affect mucus or pus. As you might examine fifty lobsters before you found one whose stomach was not empty or full of sea weed, shells, etc., I have brought one here and at the close of this session I will show any one how to get it and how to select a good one for the first time.

Dermatology.

CLINICAL CASE.—SKIN DISEASE.

BY ARTHUR PATTON, M. D., MONTREAL.

Patient, girl aged ten years. Light hair, blue eyes, inclined to be stout; is very large for her age. Apparently strong. Is of a very sensitive disposition; nervous even to being hysterical at times; is good-tempered. Is mentally slow in some ways; cannot read, but is very bright at figures. Afraid of going alone in the dark.

There was nothing abnormal about her birth; was a large child; was brought up on Nestle's food. When six months old had a very bad attack of measles, winding up with inflammation of the lungs. When a year old had a severe attack of bronchitis. When between three and four years old had a severe attack of croup, nearly proving fatal, since which time she has been more or less troubled with croupy cough on taking cold, to which she is very sensitive. When about four years old had whooping cough, an ordinary attack. About this time she had a slight attack of chicken pox.

Since infancy, or, more definitely, since she had the measles, she has been troubled with diarrhea, generally coming on in the morning and awakening her from sleep. Changes in the weather or getting chilled will aggravate this ever present condition. Sometimes aggravated by heat. The movements are not large, are inclined to be a light-colored, mealy sediment; are not unusually offensive in odor; are usually painless. Parents think that many times the act of going to closet relieves the desire for stool, which wakes child up, without any movement taking place. In other words, that long continuance of this custom of early waking, etc., causes her to do so often when there is no occasion therefor. Heretofore she has rarely missed a morning in her early rising.

Since infancy she has been troubled with the breaking out of a rash all over the body, principally on the trunk and legs. This rash comes and goes at irregular intervals of one week to one month apart. In summer time the eruption has the appearance of hives and is accompanied by a slight watery exudation. At other times the rash is usually smooth, sometimes the skin is raised in wheals and the rash tends to coalesce, the color gradually increasing in intensity until it is fiery red. It is brought on by a chill, by getting over-heated, by any unusual exertion, by friction of clothes, and by rubbing the skin with the hand or pinching it. The day before the rash appears the patient usually has an abnormally increased appetite. Before the rash appears there is a feeling of nausea and lassitude which the coming of the eruption dispels. The rash is intensely irritable, making life a burden to her.

Patient is somewhat subject to headaches. Dark rings beneath eyes. Has a fair appetite, is fond of meats, does not care for sweets, is inclined to be thirsty. Sleeps fairly well, with some muttering and moaning. Is somewhat subject to feelings of nausea. Tongue inclined to be flabby and pale. Feet are always cold and damp. Perspires easily. Bloats a good deal and tires easily. Pulse about 84, soft and compressible. Passes a good deal of urine; occasionally has to get up once or twice at night to urinate. Urine light-colored, no sediment noticed, examination shows nothing abnormal about it.

Parents are both healthy, are of nervous temperament, especially the mother; there are two other children, both healthy now, who were troubled with weakness of bowels when small. Patient has been under the care of prominent homeopathic physicians since infancy, has been treated by eminent specialists in skin diseases of New York and Boston, without amelioration of condition. She has been given *Calcarea carbonica* 30x two doses and *Sulphur* 30x intercurrently for three weeks, with apparent improvement up to the middle of the third week, then a return to former condition.

What is the trouble and the remedy?

New York Department.

CONDUCTED BY J. PERRY SEWARD, M. D.,
NEW YORK.

HOMEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

The January meeting of the county society was the occasion of the annual address of the retiring president, Dr. Sidney F. Wilcox, and the inaugural remarks of the president, Dr. Charles Deady.

The Dispensary Question.—Dr. Wilcox's paper was an earnest and elaborate presentation of the "Dispensary Question," it occasioning brisk discussion and promising action by the society. After pointing out the legitimate uses of the dispensary, namely, medical assistance for the deserving poor, and teaching facilities for students and physicians from the class mentioned, Dr. Wilcox discussed in detail the abuses complained of. The first abuse is the treatment at all dispensaries of patients able to pay office fees. The beneficiaries either desire something for nothing, or at least appreciate a fine bargain, two dollars worth for ten cents. The physician encourages it for the sake of the showing in the annual report.

The little private dispensary where a cut-rate private practice is carried on was particularly condemned. The intention is to establish a paying business at very low rates, thus providing a ruinous competition for the neighboring physician. The successful dispensary doctor usually neglects to give up his cheap business when he has gained a good practice, showing that cash and not pure experience was his aim.

Dr. Wilcox then considered the remedy, and urged a strong expression of opinion as to the right or wrong of the matter. He advised dispensaries to act in concert with the Charity Organization Society, allowing the latter to investigate the status of each doubtful case. Treatment could be given pending the investigation, as though the applicant was worthy. The trustees of each large dispensary should be taught the evil of dispensary abuses, in order that the physician may not be compelled by rules of the institution to injure his profession. An educational campaign should be generally inaugurated to encourage better regulated giving, doing good for the sake of the right, and not to encourage an evil.

DISCUSSION.—Dr. H. M. Dearborn, in discussion, said that the County Medical Society of the old school has recently taken some action whereby the standing in the society of members who established private dispensaries is called into question. It is well to learn precisely what has been accomplished in that line, and he therefore proposed the following resolution:

Resolved, That the president be authorized to appoint a committee from the board of officers and censors, who shall confer with the officers of the County Medical Society of the old school to learn what has been done to regulate dispensaries and to report at a subsequent meeting.

Dr. P. J. B. Wait pointed out the value of the dispensary to the student and young practitioner, and the necessity to the college. Without doubting the existence of abuses, she illustrated the difficulty of the situation by relating a story of the late Dr. Lilienthal. On one occasion when some particularly respectable people had been prescribed for, he remarked that though open to criticism he felt he did right in treating them. By presenting themselves there they had tacitly admitted that they were poor, and had been thereby sufficiently humiliated. Dr. Wait did not believe the Charity Organization Society would solve the problem. The dispensaries will always flourish, for experience is a necessity before a practice can be established, and the only way to secure it is among the poor.

Dr. Charles S. Macy observed that the Charity Organization Society had once offered its services to investigate all cases, but the dispensaries refused the help. The large institutions wanted large clinics for the record, and the small dispensaries wanted the money from all possible cases. Sympathy for the young man is good, but if all young men go into the dispensary business it will ruin the profession.

Dr. G. W. Roberts approved the motion. The admission of poverty previously referred to is not always truthful. He said he would feel proud to have his waiting room filled with the class of patients recently seen in a large surgical clinic in this city. The proposed remedy is cumbersome. But no doctor in a dispensary practice does not or may not know for himself the worthiness of a patient. Ordinary questions regarding the occupation, size of family, regularity of work, etc., will assist, while if suspicious the wages earned may easily be asked. An intelligent doctor need rarely be deceived. If necessary he should refuse to treat the patient, and this is the most simple solution.

Dr. F. E. Doughty cited his experience in Dr. Lilienthal's large dispensary, where twelve thousand to fourteen thousand were treated annually. It being against the rule to demand pay, many well-to-do persons came to get free and good treatment and save their money for silk dresses. The same is true of Flower Hospital, where he recently treated a man worth over $500,000, who merely paid good board.

Dr. G. G. Shelton argued that the great harm is not done by the young man in a little private clinic but by the great dispensaries treating tens of thousands annually. In these institutions the great rivalry between the doctors in the various clinics, and particularly among the specialists, each desirous of treating the greatest number for the sake of his record, leads to the perpetration of the abuses complained of. Strike at the root of the matter by regulating these institutions.

Dr. J. M. Schley pointed out the fact that large clinics are harmful rather than advantageous to a young physician's diagnostic ability. Attention and careful study cannot be given to each of twenty or thirty cases seen in a day. The young men do not do themselves justice in treating these patients, while the old as well as the young practitioners are injured by the pauperization of the laity. Dr. Schley mentioned the plan followed in Germany of appointing a city physician to the poor who was salaried to treat the destitute but not permitted to attend any able to pay even a small fee.

Dr. A. B. Norton told of the common habit of general practitioners sending to specialists at the clinics patients who could pay moderate fees at an office. In common with all physicians specialists are willing to reduce their usual charges in cases of necessity, and a patient able to pay a reasonable fee should be sent to their offices and not to the clinics.

Dr. Dearborn doubted the value of relying upon the Charity Organization Society, but advised bringing pressure to bear upon individual members. We should gain the experience of the old school in this matter without committing ourselves to act with them.

Dr. F. M. Wall called attention to the popular notion that the dispensary physician is paid by the state, and that such treatment is not a gratuity but a privilege covered by the taxes. Physicians should be rather supported than discouraged in the practice of inviting patients able to pay to come to their private offices.

Dr. Wm. Tod Helmuth said that many people feel justified in playing a sharp bargain with a doctor. The doctors are partly to blame; as when an out of town physician will charge a large fee for bringing a patient to a city hospital to be operated by a specialist for nothing.

Dr. Wilcox said that most of the private dispensaries are run by homeopaths, and we must take action by ourselves to cure the evil.

Dr. Geo. M. Dillow believed that the opening of a private clinic and giving it a name which gives the impression that it is a public institution managed by a board of trustees, etc., could be considered doing business under false pretenses, and therefore illegal. It is at least a violation of ethics. He understands that it is considered unprofessional in the "old school" to call an unchartered clinic a dispensary. No dispensary should exist without a board of trustees.

Dr. Norton did not agree with the last speaker. The greatest abuse is in the large chartered dispensary, for very few rich patients attend the little ten cent clinics.

Dr. Dillow said that these could not be regulated. Let us remedy the abuse we can reach, on a small scale if necessary. The small dispensaries interfere with well-organized charities.

The motion of Dr. Dearborn was then carried.

The inaugural address of President Charles Deady followed, and the standing committees for the year were announced.

113 West Eighty-Fifth street.

NEW YORK PEDOLOGICAL SOCIETY—HOMEOPATHIC.

Dr. Deschere entertained the society at its January meeting on the 15th instant. Drs. Louis A. Queen of New York, and J. Morgan Holloway of Jersey City, were elected members. Dr. R. du Jardin was nominated for membership.

For the sake of giving time for discussion without trenching upon the hour of the Materia Medica Society which immediately follows, the time of commencing the meetings was fixed at 8 P. M. instead of 8:30.

Dr. F. W. Hamlin reported a case of the ill effects of vaccination. Dark red spots appeared upon various parts of the child's body on the ninth or tenth day after the vaccination. The spots resembled those of purpura but the only other sign of hemorrhage was some slight bleeding of the conjunctiva The temperature was 102°—104°. Dr. Deschere diagnosed the case vaccinosis.

Dr. Deschere described two remarkable cases of scarlet fever. In the first, acquired from another case in the family, the child was attacked with high fever, vertigo; sore throat, vomiting, and all other symptoms of beginning scarlet fever. But before any eruption appeared all signs subsided, and the child was to all intents and purposes well, so much so that the family sailed for Europe. Four weeks later in Liverpool, a typical scarlet fever rash appeared, closing with desquamation, but absolutely without any of the general symptoms of the disease. In another case where there was no previous exposure the same sequence of general spmptoms and scarlatinal rash occurred, separated by a period of four weeks. The rash was typical but of short duration. Dr. H. M. Dearborn asked how long the rash existed before desquamation. On learning that the period of eruption was only three to four days, he pronounced the cases scarlatiniform erythema, and not true scarlatina. The desquamation of the latter never occurs before the ninth or tenth day.

Dr. Deschere mentioned a case of the use of *Paullinia sorb* in diarrhea by Dr. Samuel Lilienthal. The stools were absolutely odorless, and, prescribed on that indication, *Paullinia* cured.

Dr. W. I. Pierce gave the history of the use of the same drug in a case of diarrhea of ten days standing. Scanty, painless stools were passed every half hour, with some blood, appearing like meat scrapings, but without causing any exhaustion. *Paullinia* was given on the indication of little green flakes like bits of green paper resting on top of the feces, and was promptly curative.

NEW YORK HOMEOPATHIC MATERIA MEDICA SOCIETY.

The January meeting was entertained by President Martin Deschere, at his office, on the 15th inst.

Drs. B. G. Carleton, Herbert Noble and E. S. Munson were elected to membership. The office of collaborator was made a salaried one and Dr E. S. Munson was elected its incumbent.

Verifications were presented by Dr. W. A. Dewey of *Selenium* in headache, *Psorinum* in eczema, and *Petroleum* in pruritus.

Dr. John Arschazonni read verifications from foreign journals as follows: *Teucrium scorodonia* in tuberculosis, pulmonum and testis, cases reported by Dr. Martiny of Bruxelles (*Revue Hom. Belge*, June, 1895, and *L'Art Medical*, Nov. 1895). Also icterus with scirrhosis of liver, following the administration of extract of *Felix mas* (*Revue Intern. de Therap. et de Pharmacol*, Oct. 15, 1895).

Dr. Deschere then read his paper entitled "The Attitude of Nosodes to the Homeopathic Materia Medica." He showed how the old school is taking rapid strides in investigating and learning the use of nosodes, which they call toxines and antitoxines, in their serum therapy. The use of the nosodes by the homeopaths originated in 1833 with Hemig, but very little advance in a working knowledge of that class of remedies has since been secured. It behooves homeopaths to study their use according to true principles, in order that the allopaths may not first arrive at the law and gain all the credit therefor. He advised the preparation of provings in a method analogous to that of other drugs. The administration of the crude toxine to provers is impossible and unnecessary. We can study its symptoms at the bedside of the victims of the disease, just as we observe cases of poisoning by ordinary drugs. It remains to prove the nosode in various potencies in order to complete the drug picture. Dr. Deschere believes with Dr. J. Compton Burnett, from whose book on a "New Cure for Consumption" he quoted the concluding remarks, that it will be found that nosodes are not valuable when the disease has become "aggressively infective," but particularly in the incipient stage. He also expects them to be of value in the remote effects of the action of the poison, as *Bacillinum* in tubercular joint diseases.

The essayist introduced the discussion of his paper by remarking that a nosode can act upon a tissue different from that from which it was taken. He cited a case in illustration treated by him in Flower Hospital after every other treatment had proved unavailing. It was tubercular disease of the hip joint with obstinate gluteal ulcers. *Bacillinum* 100x (Burnett) a dose daily for six days was given, followed by *Sac. lac.* On the tenth day the whole leg became swollen and erysipelatous, an eruption like that caused by Koch's Tuberculin developed on the abdomen, with temperature of 106°. The man was delirious but the paroxysm subsided, the suppuration became less, the ulcer healed absolutely and the man was discharged cured in three weeks.

Dr. F. W. Hamlin asked whether such a result should be expected in a case in so active a stage. Dr. Deschere replied that it may occur if the disease is located in a different tissue from the source of the remedy. Burnett's Bacillinum was obtained from a tubercule in a lung. Koch's Tuberculin is a product of cultures of the bacilli, and contains carlolic acid. Swan's preparation was from sputum. It is not expected, he said, that these remedies are to be given merely in the condition bearing the same name as the nosode. He has given *Syphilinum* for tumor of the liver where the prominent symptom is excessive agonizing pain at night so that the patient cannot remain quiet upon the bed. It was prescribed on the similarity to the pains of syphilis, and acted like magic, even reducing the growth.

Dr. H. M. Dearborn said that he had little confidence in the nosodes and used them rarely. It was largely a sentimental dislike. He prescribed them, usually *Psorinum*, when the action of the indicated remedy failed, and had been often disappointed in their effects. Dr. Dearborn reported his frequent use of a drug indicated by its pathological similarity, as for example *Rhus tox.* in lesions characterized by the formation of fibrous tissue. He has little confidence in objective conditions as indications, though the expression of the eye may be of value. He takes symptoms wherever they may be found as the basis of a prescription, no matter how remote their apparent relation to the lesion.

Dr. Hamlim believes that Burnett is readable but hardly authoritative. His experience with *Bacillinum* used according to Burnett's indications is not encouraging. He has never used any other nosode and would have very little confidence in its efficacy.

Dr. John Arschazonni has used *Bacillinum* frequently in incipient phthisis with good results. *Psorinum* has served him well in scalp eruptions at Five Points. In a case of smallpox he used *Variolinum* 30x with great relief and a cure without a scar.

Dr. Deschere advanced the opinion which is receiving attention of late that antitoxine is not an antidote except in a homeopathic sense.

When mixed with antitoxine the original toxine retains all its virulence. May it not be that the reactive power of the organism is developed by the antitoxine? The action may thus be purely dynamic.

On motion of Dr. Dearborn the officers of the society were authorized to take steps leading to the preservation in pamphlet form of the reports and papers published for the society.

ACADEMY OF PATHOLOGICAL SCIENCE.

The January meeting was held in the office of Dr. Bukk G. Carleton on the twenty-fourth ult.

The president announced the death of Dr. William Samuel Miner, an active member of the Academy, and appointed Drs. G. W. Roberts, A. R. McMichael and W. S. Pearsall a committee to prepare memorial resolutions.

Anchylosed Knee Joint.—Dr. Sidney F. Wilcox showed an unusual specimen of perfect anchylosis of the knee joint, removed by excision. The history was unsatisfactory. A German woman, aged 36, two months before the birth of her last child, had swelling of the right leg, which was drawn up at right angles with the thigh. Since then, for two years, the leg has been crippled, and has been attacked with abscesses constantly. When operated an abscess twelve to fourteen inches long was opened and curetted. It extended half way up the thigh and half way down the leg. The joint was excised by a semi-lunar incision below the patella. A pus cavity in the head of the tibia was opened and curetted. Suppuration was inevitable, but was controlled satisfactorily with ethereal solution of iodoform. Three plaster splints were used in consequence, and now bony union has occurred and the wound has healed.

Anchylosed Auditory Ossicles.—Dr. George A. Shepard displayed a temporal bone in which anchylosis of the ossicles had occurred. He had no history of the case, for the bone was taken at random for the dissection of the tympanum, and the condition of the ossicles was a surprise to him. A normal bone was exhibited for comparison.

Anesthetic Macular Leprosy.—Dr. H. M. Dearborn presented some excellent photographs of a case of macular leprosy. The patient, a boy of 17, is a native of South America. A year ago he noticed paresthesiæ, followed in five months by a large patch on the left breast from the nipple two-thirds of the way to the clavicle. Smaller patches then appeared on the left fore-finger and left knee cap. Finally a large lesion developed on the right side, over the sacro-spinal junction. They are all anesthetic except the one on the breast. That has diminished sensation, particularly at its periphery. The lesions present an elevated advancing border, and are clear in the centre. The disease is parasitic, the micro-organisms attacking the peripheral nerves, first sensory and later trophic. The period of incubation may be twenty years. In this case *Hydrocotyle* has been given, but no improvement is noticeable as yet.

In answer to questions regarding its contagion, Dr. Dearborn said that it is not contagious in the sense in which scarlet fever is, but it is yet contagious in a mild way. The history of the extension of leprosy for the past fifty years confirms the idea that it is always acquired and not inherited. The board of health has never required isolation of its victims, and is not as contagious as is tuberculosis.

Aneurism of Abdominal Aorta.—Dr. C. I. Wendt of the Metropolitan Hospital showed first a large aneurism from a case of cirrhosis of the liver. The patient, in whom the aneurism was not suspected during life, was a moderate drinker with no history of syphilis. The mitral was insufficient, the aortic orifice stenosed, and the aorta covered with atheromatous patches. From the arch almost to its bifurcation it was dilated into a fusiform aneurism, three inches wide at its widest point. In this location its posterior wall was lacking, and it had caused the necrosis of the bodies of two of the vertebræ. A rather soft but partly organized clot nearly filled the aorta, the opening through it admitting the index finger.

A Bicuspid Aortic Valve.—A heart with the aorta guarded by two flaps was next shown from the hospital. The cusps measured one and a-half and one and a quarter inches in breadth respectively. The sinus of valsalva was widely dilated yet it was entirely competent. The case was one of cirrhosis of the liver and nephritis. Another heart with fantastic growths upon the aortic valves was also exhibited.

Correspondence.

CINCINNATI NEWS-LETTER.

FROM OUR REGULAR CORRESPONDENT.

The new year finds the doctors in this city and vicinity busy with the usual rush of work after the holidays. The effects of cold weather followed by quick changes to more moderate temperature bring the customary results, as seen in pneumonia, bronchitis, catarrhal fever, etc. The nervous strain under which many people labor in the few weeks antecedent to Christmas, and the worry to which many business men are subjected at the closing of the year have also an influence in bringing to the surface latent complaints or engendering entirely new ones.

Some typhoid fever and scarlet fever and measles are also present, with plenty of rheumatism and neuralgia to worry the doctors as some complaint or another.

A recent addition to the fraternity is Dr. W. F. Reilly, formerly of Baltimore, who will engage in the practice of his specialty, the eye, ear and throat.

Both Drs. Buck and Walton have been somewhat indisposed during the past week, but are now in good condition again, judging from certain presumptive signs in which well-pointed stories figure to a large extent.

Dr. E. C. Buck has accepted the position of surgeon to the extensive Middleboro Steel Works at Middleboro, Ky., and is now located at that point. We have endeavored to instruct him in some of the necessary arts that a Kentucky physician should possess, having ourselves been instructed by such masters as Monroe, Clokey, Meredith, Dills and a host of others. Dr. Buck has not been heard from for some weeks.

Dr. J. M. Crawford has taken an office in the new office building, The Neore, on Fourth and Race Sts. He will engage in special practice, viz., the nose, throat and lungs.

The remaining portion of our homeopathic family is doing well and we shall reflect their doings and some of their work in these columns from month to month, using as a basis for our more substantial letters the proceedings of the Cincinnati Homeopathic Lyceum.

I send herewith some news of our victory in Lima, Peru.

COPY.

Lima, Peru, S. A., December 2nd, 1895.

My Dear Dr. Stewart:

I had the pleasure of receiving your favor dated September 16th. I was at the time hard at work with the discussion going on in the Peruvian Congress on the subject of homeopathy, and on the rights of the homeopathic physician to practice his profession on equal footing with the allopaths. I sought the same prerogatives the votaries of the official medicine denied to me, they pretending to hold the exclusive right in Peru.

It has been a labor of many years, as you know, a struggle of one man against a hundred. Allopathy, omnipotent up to this day in this country, holds the highest places politically and socially. But at last I have won the battle. Truth has triumphed and the glory is Pulte's.

Extend my especial compliments to my good friend, Dr. J. D. Buck, which you will please do me the favor personally to convey.

In cablegrams which have been sent to New York papers you must have read the notice of the news that I now communicate to you.

Particulars of the case will be sent to you soon.

I have labored in a good cause, not, as my enemies always tried to make believe, for my own personal interests, but for the good of humanity, in favor of science, in honor to homeopathy. Homeopathy now receives official, that is, legal, recognition in Peru. May the faculty of Pulte Medical College accept this offering of this new triumph of homeopathy, that with pride I tender my alma mater. Only fifteen voters were against homeopathy in both houses out of one hundred and fifty members of the Congress, amongst them eleven allopathic physicians.

Great honor is due particularly to Congressman, Rodrigo Herrera, LL. D., and Senators M. A.

Bejurano, LL. D., and Augustin Tovar, who with their eloquence and great learning won the victory. I shall translate their speeches and send them to you for publication.

I hope that you may use your influence so that a vote of thanks be offered the congressman and senators by the faculty of Pulte Medical College.

Hoping to hear from you soon, I am,
Very truly yours,
GEO. H. DEACON, M. D.

The faculty of Pulte Medical college sent a unanimous vote of thanks and congratulations to Dr. Deacon and the champions of homeopathy in the Peruvian Congress. *T. M. Stewart, M. D.*
704 Elm Street.

ST. LOUIS NEWS-LETTER.

FROM OUR REGULAR CORRESPONDENT.

The call of the MEDICAL CENTURY for an "active reporter" from "the quiet city by the big river" is a matter to speculate upon. Can it be possible the up-to-date editor of a wide-awake journal published in the breezy city by the big lake has deluded himself into the belief that anything of interest to the medical word at large can be gleaned amidst "St. Louis quiescence?" Or does said editor aspire to be ranked among the 144,000 whom a Second Adventist assures us will be selected from the quick and the dead to form a new world while the balance of humanity will be consigned to limbo? We shall see.

On the evening of January 1st Dr. W. B. Morgan and his charming wife threw open their hospitable doors and made glad the hearts of their many friends, as is their annual custom. All of the students of the Homeopathic Medical College of Missouri who remain in the city during the holidays are invited to join with the laity and professionals who are bidden on this gala occasion to inaugurate the new year with merriment and much good cheer. Though nothing stronger than coffee is to be found in the way of refreshment, the ready tact of the hostess brings together the most genial and convivial assemblage of friends to be found within twelve months.

The St. Louis Homeopathic Medical Society held the first of its semi-monthly meetings for 1896, in the Board of Education Building, on the evening of the 4th inst. Dr. J. C. Cummings, the essayist, gave an interesting, practical, and exhaustive paper on "The Abuse of Alcoholic Stimulants." After citing authorities of note who maintain that alcohol is not a food, and that men under great stress and in extremes of heat and cold are positively injured by partaking thereof, the essayist stated that he prescribes less and less stimulants each year of his practice, and has a firmer faith in the properly-selected homeopathic remedy. The older members of the profession concurred in the statement that they were more guarded in prescribing stimulants than in days past, and the almost unanimous practice among the younger physicians was to give no stimulants at all in typhoid fever, pneumonia, diphtheria, etc.

Ere the meeting adjourned Dr. T. G. Comstock stated that he had received a letter from Dr. Edward F. Brady, general secretary of the Missouri Institute of Homeopathy, relative to the Twentieth Annual Session, to be held in St. Louis April 21, 22, 23, 1896. President L. C. McElwee thereupon appointed a local committee of arrangements, viz: Drs. T. G. Comstock, Wm. C. Richardson, S. B. Parsons, J. Martine Kershaw, C. H. Goodman and L. C. McElwee (the latter chairman, or Dr. Comstock's appointee).

Dr. J. L. Alexander, of Denver, took part in the discussions of the evening. He assured us it had not been his habit to prescribe stimulants, but that out in Colorado consumptives lived and recovered their health on air and whiskey. Dr. Alexander has left Denver on account of his wife's health and is thinking of settling in our city. We trust he may so decide.

Dr. and Mrs. W. C. Richardson are enjoying an outing at their orange grove in Florida. Dr. Richardson is a strong man mentally and physically, but being Supreme Examiner of the A. O. U. W., Public Administrator and Dean of the Homeopathic Medical College of Missouri, in addition to an extensive practice, proves too much for him now and then, so he and his dainty little wife have stolen away on a honeymoon trip after twenty-five years of happiness, leaving the three pretty daughters to do the honors of their handsome home.

Lizzie Gray Gutherz, M. D.
3600 Olive street.

A FRIENDLY CRITICISM.

EDITOR MEDICAL CENTURY:—Do you think that the members of the International Hahnemannian Association would take it amiss if one of its members should offer a word of protest concerning the last transactions of that body? To my mind the "Report of the Board of Censors," incorporated in the proceedings, constitutes a serious flaw. It detracts much from the pleasure of reading the otherwise well filled volume. It seems to me that custom and good taste demand that some things should be left out of the transactions of every such body. A scientific association should offer the public only scientific papers, with only so much of the society proceedings as will preserve its continuity. Every such body, as well as every house, has its skeleton—often several of them. It is not for public policy that these should see the light of day. Very soon cautious persons will avoid a society that pillories its members who do not meet such requirements as it has laid down. For instance, in the case before us, a most estimable practitioner is declared out because he has "forwarded no thesis"—as though the association were a literary society. Another party is made to suffer, as perhaps he justly should, but his indorsers are put in an unpleasant predicament. But the case of Dr. Sherbino and its treatment rouse no little indignation. Pretty much everybody seems to have been dragged into it. It is conceded by all that the doctor is laboring under temporary physical indisposition; and if so, why were not the mantles of charity and silence spread over it? Is not charity better than a thesis? For one, I hope hereafter the board of censors will leave out of their reports all such objectionable features.

Cleveland. *T. P. Wilson, M. D.*

A course of post-graduate lectures is being given at the London Homeopathic Hospital by Dr. Richard Hughes, Dr. George Burford and Mr. Dudley Wright upon topics of interest to the general practitioner. The course by Dr. Hughes is also to illustrate and set forth the advantages and scientific claims of homeopathy. These lectures are continued from year to year and in the absence of a regularly organized and equipped homeopathic college in Great Britain are of no little value to the beginner in homeopathy.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - EDITOR.

New York and Chicago, February 1, 1896.

ADDITION, MULTIPLICATION OR DIVISION?

Is the rapid increase in the number of homeopathic colleges in the United States within the last few years a cause for rejoicing or a cause for concern? If this increase be due to a correspondingly rapid increase in the number of young men and women entering the offices of the profession for the study of homeopathy it were indeed a matter for self-congratulation. If, on the other hand, it be largely or altogether due to the ambition of individual members of the profession to occupy professorships, or to the mistaken belief, honest though it be, that every city of considerable size is entitled to a homeopathic medical college in its midst, then it becomes a matter of deep concern and the profession may well stop and consider. Are we as a profession increasing our teaching institutions in numbers by a process of addition, multiplication or division?

Let us compare the East and the West. Speaking geographically, all states West of the East Ohio line may be called Western States. East of that line there are five homeopathic colleges, one in Boston, one in Philadelphia, one in Baltimore and two in New York, one of which is devoted wholly to the education of women students of medicine. West of that line there are sixteen homeopathic colleges, or more than three times as many as East of it. Is this ratio justified by substantial physical reasons? Did the profession of the territory lying West of the line named number three or more times as many physicians as the territory East of it, and did the profession West of that line show three times as many students in their offices and under their tutorage as the profession East of it, then there would be justification in the disparity of numbers in the two sections of country. But the difference between the numbers of homeopathic physicians living East and West and between the numbers of students residing East and West will not, upon careful investigation, show any such disparity. In fact a polling of the vote would show more homeopaths in the New England states, New York, New Jersey, Delaware, Maryland, Pennsylvania and the Southern States lying East of East Ohio's longitude than reside West of it, even though Illinois be the most populous of all the states and though Ohio stand well up in the list. But were the numbers fairly evenly divided the Eastern colleges would each still have three times the patronage that goes to each Western college, on the average, because there are three times as many of the latter.

But give Ohio's three colleges, the two at Cleveland and one at Cincinnati, to the East, and the West would still have thirteen to eight for the East—not at all a fair proportion when we subtract from the number of physicians going to make up the profession of the West those who would be transferred to the East by the assignment of Ohio to that territory. Which ever way we put it the fact remains that there are more colleges in the West to the number of physicians living in the West than there are colleges in the East to the number of physicians in the East, and the conclusion is plain that the West has fairly outdone herself in recent years in the multiplication of colleges.

But has it all been multiplication? Cleveland had one college. It divided and now Cleveland has two, a gain of one by division. Hering college, Chicago, was the result of the withdrawal of several members of the faculty of Hahnemann College, and now Dunham College is resultant upon the dismissal of several members of the faculty of Hering. In both instances it was neither addition nor multiplication but division that increased the number of our teaching institutions. These are the only recent instances where division has been the sole factor in the problem, but there are others wherein it may have been said to have been almost as strong a factor. Louisville took at least one professor away from Pulte College, Cincinnati, and Louisville has divided the support of the Ohio river district with Pulte to her manifest detriment. The Kansas City College is not located in St. Louis, 'tis true, but, nevertheless, the Kansas City College takes away from the support of the St. Louis school, and this, too, without having been able to build up an over-strong institution of her own. Then Denver came along, and while she did not spring up as the result of a division in Kansas City she divides support with that city, nevertheless, and thus tends to cripple her college. San Francisco is also hurt by Denver. In the East the only recent addition is the Baltimore College, located right under the shadow of the Hahnemann of Philadelphia, but which, up to the present moment has not divided largely the support of any other college, coming therefore under the number which has been evolved by addition rather than by division.

Which is better, to have more colleges poorly supported, poorly equipped and struggling financially and otherwise, for existence, or to have a less number and have them on better footing? The answer will certainly be in favor of the latter proposition.

There is no real necessity for more than one homeopathic college in any city in the United States, nor is it believed that there is justification for the existence of more than one homeopathic college in any state in the Union. In this particular the West may well profit by the example set by the East. New England has but one homeopathic medical college, the Boston University School of Medicine, yet homeopathy is as prosperous in New England at the present moment as in any part of the country. Pennsylvania has but one homeopathic college, yet homeopathy is as prosperous in that state as in any state of the Union. New York has only two colleges, one for men and one for women—she needs but one in these days of co-education—yet homeopathy is at least fairly prosperous in New York. In Illinois there are six homeopathic colleges, yet we cannot secure an insane asylum by direct act of the legislature, as in New York and as was voted by Pennsylvania and as has been won in Massachusetts, and we are in no sense more prosperous here than there. Colleges do not necessarily make homeopathic prosperity. A noted exception seems to be the case with Louisville, yet, on the whole, the proposition is correct that colleges do not necessarily increase our strength, while, on the other hand, they materially weaken us when too many and too feeble.

To carry the discussion down to Chicago, there is hardly a thoroughly equipped homeopathic medical college in Chicago today. This is true of nearly every homeopathic college of the West, and it is true of at least two of the homeopathic colleges of the East. By this is meant that almost all our colleges are lacking in equipment somewhere. It is not enough there shall be a score or more of men fairly well known to the profession as men of acumen banded together as a medical faculty, that there shall be rented or built a building that shall be able to accommodate moderate-sized classes of students, that a few microscopes and a few test tubes and a few bacterial ovens shall be borrowed or purchased, on credit or for cash. The medical college of today should have more than this. Its laboratories should be supplied with all the apparatus known to the specialist in every department. Its library should be full, complete. Its facilities for the study of anatomy should not be limited to a skeleton or two, a half dozen subjects for dissection, and perhaps a chart from which to learn the appearance and location of the superficial muscles; nor should its physiological, chemical, histological, bacteriological, surgical, gynecological and obstetrical laboratories and equipment be likewise scant, as is all too often and noticeably the case. Specialists in the non-clinical departments should be employed to elucidate the problems in their specialties, which are as so much Greek to the beginner unless they be taught properly. This can never be so long as the patronage of the profession is distributed to more colleges than we can substantially support. In the absence of state funds our colleges are compelled to rely upon the fees of students for expense money, and, as is well known, in even our older institutions, these are not always sufficient to properly equip and support our schools. In Chicago it is almost an indecent scramble for students every year in order to swell the classes and get the fees. This fact has been most forcibly brought to the attention of the editor of this journal within a few months past, firmly grounding him in the opinion that the interests of the profession are most creditably subserved by only such number of educational institutions located in one city or state as can be well supported financially.

No journal of the homeopathic profession delights more in advancement than the MEDICAL CENTURY. It hails with satisfaction every forward step its profession takes. It is nothing if not enthusiastically loyal to every substantial interest of the cause it advocates, and its files show that it has cordially greeted every new college worthy of a greeting, every new hospital, every new journal, every new institution of whatever name or nature that has been inaugurated since its inception. But as it welcomes growth by addition and multiplication it deplores apparent growth by division. There is no real growth, no real increase in strength and power and influence in division, and even though the history of the deflection of the Chicago Homeopathic College from Hahnemann Medical College a score of years ago, and the deflection of the Cleveland Medical College from the old Homeopathic Hospital College of that city a few years since would seem on the surface to indicate great possibilities in division and competition yet we are fully convinced that even in those instances it would have been better for homeopathy and our educational possibilities had division been avoided.

There is need for serious consideration of this college question. We have too many weak colleges and not enough strong ones; too many feebly supported by students' fees, always struggling for their very existence, unable to properly equip their laboratories, unable to supply necessary hospital advantages, not equipped as they should be with libraries and museums and laboratories of various kinds, and too many manned by faculties in no sense teachers, incapable of imparting instruction as medical and surgical instruction should be imparted. There is altogether too much makeshift work in the medical colleges of the United States, and if the homeopathic profession be honest and sincere in its demand for higher medical education it must needs institute some reforms within its teaching institutions and lift them to a higher plane than they at present occupy. Not that they are worse, or as bad, as the colleges of opposing professions, but that they are in all too many instances not what they should be.

Fewer and better colleges is a shibboleth worthy of our adoption for a generation to come.

A FECUND DISCOVERY.

One of the most important discoveries of science, old or new, most wide-reaching in application and revolutionizing in practice, is being heralded to the world as "the new illuminating process in photography," an agent which it is generally agreed is neither light nor heat, yet which penetrates opaque bodies with startling lucidity. Professor Rontgen, of the Bavarian University, is accredited as the Columbus who has stood the egg on end, but already all over the world men of science, and electricians and photographers as well, are investigating, testing, analyzing. Some little disparity obtains among the investigators as to the proper name of the new chemical offspring, but all are pretty well agreed that it is not light. Edison has expressed the opinion that it is radiant heat, photography through vulcanite. Professor Elisha Gray, the inventor of the telautograph, thinks it probably a magnetic effect; other scientific men have confessed themselves at a loss to suggest a name for it.

Meantime, the results obtained from prolific experiments open up avenues of operations wonderful in their possibilities. This can be best appreciated by a few quotations which will illustrate the scope of the agent. Rontgen has sent its rays from a Crooke's tube through aluminum plates an inch thick, and they came out clear, whole, brilliant; through a thickness of several books he obtained a like result.

The utilization of this power of penetration lies in photography; once illuminating rays can be sent through opaque bodies—bodies which are impervious to light—so soon can the interiors of opaque bodies and the things which lie to the further side of opaque bodies be photographed. For example, a leather purse containing coin is subjected to the rays of the new agent, the coin is faithfully photographed, the purse seemingly vanishes; a hand is held before the rays, the bones are reproduced as though seen through a gauzy veil.

But long before the examples can be brought up in array the various minds of our sundry readers will have grasped the opportunities presenting in this new field, will have foreseen how the mines of the earth may be made to yield up a picture of their riches or their poverty, how all a man's viscera may be photographed for diagnostic purposes and his thoughts for psychic.

Now vivisection may soon easily come to be an obsolete art and surgical nomenclature may be abbreviated by the loss of such terms as "exploratory incisions," "probing for bullets" and their ilk. One of the aptest illustrations of the scope of the new process is the photograph of a bullet buried deep in a man's leg, the picture carrying easily the suggestion that differential diagnoses need be no longer done by a process of cloudy deductive reasoning but by faithful photographic representations of inside conditions as they are. Where the pathology rests upon atrophy, degeneration, hypertrophy, upon shape, upon decay, upon malposition, the pictured reading would be absolute in its clearness. Where color changes are the determinative pathological factors the process would naturally be useless, but the medical world may well watch with interest the development of this discovery, aye, and pray for its practical outworking.

WHERE ARE THE VACANT FIELDS?

As the time draws near for commencement at the colleges the embryo physician begins to think of where he shall locate for the practice of his profession. Almost daily inquiries are made at the office of the Medical Century by students in attendance upon the colleges of Chicago and by letter from other cities for desirable fields in which to make a beginning, and since our institutions of learning graduate well-nigh a thousand young men and women annually, and since but few of these have locations in view at the time of receiving their degrees, it would seem that the profession might render them a most valuable service by notifying the journals throughout the country of desirable locations for beginning physicians, as well as for those who may wish to change locations or seek new fields.

The journals will all be glad to have information of this character, we feel sure. Speaking for the Medical Century in the interests of students now in attendance upon the colleges, we shall be glad indeed to publish all information of this character which may come to us. Let us know the vacant fields and fill them. Information should state population of town, population of county, nature of support of the suggested location, whether by agricultural, manufacturing, lumbering interests or what not, with a statement of the medical sentiment of the community where this is possible, and whether other homeopaths have been or are located therein. A few terse facts are all that are needed. Let us help the students find acceptable fields. Just a little interest in this direction will make it easier for them, and not only so but in many instances a real favor will be conferred upon the community reported. For the classes now in attendance upon our colleges and hospitals are a great improvement upon the classes of years ago—when we received our degree, for instance—and containing, as they do, the brightest and best young men and women of a rising profession there is hardly a community in the country not now supplied with competent homeopathic talent but that would be benefited by the location in it of the graduate of 1896. Let us populate the country, homeopathically speaking, and help the students out. Where are the vacant fields?

Editor's Table.

Dr. Sarah A. Jenness, Boston, has removed to the Hotel Worcester, 741 Tremont street.

Dr. T. C. Duncan suggests that each physician select one first class student this centennial year of homeopathy.

The new residence of Dr. J. Martine Kershaw at 3421 Washington Ave., St. Louis, is said to be one of the finest in that city.

Dr. G. W. Crosby and Dr. A. W. Corson, Atlantic City, N. J., have formed a partnership with an office at 716 Atlantic avenue.

Dr. Julia Baright, after five seasons at Ocean Grove, has reopened her office at her old residence, 334 Mill street, Poughkeepsie, N. Y.

Dr. Bukk Carleton has recently received the appointment of genito-urinary surgeon to the Metropolitan Hospital on Blackwell's Island.

"The floating editor has now floated to the seaboard."—*Medical Visitor.* Yea, and verily there be those who from their quiet ponds quack amazedly after!

Dr. Orpha D. Baldwin, formerly of Cleveland but more recently of Oregon, has sent out cards which read, "Mrs. Orpha Baldwin-Bruce, M. D., 1032 Florida Ave., Tampa, Fla."

The *Hahnemannian Advocate* has issued its second number despite the fact that an injunction against its further issuance was recently granted by Judge Horton of the superior court of Cook county.

Dr. S. D. Low of Pekin, Ill., is, we regret to say, suffering with keratitis of the right cornea and has been for the past nine months. The Doctor's many friends will be sorry to learn of his misfortune.

Dr. and Mrs. L. C. McElwee, St. Louis, announce the arrival of a son at their home, on December 8th. May the boy grow to be as honorable a member of the homeopathic profession as is his illustrious sire.

The *Atlantic Monthly* for 1896 promises to be a feast for the literary. The contents for the February number, following creditably in the footprints of the January number, cover many of the best names in fiction.

A new hospital is on paper, at least, for Charlotte, N. C. The old school fraternity of that city are working vigorously to get the hospital, and it goes without saying that it will be in their hands in that benighted land if ever it is got.

The *Hospital Visitant* from Portland seems to be doing good work in the interest of the Portland Hospital and the Jane Abraham Deaconess' Home. The little sheet is devoted to homeopathic tenets and it is to be hoped that prosperity will always attend its efforts.

The CENTURY erred in its statement of December 15th to the effect that Dr. J. B. Garrison, New York, has been appointed medical examiner for the Indianapolis Life Association. It should have read "Des Moines Life Association." of which Dr. C. W. Eaton, Des Moines, is medical director.

The next meeting of the Ohio State Homeopathic Society will be held at Piqua, on May 12th and 13th. It is expected that "an old-fashioned revival meeting" will be the result. Physicians will be in attendance from all over Ohio, from Chicago, Cleveland, Cincinnati, Pittsburg, Indianapolis and other western cities.

The Kansas State Homeopathic Medical Society meeting will be held at Topeka, in Liberty Hall, on May 6, 7 and 8. Dr. C. F. Menninger of Topeka is president, and as he is well-known throughout the West as an energetic convention worker it may safely be predicted that the forthcoming meeting will be an unusually good one.

Dr. Isaac Bently, for some years a member of the homeopathic profession of Detroit, died Tuesday, Dec. 24. He had long suffered from heart disease and it was an aggravation of this trouble that caused his death. Though fifty-three pears of age the deceased had not practiced many years, having studied medicine late in life. He was a graduate of Pulte in 1887.

In New Orleans they spend about $1,000,000 annually for milk; one-third of this is said to be composed of water from the mains so that the New Orleanyans are paying $300,000 for the water which waters their milk, and as the water is about two-thirds bacilli, the New Orleanyans are paying $200,000 per annum for bugs. Go to! Grub-worms are cheaper.

The Metropolitan Post-Graduate School of New York is not prospering as it should and as it might easily be made to do. The homeopathic profession of the United States would be delighted to see established in New York a successful polyclinic or post-graduate school which shall relieve our students from the necessity of patronizing old school post-graduate colleges. New York should do better.

It is being very generally reported from out-lying districts that there is quite a prevalence of measles. The past three months are said to out-distance all other periods of equal length in the prevalence of this disease. Charleston, N. C., is in the throes of an epidemic which threatens seriously to interfere with the mill enterprise in that city, as the disease is attacking not only children but adults as well.

We are in receipt of a most felicitously gotten up little pamphlet illustrative of the private hospital of John William Streeter, M. D., at 2646 Calumet avenue, this city. The Streeter Hospital is one of the most elegantly appointed private institutions in the country, and from its beautiful white parlor to its deftly arranged operating room it is a gem to delight the eyes of the surgeon and the patient alike.

It is noteworthy in connection with Dr. Foster's scathing and brilliant denunciation of the Klebs-Loeffler bacillus and its ilk, in his recent address to the Chicago Homeopathic Society, that the *Pittsburg Medical Review*, under the head of *sic transit gloria mundi*, says that the glory of the Klebs-Loeffler bacillus is passing away and that "it is only a question of time when bacteriological investigation will be dropped and another fad will have come to an ignominous end."

P. Blakiston, Son & Co., of Philadelphia, announce a book on Appendicitis, by John B. Deaver, M. D. The book will be arranged in a practical and systematic manner. The history, etiology, symptoms, diagnosis, operative treatment, prognosis and complications of this disease will be given in the order named. It will contain about forty illustrations of methods of procedure in operating, and typical pathological conditions of the appendix, the latter being printed in colors.

The *Medical Counselor,* which has been already heralded as about to appear from Detroit, is now before us. It contains articles from W. A. Dewey, M. D., New York; C. S. Morely, M. D., of Detroit; Prof. J. C. Wood, M. D., of Cleveland; C. Gurnee Fellows, M. D., of Chicago, and other names of merit and prominence. The news department is well brought up and the editorial matter likewise. This journal is welcomed to the journalistic ranks by the Medical Century with all the hard-handshakedness which sympathy and good will can engender.

Dr. W. R. Hayden, Bedford Springs, Massachusetts, has issued a monograph consisting of four papers which have appeared in the medical journals titled "History of Anesthesia and Painless Surgery." Dr. Hayden is at present a member of the legislature of Massachusetts. In searching the medical literature on this subject he has traced the early experiments to their fountain source, bringing the surgical application of anesthesia directly to Dr. Morton, the Boston dentist, whose claims to priority of discovery seem well established. The semi-centennial of Dr. Morton's discovery will be celebrated in Boston with great eclat on October 16th.

The "Materia Medica Conference" provided for by the American Institute of Homeopathy will be held at Detroit on June 16th, the day before the opening of the Institute sessions. The committee is laboring faithfully to present to the profession the very best analytical thoughts of its materia medica men, with the result that materia medica will be a special feature of the week. No one who intends attending the Detroit session should fail to attend the conference the day before the Institute opens for work. It will consist of three sessions of three hours each, the programme offering a number of half-hour essays and twenty-minute discussions.

Dr. T. S. Hoyne having firmly declined to accept the deanship of Dunham Medical College, Chicago, Dr. C. S. Fahnestock, of LaPorte, Indiana, has been chosen to the position. It will be generally accepted by the profession as a confession of weakness of the Chicago members of its faculty that a resident of a country town in Indiana, even though the most successful practitioner of the corps, had to be called to the important post. We are not acquainted with another instance of where the most important post in a medical college is filled by a non-resident member of the faculty. The compliment is with the dean-elect, the confession of weakness with the Chicago professors.

The report of Grace Hospital, Detroit, for October and November, 1895, shows that during the month there were treated in the hospital 75 medical, 108 surgical, 19 gynecological, 8 obstetric, and 6 ophthalmic cases, making a total of 216 cases. In the dispensary there were treated 40 diseases of children, 90 medical, 67 surgical, 18 gynecological, 33 ophthalmic, 9 dermatological, and 21 laryngological cases, making a total of 278 free new cases. There were 778 prescriptions. The ambulance made 106 calls; to emergency cases, 18; to sick cases, 85. Sixty-five operations were performed. Among the most interesting were the following: Amputation, breast, cervix, little finger; abscess, abdominal, perineal, ischiorectal 2; cataract; excision of glands, 3; movable kidney; iridectomy; perineorrhaphy, 5; caries, 2; appendicitis, 2; circumcision, 2; perineal lithotomy; hysterectomy, vaginal and abdominal; oöphorectomy and ovariotomy, 7; fistula, 2; suturing tendons, 2; hemorrhoids, 5; excision lipomata; curetting uterus, 10; trachelorrhaphy, 10.

There is an interesting account given in the *Dietetic and Hygienic Gazette* by a Dr. A. W. Achorn with regard to the physical condition of emigrants who are admitted to this country, practically without examination. He cites a case of a steamer which brought over from Europe six hundred Italians, Hungarians, Polish and Hungarian Jews, Russians, Bohemians, Arabs and other steerage passengers. Among them were seven lame and eighteen deformed; one hundred and fifty-three of the six hundred were examined by him and as a result he found four cases of advanced phthisis, six of inherited syphilis, two of fetid abscess, three of rickets, and a large majority of all the balance given over to skin diseases, parasitical and otherwise. Two had favus of the scalp and three had chronic ulcer of the leg. Out of this magnificent array only one, a man with a cataract of the left eye due to syphilis, was refused admission to the country. These are of the character of facts that make one long for a little of the Lycurgan régime which lopped off the maimed, the halt and the blind for the sake of those who might come after.

Someone said quite a while ago, *Omne vivum ex ovo.* Whether this be true or not the dietetic records of history leave unsubstantiated, but Dr. Wm. S. Ely of Rochester, New York, has undertaken to give some interesting items on the value of the egg as an aid to medicine. The number of eggs that he can prevail upon one patient to consume during twenty-four hours is noteworthy. In a case of neurasthenia he gave sixteen raw eggs and four quarts of milk every twenty-four hours. In another case of the same disease he administered fifteen eggs and a gallon of milk. In another case, twenty-four eggs and a gallon of milk and chocolate. And in still another similar case, a patient consumed 3,006 eggs during one year. In a case of advanced consumption fifteen eggs have been taken daily for the past three years. This patient is quoted as coughing constantly and being a case of advanced tubercular disease, kept alive by an indomitable will power—and eggs. Dr. Ely recommends that eggs be taken raw from a tumbler into which they have been freshly dropped from the shell; the patient is told to swallow the yolk which, in passing over the tongue, elongates and fits the pharynx and esophagus, leaving the mouth clean and free from taste.

The Hahnemann Club of Philadelphia, Pa., one of the oldest of these local organizations in the country, gave a free course of lectures last winter to the homeopathic medical profession of that city. This winter it has taken up a line of important questions for debate. At the meeting at Dr. Pemberton Dudley's it discussed the various "Hindrances in the Progress of Homeopathy." At the entertainment of Dr. Bushrod W. James' it debated the "Present Dangers to Homeopathy," which continued at the meeting held at the residence of Dr. John E. James. At the last meeting at Dr. Aug. Korndoerfer's it took up the discussion of Hahnemann's rules for investigating the curative properties of drugs. The following questions have not yet been debated: "What do you understand by the term 'pura' as applied to our drug provings and what means would you suggest as efficient safeguards against the introduction of heterogeneous symptoms in the prover's records?" "The value of the so-called idiosyncrasies manifested in drug action upon given individuals as guiding symptoms to the selection of the homeopathic remedy for a given case of disease." The club proposes to celebrate the birthday of Hahneman on April 10 by a general meeting of homeopaths in Philadelphia.

The Homeopathic Text Book of Surgery is meeting with a most cordial reception. The first volumes were issued about the first of the year, and up to this time the bindery has not been able to turn out the book fast enough to supply the demand, which is constantly increasing. The volume is a large one and cannot be bound as rapidly as was expected, hence subscribers who may not yet have received their copies will please bear their disappointment patiently for a little while. Extra binders have been employed in order that we may catch up with our orders, and just as rapidly as the book is delivered to this office it will be shipped to those who have ordered it. From every part of the country comes commendation of the book. The only objection thus far offered relates to its size, but as one purchaser has suggested it is not intended as a lap book but to be read from the table and the owner has the satisfaction of knowing that he has in his possession a "whole surgery" and the very latest and best that is known in the surgical world. The volume is a monument to its authors. Homeopathy has no reason to be ashamed of them or their book. It compares favorably with the latest works of the old school in this department, and has really no successful rival in a single volume book. An extended review of the work by a disinterested reviewer will appear in the next issue of the CENTURY.

The Rogers Sanitarium, 441 Dearborn avenue, Chicago, has issued a circular letter to the profession calling attention to its supposed advantages and offering to compensate any physician sending in a patient for treatment, in the following suggestive language: "After you have made an examination of any case, send us a full report accompanied by a reasonable bill (not exceeding $25.00) for your services. Upon the arrival of the patient at our institution we will remit the amount of your bill. After the return of the patient to his home we shall refer the after-treatment to you." Dr. J. W. Primm, Woodstock, Illinois, who sends in the questionable circular, authorizes the use of his name in this connection, expressing the opinion that the profession will hardly accept the "reasonable fee bribe," and suggests that a strong protest against such methods should be given the homeopathic profession. It is hardly likely, fortunately, that any considerable number of physicians will be influenced by such an offer, an offer not at all to the credit of the institution making it or to the party who would accept it. As a member of the American Institute of Homeopathy and other associations and a professor in one of the too many homeopathic colleges of Chicago, the author of this offer should have known better and refrained from making it.

The twentieth annual session of the Missouri Institute of Homeopathy will be held at St. Louis on Tuesday, Wednesday and Thursday, April 21, 22 and 23, 1896. Dr. H. J. Ravold, St. Joseph, is president and Dr. E. F. Brody, Kansas City, is secretary for the current year. The Missouri Institute is one of the most successful of all our state societies and will doubtless have a successful and enjoyable association. The circular announcement of the meeting contains a list of officers, past and present, a full list of the members of the Institute from the date of organization, its list of honorary members, and a list of bureaux chairmen for the forthcoming session. The bureaux are manned as follows: Materia medica, L. C. McElwee, M. D., 215 South Jefferson street, St. Louis, Mo.; gynecology, Wm. C. Richardson, M. D., 3913 North 11 street, St. Louis, Mo.; obstetrics, J. F. Elliott, M. D., 1004 Forest avenue, Kansas City, Mo.; surgery, Wm. A. Forster, M. D., Rialto building, Kansas City, Mo.; ophthalmology, otology and laryngology, James A. Campbell, M. D., 1729 Washington avenue, St. Louis, Mo.; pedology, F. M. Martin, M. D., Maryville, Mo.; education and legislation, W. B. Morgan, 4200 N. Grand avenue, St. Louis, Mo.; sanitary science, J. C. Cummings, M. D., 3514 Olive street, St. Louis, Mo.; chemistry, toxicology and microscopy, D. W. Gibson, M. D., 420 S. Jefferson street, St. Louis, Mo.; diseases of brain and nervous system, J. Martine Kershaw, 3421 Washington avenue, St. Louis, Mo.; clinical medicine, T. H. Hudson, M. D., 10th and Prospect avenue, Kansas City, Mo.

CLEVELAND NEWS-NOTES.

Dr. T. C. Martin, of the surgical corps of the new college, has devised a new rectal speculum which, it is claimed, easily exposes the sigmoid to view. Dr. Martin is proving himself to be quite an expert and genius in rectal surgery.

Dr. Frank Kraft, the scissors-edge editorial writer of the *American Homeopathist*, is building up a successful and lucrative practice in Cleveland. Dr. Kraft "hews to the line" in selecting the remedy—hence his increasing success.

During the recent visit of the editor of the MEDICAL CENTURY to this city he was introduced to the classes at our colleges; at the old college by Prof. Sanders and at the new by Prof. Baxter, to both of which he made one of his characteristic two-minute addresses, full of vim, vinegar and pungency. Did he make a hit? Ask the boys—and girls.

The Homeopathic Text-Book of Surgery is being received with manifest favor in this city. Messrs. Leavengood & Co., exclusive medical booksellers, are handling it in job lots for the Medical Century Company, the co-publishers also having a representative in the field. The book is pronounced a wonder, even by those who expected a splendid volume.

Dr. W. A. Phillips, dean of the Cleveland University of Medicine, is naturally elated over the remarkable prosperity of the old college under the new management. It is no disrespect to the homeopathic fathers here to suggest that even well established and successful institutions often take on a new era of prosperity under the impetus of a change in management and the infusion of new blood.

Dr. J. C. Sanders, the veteran professor of obstetrics and ex-president of the American Institute of Homeopathy, suffered a pronounced attack of septicemia a few months ago, from which he has never altogether recovered. He has been able to resume his professional duties, however, and is gradually and apparently permanently improving in general health. Dr. Sanders is in his eighth decade of life.

Dr. J. Kent Sanders, a member of the staff of authors of the new Homeopathic Text Book of Surgery, occupies the chair of Surgery in the Cleveland University of Medicine, the old Cleveland

College. Dr. Sanders is a careful diagnostician and operator. No "applause from the galleries" for dashing strokes allure him from his plain duty to his patients. Careful, thorough, conscientious, consequently successful as teacher and operator is he.

It is being whispered, almost out-loud, that the two Cleveland colleges are coming together and that the hour for consolidation is close at hand. The utmost good feeling prevails between the faculties at the present time, and it is said that all that is required to secure union is a settling of a financial basis upon which to pool issues. The college buildings occupy adjoining grounds, so both could be utilized if necessary by the consolidated school.

Dr. J. C. Wood, formerly of the woods of Michigan, and the university village of Ann Arbor, has met with most gratifying success in his efforts to build up a gynecological practice here. One of his strong points is his sterling integrity. The humblest practitioner may call him in consultation without the slightest fear of having his case stolen from him. The thoroughly honorable consultant, he whose shoulders won't suffer one involuntary shrug when the attending physician's eyes are turned, is all too few in numbers these days. Dr. Wood has had some rare cases in recent weeks, a few of which I shall try to secure with illustrations for the MEDICAL CENTURY.

That doughty knight of the scalpel, that "veteran of many wars," the pugnacious, irrepressible, keep-it-up-throughout-the-year, Biggar, H. F., the only Biggar, though a promising son is coming on apace, has recently returned from several months absence in Europe. Dr. Biggar is no longer engaged in college work, but it may be safely predicted that he will be heard from sooner or later in this relation. Temporarily unhorsed, the question occurs in the minds of many a Clevelander at this moment, "What does this quiescence mean and how long will it last? Dr. Biggar has been a powerful factor in Cleveland college circles for more than a quarter of a century —and may have had enough. But if your correspondent were to predict the future he would answer "aber nit." We shall see.

The city homeopathic medical society had a lively evening on January 20th. Dr. D. H. Beckwith, a member of the state board of health, read a paper opposing all forms of medical legislation as being unnecessary encroachments upon the liberties of the people, not requisite to the best interests of the profession and altogether out of harmony with the spirit of American institutions. The paper was extremely radical and brought forth a spirited discussion, the members being practically unanimous in their opposition to the essayist's views. The paper was prompted by the fact that a medical legislation contest is on at Columbus, the Musgrove bill, a measure agreed upon by the allopathic, homeopathic and eclectic legislative committees as fairly satisfactory two years ago, being again before the legislature for enactment. This measure is practically a registration act in the main, much like the Illinois law.

Cleveland's colleges are having an unusually successful winter—the old college the most successful in its history, the new college enjoying a splendid class, also. Shortly after the rupture it was doubted if either institution would be able to survive the shock of so much dissension and strife, but all fears of the demise of either were quickly dispelled and both are reaping a surprising degree of prosperity. The new college, the "Cleveland Medical," has led its rival in numbers of students until this winter, when the old college, the "Cleveland University of Medicine," formerly the "Cleveland Homeopathic Hospital College" has caught up and passed the sturdy infant, leading by twenty or more students in number. The Cleveland Medical boasts about one hundred and forty enrollments, the University of Medicine polling one hundred and sixty. Both classes are made up of bright young men and women, the former in large majority, the three hundred composing a batallion that will do good service in the homeopathic field.

NEW YORK NEWS-NOTES.

Dr. Thos. Lowe, a successful and representative homeopath, is coroner of Murray county, Minnesota. Dr. Lowe resides at Slayton.

Dr. W. M. L. Fiske, Brooklyn, made a brief visit to Rochester last month. He was especially gratified at the prosperity and attractiveness of the homeopathic hospital.

The Laura Franklin Free Hospital for children reports for its year just passed that 154 patients have been treated, 75 medical and 79 surgical cases, with a mortality rate of 2.6 per cent.

Dr. Homer I. Ostrom announces to the profession that his private surgical hospital, 127 West 47th street is completed, and that he is prepared to receive surgical cases and those requiring surgical operations.

Dr. Phœbe J. Wait, dean of the New York Medical College and Hospital for Women, has promised the CENTURY a series of practical articles during the year. These will be greatly enjoyed no doubt, the more especially by our gentler colleagues.

Dr. J. M. Schley, New York, who suffered a protracted illness last summer and fall at Glenwood Springs, Colorado, and whose recovery was long delayed is fully convalescent and about restored to his former vigor and usefulness. Dr. Schley is too valuable a member of the profession to be lost to us.

An ambulance with ball-bearing pneumatic tired wheels is being experimented with in Brooklyn. If durable its qualities will save much suffering and possibly many lives. The Rochester homeopathic hospital has two new ambulances with pneumatic tires and finds them especially comfortable for the sick and injured.

Dr. Clarence E. Beebe has resigned his position of governing surgeon in the department of laryngology at the New York Ophthalmic Hospital. His clinic has been dissolved, and his assistants are now working under Dr. A. Worrall Palmer, the surgeon in that department. Dr. W. I. Pierce has also resigned his assistant surgeonship.

Chas Van Holland, Jr., a student in the New York Homeopathic Medical College, met with sudden death on January 18th. While ascending the last flight of stairs in a tall business building down town, where he called to see friends, he suddenly expired of heart failure. His funeral on the 21st ultimo was attended by his class mates.

Dr. George B. Peck, Providence, R. I., whose contributions to the journals are always practical in nature has favored the CENTURY with the promise of an occasional original paper during the year. The general practitioner will find in Dr. Peck's contributions a reflection of the thoughts and experiences of a painstaking and conscientious practitioner.

A wealthy New Yorker has contributed the sum of two hundred and fifty dollars to the Hahnemann monument through Dr. T. F. Allen. The credit of the donation belongs to Dr. Allen, who called the attention of his client to the enterprise with the aforementioned happy result. Who knows how many such results might follow upon proper effort. An hundred such successes would almost supply the amount of money required for the completion of the good work.

The nominees for the two vacancies in the state board of medical examiners are Drs. John McE. Wetmore of New York, Wm. M. Butler of Brooklyn, F. Park Lewis of Buffalo, J. T. Greenleaf of Owego, F. J. Nott of New York, and W. S. Garnsey of Gloversville. The first two named are the retiring members of the present board. From these six four will be recommended to the board of regents by the state society, from which number two will be selected as the examiners chosen this year.

The law pertaining to the requirements in point of preliminary education for applicants for medical degrees is soon to be amended in several important details. When passed, the law will permit students to graduate at the close of the third school year, without being compelled to wait until the expiration of full thirty-six months. Medical schools out of the state of New York whose minimum graduation standard is less than that fixed by statute for New York medical schools will not be registered.

News of the sudden death of Dr. William Samuel Miner, of 271 Lenox Ave., New York, on January 21st, will be received by his friends with deep regret. Dr. Miner fell a victim to pneumonia, contracted by exposure while bowling on the 15th ult. He was a graduate of the New York Homeopathic Medical College, class of '84. Besides membership in his county and state societies and the American Institute he was an active and popular member of the Academy of Pathological Science, the Meissen Club and the Doctors Club.

The free lunch business is the latest victim of the health board's search for possible sources of contagion. The dispensing of their stews and baked beans will be considerably complicated by compliance with the following resolution:

Resolved, That the use in common of roller towels in saloons and restaurants, and of towels attached to bars and eating-counters, and the use in common of knives, forks, and spoons in any public place, unless they are immediately and thoroughly cleansed after use, is hereby disapproved, for sanitary reasons.

Drs. McClelland, Pittsburgh, and Talbot, Boston, of the monument committee, visited New York on the 29th and 30th ult., in the interests of the Hahnemann monument. The work of preparing the entablatures is progressing favorably and almost before the profession is ready for it the monument will be ready for them. Begin to get ready with the shekels! Hahnemann's monument must be built without dragging and delays. But a small proportion of the profession has subscribed, a very small proportion indeed, yet about half of the money has been pledged. No loyal homeopath should allow the monument to be completed without contributing his share. On with subscriptions!

Dr. Bushrod W. James, president of the Hahnemann Club of Philadelphia, Pa, suggests to the American homeopathic profession the proper celebration of Hahnemann's birthday, Friday, April 10th, this year, by both the profession and the laity in general assemblage in every city and town in this country, where homeopathy has a footing. It is the Hahnemann year and should be greatly honored by all true adherents. He further suggests that on that day a special effort be made to obtain subscriptions to complete the statue of Dr. Samuel Hahnemann, and that collections be made on this occasion by all to obtain the balance of the fund needed. Let every local society, in the country, take action and do its utmost duty in this regard.

Medical intolerance was conspicuously illustrated last month at the White Plains Hospital in Westchester Co., New York. The victim was a patient of Dr. Charles E. Birch, a homeopath, and was suffering from apoplexy. Unable to secure proper care at his boarding house, it was suggested by a friend, an officer in the hospital, that he be transferred thither. Dr. Birch advised against it, fearing that the case would be taken out of his hands and treated according to allopathic methods. The friend claimed that his influence and the fact that he had endowed a bed would make it all right and the transfer was made. Notwithstanding, the friend proved powerless, the homeopathic remedies were discarded, and other treatment was ordered by the medical director. Although the patient could pay the institution well for board and nursing, and the hospital was empty at the time, a second removal of the sufferer, this time to a hotel, was necessary. The circumstance is but an incident in a long strife between the rival schools in that locality, but it has attracted considerable attention.

The legislative committee of the New York State Homeopathic Society has introduced a bill before the legislature of its state asking for the sum of $400,000 for the erection of buildings for the proposed homeopathic hospital for the insane at Collin's Farm near Buffalo. It is proposed that the money, if granted, be used as follows: For sewers, tile and excavations, $2,500; for completing the water supply, $1,000; for drainage and drainage material, $500; for horses, wagons and farm implements, $1,000; for clerk hire, rent and expenses of board, stationery and office furniture, $1,500; for phosphate, manure and repair of roads and bridges, $1,500; for necessary seeds, $500; fences and material therefor, $100; repairs on farm buildings, $500; feed and horse shoeing, $200; salaries of officers, $1,200; stock, cattle, etc., $500; for preparing building site $1,500; administration building, $60,000; for the wings, including plans, specifications, superintendence, etc., $240,000; for hospital, $15,000; heating plant, $25,000; for dry kiln, including plans, specifications and superintendence, $5,000. The bill is being followed by arguments and statistical reports which should convince the legislature that the homeopaths of New York are deserving of the appropriation asked and that a broad humanity demands that the new asylum be erected without unnecessary delay. It is confidently expected that the legislature will do its full duty in the premises and not allow the Collin's Farm purchase of two years ago to remain unavailed of longer.

Prof. Wm. Tod Helmuth has just had published by G. P. Putnam's Sons a very handsome brochure entitled "Helmuth House Reports," containing his fifth series of statistics, etc., covering the period of time from September 15, 1890, to like date, 1895. It is an octavo volume of one hundred pages, printed and bound in superb style and quite fully illustrated with interesting and unusual pathological specimens, the result of the distinguished author's work in his private hospital. The volume records a total of 1009 cases during the five years; or a trifle more than two hundred per annum, a very satisfactory record for a small private hospital. Of this goodly number 855 were operated upon with but twenty-five deaths. Of the fatalities five were from carcinoma, two from embolism, four from heart failure, rather a vague term, five from intestinal paralysis, six from peritonitis, five from shock, one from septic pneumonia and one from shock. Twenty special chapters containing no little exceedingly valuable information in regard to Dr. Helmuth's technique in special operations are given, and letters from Drs Sidney F. Wilcox, Packard, Runnels, Boothby, Ostrom, Pratt, Wood, and Foster, pertaining to their results and views on supravaginal hysterectomy for myofibroma of the uterus lend additional value to the monograph. The volume is a most pleasing and practical one, the more especially since it faithfully yet unpretentiously mirrors the work of the Nestor of homeopathic surgery for a half decade of this remarkable surgical age.

The sixth volume of "Twentieth Century Practice" appears with the regularity that has come to be regarded as one of its characteristic and welcome features. It has been found necessary, however, to print this volume before the fifth, by reason of delay in the receipt of manuscript for that number of the series, but the fifth volume, that on 'Diseases of the Skin," will appear next in order. The present volume is devoted to the diseases of the respiratory tract, which are treated of in a very complete and satisfactory manner. The opening article is upon the "Diseases of the Nose," from the pen of Dr. Prosser James, of London, who has given one of the most readable articles in the book. Following this is an article on the "Diseases of the Accessory Sinuses of the Nose," by Dr. Jonathan Wright, of Brooklyn. Two articles, one on "Diseases of the Naso-Pharynx and Pharynx" and the other on the "Diseases of the Tonsils" are by Dr. E. J. Moure, of Bordeaux, who is recognized as a leading French authority on affections of the upper air passages. Dr. A. H. Buck, of New York, treats of "Diseases of the Ears" in a clear and easy style. Next comes the "Larynx," the diseases of which are handled in a very satisfactory manner by Bosworth, of New York. All of the affections of the upper air passages just mentioned are treated from the point of view of the general practitioner rather than from that of the specialist. Sir Thomas Granger Stewart and Dr. George A. Gibson, of Edinburgh, have written in collaboration upon the "Diseases of the Trachea and Bronchial Tubes," the result of their combined labors being an excellent treatise on the pathology and treatment of these harassing complaints. The author of the concluding article is Dr. Winslow Anderson, of San Francisco. His subject is the "Diseases of the Lungs," except tuberculosis and croupous pneumonia, two affections which will be considered in a later volume along with the other infectious diseases. As regards both the interest of the subjects here treated and the authority of the writers, this volume will compare favorably with any of its predecessors. It is in every sense a practical work and the American physician will be especially gratified at the comparison betwen the work of the American and foreign authors. While Grainger Stewart is not to be excelled yet Buck, Bosworth and Anderson have done credit to the American profession in the preparation of their sections.

AMERICAN INSTITUTE TRANSPORTATION COMMITTEE. BULLETIN NO. 1.

The next meeeting of the American Institute of Homeopathy will be held in Detroit, Mich., from Wednesday, June 17, to Thursday, June 25. The materia medica conference, which promises to be a most interesting feature, will convene on Tuesday, June 16, at 3 P. M. All interested in materia medica should be present.

There is every prospect that the usual rate of a fare and a third for the round trip will be allowed by the traffic associations. The Joint Traffic Association, which resulted from the consolidation of the Central Traffic Association and the Trunk Line Association, now controls all the territory between New York and Chicago. This association goes into effect February 1, provided an injunction against its legality, brought by the attorney general, is not sustained. In the latter case no one can tell what the outcome may be.

At the rate of a fare and a third, or regular convention rates, the fares from some of our principal points would be approximately: New York, $18.00; Boston, $22.65; Philadelphia, Washington and Baltimore, $19.00; Chicago, $10.33; St. Louis, $17.33; and Kansas City, $25.33.

The time from New York and Philadelphia is approximately 18 hours; from Boston, 20 hours; Chicago, 8 hours; St. Louis, 14 hours; and Kansas City, 23 hours.

Detroit is very centrally situated, is quite a railroad centre, and is very easily reached. From New York one may take one of no less than fifteen routes, and in the West, especially at the time of the meeting, all roads should lead to Detroit.

The Michigan Central road and its branches cover most of the territory in the State of Michigan, as well as offering exceptional facilities from Buffalo and Chicago. Michigan is credited with some 500 homeopathic physicians, certainly 75 per cent of these should be present at the meeting in Detroit.

The Chicago and Alton and the Union Pacific roads, which treated the Institute so royally at the time of the Denver meeting, should not be overlooked by our Western friends, nor should the Chicago and Northwestern be forgotten by our Northwestern delegates.

The Lehigh Valley road offers a specially fine service for our Washington, Baltimore and Philadelphia members; it runs in connection with the Grand Trunk railway of Canada, which also covers points as far east as Boston and as far west as Chicago.

The committee is constantly at work to obtain the best accomodations for the greatest number at the best possible rates and monthly bulletins will keep the profession posted as to best routes, train services, and all railroad matters influencing the meeting. A large attendance should be present.

W. A. Dewey, M. D., Chairman.

170 W. 54, N. Y.

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Institutes of Medicine.

THE ESSENTIAL PRINCIPLES OF MEDICAL SCIENCE.

BY J. D. BUCK, M. D., CINCINNATI.

NUMBER ONE.

There are two questions of paramount importance that the physician must continually face, "What is the matter?" and "What is the best to be done?" The efforts of many generations of physicians to solve the first question in all its varied forms, and under every conceivable circumstance, have resulted in the mordern science of diagnosis. In endeavoring to answer the second question man has ransacked every part of the habitable globe and interrogated every known kingdom of nature. The result, up to the present time, is that diagnosis is an exact science and therapeutics largely a matter of experience and opinion. To declare that diagnosis is an exact science does not imply that every professed physician is a scientific diagnostician, or that "What is the matter" is determined exactly in every case of disease. The science of diagnosis consists in methods of investigation and in the application of certain tests, together with voluminous records of a very wide range of experience, covering almost every conceivable class of cases, and the physician who is thoroughly familiar with these methods, tests, records and experiences will seldom be largely at fault and may justly be called a scientific diagnostician. Such methods and such results come within the designation, "scientific." Outside of these lies empircism, pure and simple. Outside of empiricism diagnosis is the basis of therapeutics.

"What is best to be done" depends entirely on "what is the matter." Beyond this we enter another realm of experience. Diagnosis is the beginning but not the end of therapeutics. To be able to determine the character of any disease does not by any means insure its removal. Such knowledge, however, does insure, in a great majority of cases, intelligent efforts, based on accurate knowledge and large experience, toward that end. Knowledge in any and all these directions results from accumulated and combined experience. A certain lesion will result in very similar symptoms and conditions in a very large class of persons, but the degree of their manifestation and the power of the individual to resist encroachment varies greatly in every case, even in the same individual at different times. The unknown term in the equation is a varying quantity, and while our methods and knowledge may be exact the result is nevertheless uncertain. The power of the individual to resist and repel the encroachment of disease, or to get rid of it when once present, is no doubt always a definite quantity, though varying from time to time. The terms of the equation are definite, but they furnish no clue to exact measurment. The result has to be fought out in the theater of life, and the therapeutic interference has very often operated on the side opposite to that of health, and has been finally condemned by experience as in no case "the best thing to be done."

It is thus that diagnosis presents comparatively few difficulties—therapeutics very many. Diagnosis may be mastered by careful and persistent study and experience, and diseases thus be named and classified. The student who brings to the study of medicine a good education, including Latin, botany, physics, chemistry, and biology, has to thoroughly master anatomy and physiology, including microscopy, histology and bacteriology. Thus equipped he is prepared to study pathology in all its varied forms, and to learn at the bedside to determine and recognize the various forms of disease. Nothing less than this should be allowed to constitute the armamentarium of the physician in the beginning of his professional career. In many countries of Europe such has long been the standard, protected by law, and the recent extension of the time and enlargement of the curriculum of study in this country aim at the same high standard. Nor is this less advantageous to the physician than a protection to the community. Whenever the people at large become equally enlightened and intelligent enough to protect their own interests the licensing of superficial charlatans and the sale of patent medicines and panaceas will be prohibited. These are now protected by the ignorance of the people and by large moneyed interests that rob the people for greater gain and subsidize the press to parade their unholy pretentions for the sake of plunder.

If accumulated experience has influenced therapeutics, this influence has been of value only so far as critical observation and careful diagnosis have been demonstrably present. To report such and such a disease as cured by a certain procedure is of no value whatever unless there is evidence that the diagnosis was correctly made, and that the disease named was really present. Even at the present time a very large proportion of cases reported as cured, or as treated by some remedy or application, entirely lack this evidence as to correct diagnosis. Such reports are worthless and misleading. It may thus be seen how intimately diagnosis is connected with the progress of therapeutics, and if the latter has not kept pace with the former eventually each must gain immeasurably by the progress of the other.

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I have been thus careful to define what I regard as the scientific basis of diagnosis and its relation to theapeutics because of the glaring defects in the latter which it is my purpose to point out, and because I have not the slightest sympathy with those superficial "healers," "mind-curers," and the like, whose realm I intend to invade. Their methods are altogether empirical and often harmful, and their reports seldom reliable or of the least value. Their apparent and temporary success is possible only from the fact that people are ignorant and the physician neglectful or indifferent in regard to the realm they have invaded. They have rushed in where the conscientious physician has often feared to tread because of so much darkness and danger. The charlatan never hesitates so long as the risk is remote, concealed, falling upon others instead of himself, and no caution alarms or deters him. To this same class belong a large proportion of experimenters in hypnotism. This whole brood can only be compelled to desist when their real character and the dangers incurred are publicly exposed and made subject to the penal code. The medical profession is considerably responsible for the condition that exists, a responsibility that can only be shifted by doing at last their whole duty fearlessly and reducing the problem to the terms of exact science. Only then will pseudo-science and imposture disappear.

How far the natural course of many diseases has been modified by any treatment is a very difficult matter to determine, inasmuch as no class of cases uniformly recover, and none prove uniformly fatal under any known treatment. How far the recognized pathology in any given case is the natural result of disease, and how far it may have been modified, either ameliorated or aggravated, by treatment is an open question. It is a well-recognized fact that many forms of simple disturbance have a marked tendency to spontaneous recovery, though if neglected they may lead to other and graver forms. There are other forms, doubtless amenable to treatment in the earlier stages, which at a later stage are not known to recover. There is sometimes difficulty in diagnosing some of these cases in the earlier stages, while in many cases the physician is consulted too late to be of any service. The diagnosis is not then difficult, but recovery is not to be expected. It may thus be seen how formidable is the therapeutic problem, "What is best to be done." Perfection of the healing art has not been reached even under the homeopathic law. All that can be claimed for it is that less harm is done than by strong drugs, and in many classes of disease a larger percentage of its cases recover. I shall have more to say of homeopathic therapeutics later on. Were therapeutics in any sense an exact science health would presently become man's normal and uniform condition.

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In order that disease may disappear and health become universal and therapeutics, therefore, become an exact science and finally be dispensed with altogether, it is necessary that we should know all about man and the laws that underlie and govern his being. In this knowledge we are sadly deficient. Disease, therefore, more often prevails than health; human life is sown broadcast with misery and pain, and man does not live out half his days. Did not exceptions occasionally occur we might conclude that disease is the normal condition of man, for we should have no ideal of health or a more exalted condition of human life. Naturally, man should die of old age, with all save the physical faculties unimpaired; and certain cases of longevity show conclusively that life, under favorable circumstances, may be preserved to nearly double that of the octogenarian. Ignorance shortens human life and is the cause of all our infirmities. We are groping in the dark. We have not measured man by any perfect standard, but by his imperfections and his infirmities. The fact that man is universally imperfect shows conclusively that he is incomplete—a building designed upon a perfect model yet still in process of construction. We have studied the details of construction and neglected the modulus. The physician should be a master-builder and not merely an entered-apprentice. In dealing so much with the imperfections of man and the ravages of disease we have lost sight of the problem of construction and evolution. We have wandered from the original plan and attempted all sorts of incongruous innovations, and have compromised by mutilating where we failed to mend. We have indeed sought to maintain and prolong life at any sacrifice, as though life were a boon at any cost. Like children we have built houses in the sand on the shore of the unknown ocean of life and are often satisfied at our success and complaicent in the face of our ignorance. The result is just what might have been expected. Man's real nature is unknown, health a dream of the future, and we often complicate and multiply diseases in our very efforts to get rid of them, while the real work of life—the perfection of man's complex being—is seldom even conceived of.

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Life consists largely in our efforts not to die, and health in trying to get rid of disease. Some time all this must be changed if evolution is not to cease. That human nature can bear such a strain for untold millenniums without utter destruction proves conclusively that its roots lie deep in the very heart of nature, and that its forces are as inexhaustible as the abyss of being. Deface the human image as we may, even degrade it to the level of the brute, and it still persists. Is there, then, no design in this persistency, no promise in all this potency, no prophesy of fulfillment and protection? Man is an incomplete being in process of evolution. From Monera to Man is a long journey, occupying many millions of years. So also from the imperfect man of today to the ideally perfect is still a long and tiresome journey. A very large percentage of human beings die in infancy and only a small proportion reach maturity. How many are just prepared to live when they are compelled to die. The body fails and is no longer able to withstand the strain of life. The hands fall nerveless, the light of intelligence fades from the eyes, and "all the wheels run down." In a moment the darkness gathers, the curtain falls, and the drama or the tragedy of living is over. Physicians try to fortify the waning energy, restore the lost harmony and keep the wheels in motion, but in vain. We are ignorant of the nature and needs of the in-dweller: nay, we forget that it exists.

We must dig deeper, to the very foundation of life, and ascertain the plan and purpose of the building, if we are ever to understand its nature and its needs and arrive at a complete knowledge of those conditions we call health and disease. That health and disease do not apply solely to the body and its functions is shown by the fact that we already recognize many diseases which we are unable to connect with any physical process or local lesion, such as diseases of the will and the emotions, and a large proportion of mental alienations. It is often assumed in such cases that local lesion exists, though we are unable to determine it. Logic compels the admission tha if a lesion really exists it is as likely to be a result as a cause of the existing perversion.

The annals of hypnotism have shed a flood of light on the character of many diseases, and demonstrated conclusively that the physical expression in many cases is incidental and fixation often more apparent than real. No one who has frequently witnessed death by disease and who has observed carefully and thoughtfully the phenomena of dying can fail to have come to the conclusion that a concrete intelligence, a conscious self-hood, was relinquishing its hold on an organism which it could no longer retain or control. The ego could no longer manifest its will and desire through the body. This transition is sometimes so rapid and the letting-go so sudden as to startle us.

One moment an intelligence is present, the next it is gone, like a bird that has escaped from the hand. Such observations ought to reveal to us something of the character of the ego, and its relation to the tabernacle of flesh it inhabits.

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There are, moreover, invisible forces that have, for the time at least, entire control over the waning forces of life, of which we take little or no account whatever. I have seen a mother dying of old age and weariness of life and trouble, when a few moments at most would have closed the scene, strongly appealed to in behalf of a dissipated son who was absent, when, gathering her scattering forces, she came back to life and full consciousness and waited for more than twenty-four hours for the transition. There was no mistaking the signs of the near approach of death. The chin had fallen, the face was hippocratic, the pulse had nearly ceased, the breathing was stertorous. The appeal was made by strong will and determination, and the motive was irresistible, the act sudden and spontaneous, and the effect no more to be described than forgotten. The stertorous breathing ceased so that those in the room cried "She is gone." The pulse changed at once and after a few surges settled into gentle rhythm; and when I said in her ear gently, "You are not going, are you?" She opened her eys and with a quiet smile feebly answered, "No." Never before did I realize the extent to which both life and death may be controlled. It was like a sudden glimpse behind the scenes, revealing the actors and machinery by which the physical automaton is made to play its part upon the stage. I have repeatedly, while feeling the pulse, and with one hand upon the head of the dying, seen the tides of life advance and recede in response to a strong summons of the will. I have seen death delayed for many hours by a father with a strong will, who with his hand on the head of a beloved child determined that she should not go; and when after much beseeching and the plea that he was only prolonging suffering in a hopeless case he let go his determination death came almost instantly.

If the true physician only knew these forces, and the laws that underlie and govern them, and how and where to use them to the best advantage, what marvels might he not accomplish! It is in this direction that we must look for the elixir of life, and the fountain of youth, rather than in the ptomaines of decomposition and the odors of the charnal house. People often die because they lack the will to live; and live, in spite of all our diagnosis and prognosis, simply because they are determined not to die. If to this blind determination we could add the guiding light and the safe-guards of real knowledge we should chronicle the dawn of a new day in therapeutics. Every intelligent physician of large experience has doubtless cases in point. There are organic and destructive diseases, like cancer and consumption, which at a certain stage, are not amenable to these subtle and unseen forces. Death is inevitable, and yet even here life may be greatly prolonged by will-power. On the other hand, there are diseases like simple neurasthenia, in which the will is the prime factor, and desire and determination the controlling powers. It is not the exercise of these powers by another but the rousing of them in the invalid himself that is the important point; and this, not so much to "cure" disease as to prevent it.

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But where outside the phenomena of hypnotism and mesmerism have these subtle forces been carefully studied? Here the negation, not the supremacy of the will, is the point emphasized and played upon. The method of experimentation is often scientific, the motive often questionable, at least, and the result disastrous in many cases. The whole subject of such investigation seems in hopeless confusion for lack of a working hypothesis or any complete theory of the entire nature of man. Experiments are made in every conceivable direction and innumerable facts have been discovered, but experimenters have been so trammeled by mechanical theories, applicable, in part, at least, to the physical body that little real progress has been made. Really none at all so far as a Constructive Science of Psychology is concerned. Man is essentially a denizen of earth involved in that Universal Nature of which he is a part. The evolution of man proceeds *pari passu* with that of nature in general and of the earth he inhabits. He is like a lesser wheel within a greater. There is neither matter nor force, principle, power, potency nor possibility in man that is not evolved from the bosom of all. Our ideas of Nature, Divinity, and Man must harmonize if we are ever to arrive at any consistent knowledge of either. Why should we make an incomprehensible mystery of one and yet expect to understand the other? In the last analysis we are as ignorant of the essential nature of matter as of spirit, of Nature as of Divinity. The process and the manifestation we may understand, and we may comprehend that the vanishing point of matter is the border-land of spirit. Nothing can be more apparent than that matter and spirit exist and work together in harmony, and that under this harmonious duality Nature is continually evolving towards higher planes and more complex conditions. Looking outside and around us we say "Nature"; looking within and above us we say "Divinity." Why should we tremble at the one and adore the other? They are body and soul of one eternal harmony, of one Divine Beneficence. Evolution in recent times has largely confined itself to one side of the problem. It has investigated Nature, and ignored Spirit; it has studied process and lost sight of principle; it has become lost in differentiation and detail without perception of the synthetic whole; it has postulated Law and Order as pervading Cosmos; yet ended in chaos of thought and confusion of tongues. It has postulated the unknowable and yet imagined that one-half might eventually be known! It has derived man by evolution from lower forms of life, and been blind to the fact that he involves Divinity at every step, as the origin of Consciousness and the basis of life. The form and the manifestation circumscribe our thought and darken our understanding.

All this must be changed. "God is not the principle of Beings, but the principle of Principles." The earth we inhabit has emanated out of space, and evolved by natural laws to its present condition. Space neither was nor is a vacuum, but a "conditioned fullness;" an Eternal Potency; a symbol of the One Unknowable. The first emanation from space, the first differentiation of the Eternal Potency on the screen of Time—is Substance endowed with eternal Motion. The one representing Matter, the other Spirit; one Nature, the other Divinity—inseparable and incomprehensible, save as manifestations of the One, Eternal Unknowable. Each, therefore, involves the other. The modern formulary of "Mass and Motion" will not do, because Matter is conceived to be "dead" and "inert." When "Substance" differentiates into "Matter" on the physical plane and manifests other "Modes of Motion," every atom, molecule, or mass inhering, as it does, in the original Root-Substance, also inherits the potencies of the original Motion or Power. Law determines the order and form of evolution. So derived, every atom of matter in the Universe is endowed, potentially, with Life, Mind, and Consciousness, awaiting its time in the endless cycles of creation to manifest these inherent potencies in its own degree, on its own plane. That which we call Mind in man is in universal nature Cosmic Ideation; or the form of Creative Energy; the primary movement (vibration) of the "pure waters of space." That which we call Consciousness in man, is the inherent Potency, the last analysis of Being and Knowing. Life is the cyclic panorama of Evolution, continually adjusting the potency and the act, the process and the idea, the outcome and the design.

Neurology.

THE DANGER OF SUICIDE IN MELANCHOLIA.—A CASE.

BY G. FRANCIS ADAMS, M. D., WESTBORO, MASSACHUSETTS.

The following case is reported principally to illustrate the tendency to suicide in cases of melancholia and also on account of the many peculiar and uncommon features connected therewith, both from a surgical as well as a neurological point of view.

Illustrative Case—H. F. D., aged 54, single, and by occupation a clerk, was received at the hospital in a depressed mental condition. The statement in the physician's certificate read as follows: "He cannot be persuaded to talk much; says he is a little nervous. He sits in silence, with head hanging down, depressed and gloomy. Formerly bright and interesting. Is reported sleepless; has no appetite, and is unable to do any business. Father and brother committed suicide while insane."

He was not at all inclined to converse and would barely answer questions by yes or no, so that we had great difficulty in getting any history of his condition from himself. He simply said "he got behind in his work and did not believe he could ever catch up." Temperature, pulse and respiration were as near normal as the usual case of acute melancholia. While there was a family history of suicide, there was, in the commitment paper, no mention of a tendency to or that he had ever attempted or even threatened suicide. When a physical examination was made two bullet wounds were discovered in the abdomen, one on each side. He admitted with great reluctance that he had attempted suicide about two weeks before by shooting himself in the abdomen with a revolver. We were unable to obtain any further knowledge of the attempt so far as details were concerned. The wounds were kindly and completely healed and the supposition on our part was, being unable to learn otherwise from the patient, that he had been under treatment for the same.

His appetite was poor, a very common condition in acute melancholia, though he took a reasonable amount of food, enough to keep him well nourished. He was put to bed for rest treatment, and kept there throughout his residence at the hospital. The only complaint he ever uttered was that he disliked to remain in bed so much. He would occasionally ask to be allowed to at least sit up, if he could not be up and dressed and about the ward all the time. He said he could eat much better, was sure his appetite would improve and that he was feeling physically well in every respect.

Twice in the early part of his hospital residence, while out of bed, he had slight fainting spells that were accounted for by the theory that he was weakened from not having taken sufficient food before his arrival at the hospital

Nothing outside of the ordinary in a case of acute melancholia developed until, just one month from the day he was received, the nurse reported him with a rise of temperature, and the thermometer registered 103 degrees. He still insisted that he felt physically well. He had really brightened up considerably during the last two weeks, was much more inclined to talk and was beginning to take an interest in outside matters, frequently asking questions about what was transpiring in the world at large. He was immediately transferred to a sick ward and thoroughly examined, but no special lesion or condition could be discovered to account for the sudden rise of temperature.

The following morning his temperature was 105 3-5 degrees. Typho-malarial fever was suspected, though a careful examination, especially of the abdomen, gave negative results in every respect. No tenderness, no eruption, and no looseness or bloating of the bowels. Did not complain of distress or pain anywhere, though he admitted feeling "a little feverish." His nourishment from now on consisted entirely of milk, of which he took a liberal quantity. The action of the bowels was regular and the passages were normal all through his sickness.

His temperature, pulse and respiration continued to alternate between 102 2-5 degrees, pulse 90, respiration 26, to temperature 105 3-5 degrees, pulse 110, respiration 36, for the next three days.

The treatment he received throughout was the indicated remedy and cold sponge baths when his temperature was very high.

On the morning of the fourth day of his physical illness he was taken suddenly worse, a pronouncedly weak and stupid condition suddenly developing. Pulse very weak and compressible; the heart's action had an odd, ruffled sound, entirely different from any that had been heretofore observed, and it was impossible to assign any reasonable cause for this unexpected and uncommon state of collapse. He never rallied from this condition but continued to grow rapidly weaker until he died some seven hours after it was first noticed.

The rapid initiation, the short duration, the sudden termination and the lack of an exciting cause had left us at a loss for a diagnosis and none had been made except that of acute melancholia, and the cause of death was a mystery. There were no lesions discovered to account for the collapsed stage. In fact there was a total lack of symptoms to guide us in coming to any satisfactory conclusion as to what properly should be written in the death certificate.

Autopsy.—An autopsy was granted by the friend, with the following results.

Skull moderately thick. General appearance of the brain normal though quite anemic. The left choroid plexus was hardened and of the consistency of cartilage; the right choroid plexus was more of the nature of the contents of a sebaceous cyst. There was little distinction in color between the appearance of the white and gray matter, the anemia being so pronounced. No microscopical examination was made. Weight of brain 52 1-2 ounces.

Heart normal, though in the right side extending from the auricle into the ventricle, through the right auriculo-ventricular opening was found a firm, well organized, anti-mortem clot resembling adipose tissue, about three inches long and 3-4 inches in circumference. The lungs, stomach, kidneys, bladder and liver were normal.

About the center of the right lumbar region of the abdomen, under the scar from a gunshot wound, an incision was made, showing much blackened tissue as though discolored from powder. The pistol that fired the shot must have been held very close to the body, as the skin was not spattered with powder marks. The tissue blackened by the powder included the omentum, the peritoneum and the superficial surface of the intestines. The intestines were very firmly bound together by adhesions and considerable force had to be used to tear them loose before any examination could be made of the abdominal cavity.

Extending from the lower border of the right kidney, bounded posteriorly by the psoas muscles, anteriorly by the peritoneum and dipping down into the pelvis, was an abscess cavity containing at least a pint of pus. The contents were as black as ink, caused no doubt by the exploded powder. Careful search was made for the bullet but none was found.

Under the gunshot wound, on the left side of the abdomen, a comparatively small amount of blackened tissue was found from the powder blown into the wound. The omentum had been involved slightly; the peritoneum barely irritated. No bullet was found here either. Cause of death, suppurative peritonitis.

On making inquiry of his relatives, with whom he had been living, we found they had no knowledge of his ever having attempted suicide. They searched his room and found an old, rusty, seven-shot, twenty-two calibre revolver. Two cartridges had been fired; the remaining five cartridges had been snapped but all had failed to explode.

According to his statement made to us, he attempted suicide at least two weeks before he arrived at the hospital. During the time lapsing from the attempt at suicide until admittance to the hospital he had been endeavoring to attend to his business a portion of the time. He had shown no symptoms of pain or distress of a physical nature that could be observed by his family. The external wounds had healed without treatment of any kind or description.

Cautionary.—Clauston says "The question of the patient being suicidal should never in any case of melancholia be left unconsidered and the risk of his becoming suicidal should never in any case be left unprovided for."

In all cases of melancholia suicide is something we have to watch for constantly. Even in insane hospitals where every precaution that can possibly be devised is in constant operation to prevent the unfortunate subjects of melancholia from ending their existence, they not infrequently outwit the watchers and die by their own hands.

In the nine years history of this hospital and receiving 3,200 patients but two of the very many attempts at suicide have been successful; but this almost remarkable record has been at the expense of ceaseless vigilance on the part of every officer and employe.

It behooves every physician to very carefully warn the friends of their patients afflicted with melancholia that it is unsafe to leave them for an instant unwatched. No one can anticipate at what moment the suicidal impulse will overpower the natural inborn desire to live—no case is safe from self destruction.

In many cases it will be very difficult to convince the friends of the great danger but if the warning is neglected the physician would be fairly open to criticism. If the patient suicides or even attempts it the physician will be severely blamed by the friends and justly blamed for not having insisted upon constant surveillance or removal to a hospital.

Even an attempt at suicide is so distressing to the friends and so discouraging to the future prospects of the patient if he recovers that any neglect of the medical man to see that everything is done that can be to prevent such a calamity is not in any way open to argument but must always be promptly and earnestly looked after.

Massachusetts Insane Hospital.

Sanitary Science.

SMALLPOX EPIDEMICS NEVER INCREASE THE GENERAL MORTALITY.

W. B. CLARKE, M. D., INDIANAPOLIS, IND.

One of the most curious and interesting pathological nuts for professional sanitarians to crack is the singular fact that in years of great smallpox epidemics, in any country where full statistics are carefully kept, the general mortality is actually smaller than in the years when the country was free from such epidemic. It is almost as curious a fact that among the patriotic army of latter-day professional bugaboo fighters—*i. e.*, smallpox squelchers connected with health boards—it is difficult to hear of even one official who knows of the astonishing truth above stated. This so-far foundation principle in sanitary work seems *terra incognita* to them, more especially to the zealous vaccination enforcers, which is all the more remarkable (that is, if they are familiar with the history of their subject), because it was through studies in smallpox and vaccination that this truth was revealed. In 1878 Sir Thomas Chambers astonished the members of the house of commons by saying in a speech: "You cannot show that vaccination has reduced deaths or saved a single life. There may be no smallpox, but the disappearance of smallpox is by no means equivalent to a reduction in mortality." And he spoke by the card, as it is the purpose of this paper to show for the benefit of those vaccination enthusiasts and officials who, on the principle of "fools rush in where angels fear to tread," will be the first to deny the truth of the observation.

The remarkable fact stated in my first sentence (at least as applied to smallpox among children by its discoverer) was first given to the world, as long ago as 1813, by Dr. Robert Watt, lecturer on theory and practice, Glasgow, in a sixty-four-page pamphlet entitled "An inquiry into the relative mortality of the principal diseases of children, and the members who have died under ten years of age in Glasgow during the last thirty years." To briefly epitomize this remarkable inquiry, its author shows that smallpox in the early years covered by him was preëminently a disease of childhood, the mortality being great (because Glasgow was then such a filthy city), and that measles, a very mild disease before vaccination came into vogue, its mortality being less than 1 per cent., increased to 10.76 when vaccination was pretty well introduced. Dr. Watt was told that vaccination was responsible for increasing the virulence of measles, but, being a staunch believer in the fetish, "considered this an idle tale." His prime statement, that a fall in smallpox was compensated for by a rise in deaths from other diseases, was a great discovery, and one which deserves far more attention from all who lay claim to the title of sanitarian.

Vaccination was fairly introduced in Glasgow at this date, but Dr. Watt evidently had not estimated at its true value the characteristic coming-and-going peculiarity of smallpox epidemics, which appear only in cycles. One of the lulls was now on, and it misled him into the firm belief that vaccination saved lives, especially children's lives, by preventing smallpox. He divided the thirty years into five equal periods, the first beginning 1783, the smallpox mortality of this period being 19.55 per cent., measles .93, whooping cough 4.51, the total deaths of children from all causes being 9,994. The deaths for the last five year period, ending 1812, were 13,354, the smallpox mortality per cent. being only 3.90, that of measles increased to 10.76, and whooping cough to 5.57. Or to make it plainer, as he says, "The deaths from smallpox were reduced to one-fifth of what they were twenty-five years ago, while the deaths from measles were increased eleven times." The great lesson he drew was that, even though smallpox were obliterated, no real benefit thereby resulted, for half the children died anyhow from other diseases, which we now call zymotic, mostly of a preventable character, through the aid of hygiene and true sanitary science.

Dr. Wm. Farr wrote in the 30th annual report of the registrar general, in 1869, after stating that the mortality of smallpox had been further reduced, "but since 1853 (the very year when vaccination was made compulsory by parliament) other diseases have so prevailed as to counterbalance the gain under this head." This is under the action of what Dr. George Gregory, in his "Eruptive Fevers," London, 1843, called the Law of Vicarious Mortality. Dr. Farr also wrote: "To save people from smallpox is not enough whilst exposed to other forms of disease. To operate on mortality, protection against every one of the zymotic diseases is required; otherwise the suppression of one disease-element opens the way for others."

Other writers have touched this question. For instance, Dr. J. J. Garth Wilkinson, London, in his work, "Human Science," says: "The diminution of the public death rate during outbreaks of smallpox is a generally observed circumstance. It points to the conclusion that smallpox seasons are not favorable to the existence of these (zymotic) diseases, all of which are in the long run far more fatal diseases than smallpox, as they are with us almost continually and it but rarely." Dr. G. W. Winterburne, in his work "Vaccination," Philadelphia, 1886, puts it thus: 'Nowhere has it been shown that less smallpox means fewer deaths, and it cannot be shown. Zymosis continues a constant quantity, though showing various and subtle changes in appearance; one epidemic predominates for a time, during which the other forms of zymosis are in abeyance."

Statistical testimonies of the truth of Dr. Watt's statement, with which, practically, this paper begins, are plentiful, and a few will be given as illustrations: Rektor P. A. Siljostrom, of Sweden, in his exhaustive 104-page pamphlet of tables relative to the course of mortality in Sweden from 1774 to 1878, after plainly showing that the "horrors of smallpox" have been grossly exaggerated by ordinary writers, graphically depicts the fact that bad years of smallpox are not years of high general mortality, nor are years of little smallpox years of a low mortality.

In Sweden in 1825 smallpox killed 1,243, and typhus, 3,926, in 1829 the figures being 53 and 9,264 respectively. In 1846 smallpox took 2, the total deaths being 72,683, while in 1854, though smallpox took 2,488, the general mortality was 72,506.

In Copenhagen the smallpox deaths for the five years, 1871-5, nearly equaled those of the preceding thirty years, but without raising the general mortality.

In Prague, from 1796 to 1802, the general mortality was one in thirty-two, the death rate of smallpox, one in 296 2-3; but in 1832-5 the latter was one in 14,741 1-3, and the former still at one in 32 1-3.

In London the mortality in 1792 was 20,213, smallpox taking 1,568; four years later came about the worst smallpox year of that century, 3,548 dying, the general mortality being but 19,288, the population being a little greater also. Also in London, in the forty years from 1841-80, taking the three years when smallpox deaths were the lowest and comparing them with the three when they were the highest, though the latter had 9,000 more smallpox deaths, the average mortality remained unchanged. And on inspecting the London bills of mortality for the last seventy years of the last century we find that by taking the twelve years when the death rate from smallpox was highest as many died of fevers as of smallpox, while in the twelve years when the death rate from smallpox was lowest three times as many died of fever as of smallpox.

England's second severest epidemic of smallpox was in 1838, its deaths numbering 16,268, the total epidemic and exanthemata mortality being 37,691. In each of the next two years, while the deaths from smallpox were only about half as many as in 1838, the other totals were 38,558 for 1839 and 45,708 for 1840. The severest small-pox epidemic England ever knew was in 1871, after eighteen years of compulsory vaccination by law, 23,126 dying that year, and 19,094 the next year, and yet this wonderful sanitary thread runs clear through the official record of those years.

It may be wise to look at these English figures in another way, as they are from official government tables and cannot be controverted by any living man. Since 1837 there have been several great smallpox epidemics in England, 16,268 dying in 1838 out of a general mortality of 342,760; smallpox gradually declined till the year of fewest deaths from it, 1842, when 2,715 died, but the general mortality was 349,519. In 1852 the smallpox deaths were 7,320, the general mortality being 407,135; the figures for the next year being 3,151 and 421,097. In the four years 1863-6 the smallpox deaths were 20,059, a yearly average of 5,794; the deaths for 1867 were 2 513, the general mortality for the latter period being 471,095, and the average of the other years 490,242. The smallpox deaths in 1870 were 2,547, the general mortality being 515,329. Then came the greatest smallpox epidemic in the history of England (after eighteen years of compulsory vaccination), 23,062 dying in 1871, the general mortality being 514,879, or 450 less than the year before; in 1872 the figures were 19,032 and 492,265. The next year's smallpox deaths were only 2,303, but the general mortality was 250 greater than the year before, while in 1874 the figures were 2,084 and 492,520, and in 1875 actually 849 and 526,632.

Dr. R. H. Bakewell, vaccinator general of Trinidad, testified before a House of Commons committee in 1871: "I do not believe that the general mortality of the country is at all diminished by the absence of smallpox."

Are we to conclude, then, that smallpox is, after all, a blessing to the human race as a life-saver, and so refrain from all efforts to exterminate it, or should we not rather pay more attention to the other diseases which are taking its place, and which there is abundant reason to believe have been intensified and made dangerous within the last hundred years by the foolish and wholesale use of blood-poisoning vaccine virus indulged in by or forced upon the human family? If these zymotic diseases are but links in a chain—"all are but parts of one stupendous whole"—and such statistical results continue to be produced, of what benefit has vaccination ever been to the human family, even granting for it all the preventive and mitigating efficacy its most sanguine admirers claim? I cannot far carry out the argument at this brief time and unfold all the sanitary lessons wrapped up in this phase of the question, but it is pertinent to here ask, with John Gibbs, in his anti-compulsory vaccination letter of 1855, (ordered printed by the House of Commons): "What would be thought of the tinker who would knock a hole in the bottom of his saucepan lest one should be burned there in the ordinary way? Yet this is just what the vaccinator does."

Sydenham, the great father of English medicine wrote before vaccination making light of scarlatina, but the disease is now a scourge of civilization—possibily made so in some mysterious way too difficult for brief description here, just as we above see that measles were converted from mild to dangerous. The "official" vaccinating material of England is the arm-to-arm human-scabs kind, made official in 1859. The use of this has confessedly spread syphilis alarmingly,and tuberculosis has largely increased in the last fifty years, supposedly through its use. The registrar general's statistics not unfrequently show about 2,000 deaths alone from the former annually, chiefly among children, the deaths keeping steady pace with the extent of vaccination performed, and yet the expert vaccinators of England declare that bovine virus was superceded because it caused more trouble than the arm-to-arm variety,the former of which is the official virus of our country, by virtue of the interdiction of the arm-to-arm kind. The causation of tumor, cancer, consumption, etc., by vaccination with bovine virus, specialists say, comes because the insertion of the cells of a rapid-growing animal (cow) into those of a slow-growing one (man) sets up the irregularity, disparity, disintegration, vitiated growth or blood-poisoned condition which ends in the production of the grave disease for which the person had the lurking constitutional dyscrasia, idiosyncrasy or tendency.

It may be interesting to note that John Graunt, F. R. S., noticed this compensatory peculiarity as applied to the plague more than 250 years ago, in giving the London vital statistics for 60 years, 1604–65. In the first eight years the deaths were 64,994, the plague taking 14,752 (twenty-eight out of every one hundred), while in the next eight years the total deaths were 64,346, only 171 being of plague. Graunt quaintly comments: "A true account of the plague cannot be kept without the account of other diseases."

Testimonies from nearer home are difficult to secure, because this is not a pest-ridden country and because statistics have not been kept long enough and carefully enough; but the following purely accidental one is certainly corroborative: Chicago had in 1894 the second largest smallpox epidemic in its history, 1,029 deaths officially reported, and yet Health Commissioner Reynolds, in his annual report, published in the Chicago papers of January 2, 1895, after mentioning the fact and giving the statistics (in which is included the admission that 55 per cent. of all the cases showed vaccination marks), with charming insouciance or characteristic health-board myopia, congratulates the city that "the general mortality for the year was 3 per cent. less than for the preceding year." The newspapers claimed that it was the healthiest year the city ever had, and that Chicago that year took rank as the healthiest large city in the world (death rate 15.1 per 1,000).

The moral of our story must be, then, as Edwin Chadwick long ago wrote: "Keep your eye on the death rate; if it is unabated, there can be no improvement that ought to satisfy you." This is for sanitarians in general; and for the officious and odious vaccinating kind, who are so short-sighted as to violate the very foundation principle of sanitary science and the basis of the modern science of asepsis, which is to exclude from our systems all depressing and poisonous matters, may be quoted the historic sentence of William White, in "The Story of a Great Delusion": "Smallpox is not a mysterious visitation, to be mysteriously dealt with or dodged by medical artifice, but is a crisis of impurity in the blood, induced by foul conditions of life, which cannot better be disposed of than in the course of nature by eruptive fever."

PROPHYLAXIS OF THE PHYSICIAN.

BY Q. O. SUTHERLAND, M. D., JANESVILLE, WISCONSIN.

Sanitarians are every day demanding more of the public in the way of quarantine and isolation in contagious and infectious diseases. In the meantime the physician passes from house to house unrestrained. A leading surgeon said to me recently, "I have attended all sorts of contagion—cholera, smallpox, diphtheria, scarlatina, etc., without any change of clothing or other means of disinfection except riding in the fresh air; have gone at once to surgical and obstetrical cases for forty years, and have never yet had occasion to regret it." While this might occur in a single instance it is not the rule.

If a physician after entering a quarantined house removes his overcoat and then enters the patient's room and on leaving puts on his coat again, he necessarily incloses a large number of germs that do not have access to the air. These he distributes from house to house. If at any place proper conditions are found he will infect his patient. The most of our physicians, I have no doubt, take abundant precaution. But the advantage of all of us adopting the same methods of protection for ourselves, families, and patients are so obvious that I desire to call attention to a simple garb and methods of disinfection. They will, I believe, have a good moral effect on our patrons, while at the same time they are inexpensive, safe and look well in the sick room.

Before entering put on a silk skull cap large enough to entirely enclose the hair; a gown made of black cambric after the pattern of a night shirt with long sleeves, and a skirt extending to the floor. When leaving the room go if possible to a vacant room in the house where the windows are open, remove them and bathe the hands and face thoroughly in a one to two thousand bichloride solution. Either leave the gown in the room, or hang it out of doors when it can be done with safety. Or, if having more cases of the same kind, fold and place in a strong paper sack surrounded with a rubber elastic and return to the hand-bag. Every physician should have constantly in his carriage a hand-bag used for no other purpose, and at least two or three of these garbs with him.

When the case has recovered the cap and gown should be placed in a one to five hundred bichloride solution and allowed to lie for four hours, when it can be sent to a laundry. If living in the country where a laundry will not do this kind of work, place in a six quart tin pail and boil for thirty minutes over gas in some unused room back of the office. Wring, shake out well, and when dried it is ready for use again. If well shaken out when wet its appearance will not be much improved by ironing. If the cap is put on before the gown, and taken off after, it will prevent ruffling and infecting the hair.

When it can be obtained, pure rubber or silk made up after the pattern above described is more desirable.

Materia Medica Department.

CONDUCTED BY W. A. DEWEY, M. D., NEW YORK.

A FEW OF DUNHAM'S COMPARISONS.

There are a number of comparisons scattered throughout Carroll Dunham's writings which are very valuable; the following is a compilation of a few of such from his lectures on Materia Medica. In the lecture on *Bryonia* we find the following:

Bryonia: Sticking, jerking, throbbing headache from the forehead backward to the occiput.

Spigelia: Pain darting from behind forward through the left eye ball.

Silicea: Pain coming up from the nape of the neck through the occiput and over the vertex, and so down upon the forehead.

Carbo veg.: Dull, heavy pain extending through the base of the brain from the occiput to the supra-orbital region.

With reference to these occipito-frontal headaches we also find another very valuable series of comparisons, viz.:

Silicea: The pain involves the occiput, nape of the neck, vertex and eyes and generally the right eye. It is a sticking, tearing or pressing pain, beginning in the neck and shoulders, and going upward to the occiput and vertex, and extending through the head to the right eye, worse by noise, motion or light, the senses being unnaturally acute. Relief in a dark, quiet room and by warmth.

Spigelia: Resembles *Silicea* in its conditions of aggravation, but *Spigelia* affects the left eye and temple rather than the right, and is not relieved by warmth, better by pressure, and the pain does not come from the neck and shoulders.

Paris quad: Resembles *Silicea* somewhat. The sensation is one of tightness as if the cerebral membranes were on the stretch, with pressure on the temples and a very painful feeling as though a cord were tightly stretched from the back of the eyeballs to the centre of the brain; worse by thinking and by pressure. Eyeballs feel too large for orbits.

Menyanthes has a pressure from above downward or in forehead from within outward, or in temples or eye-balls. Compression relieves; but none of these remedies have the relief from warmth which characterizes *Silicea.*

In the repercussion of eruptions there are four drugs beautifully compared, and it will be found that we seldom have to go outside of these four.

Bryonia: In repercussed exanthemata where the sensorium and system of animal life are depressed, benumbed, but the functions not perverted.

Cuprum: In cases where the functions are perverted and in which, consequently, convulsions more or less complete occur.

Hellebore: In case where there is no fever or disturbance of the general system but the entire sensorial life is suspended.

Zincum metallicum: In cases where with this suspension of sensorial life there are signs of effusion within the cranium, the patient lies an animate but not intelligent log, the pupils are dilated, the eyes converge or diverge. Here *Zincum* may save.

In constipation we find these two great polychrests *Nux vomica* and *Bryonia* compared as follows:

Bryonia decreases the intestinal secretion and likewise the peristaltic action of the intestines. It differs from *Nux vomica* in this respect, that the action of the intestine is diminished. *Nux vomica* does not diminish the action of the intestine, it rather increases it, and renders it inharmonious and spasmodic, a hindrance therefore and not a help to evacuation, hence the ineffectual desire to stool. The constipation thus resulting from irregularity of action, not inaction. *Bryonia* has nothing of this, the intestinal activity is really diminished, there is no desire for stool.

There are five drugs which have characteristically the same symptom, that is "constant and violent pressure downward toward the genital organs as if every thing would fall out." These drugs are *Sepia, Belladonna, Nux vomica, Podophyllum* and *Pulsatilla.* Dunham gives the distinguishing features as follows:

Belladonna: This symptom is worse when the patient sits bent over and when she walks, but is better when she sits erect or stands.

Sepia is just the reverse, the symptom is aggravated by sitting up, still more by standing, and most of all by walking, while it is relieved by lying down.

Nux vomica has the pressing down more in the back with irritable rectum, frequent ineffectual desire to stool, scanty evacuations and little leucorrhea.

Pulsatilla has the same symptom as *Belladonna,* and is aggravated by lying down, but heat also aggravates and the open air relieves, there is pressure on the bladder with frequent micturition. The leucorrhea is thick.

Podophyllum is similar; but in prolapsus it is only indicated when the rectum and vagina are prolapsed.

A classical comparison of Dunham is the cough sextette. Almost every part of it has been verified time and time again, in fact the majority of coughs will be overcome by these remedies.

Lachesis: A dry cough like that of *Belladonna,* but there is a sensation as if something were in the trachea which might be raised. It comes partly up and then goes back again. It is provoked by tickling in trachea below *Belladonna,* and pressure on neck. It is accompanied by some hoarseness and sore throat or by chronic tonsillitis.

Phosphorus: Dry cough, scanty rusty sputum night or day, provoked by tickling in trachea pretty low down, with feeling of rawness and soreness in trachea or bronchi. It is induced by deep inspiration, accompanied and characterized by a hoarse barking sound, by rawness of trachea and whole chest and by a distressing weight across chest, hoarseness.

Causticum: Dry cough, occurs in evening, provoked by tickling high in trachea, is in long paroxysms, voice is almost gone, trachea is raw and sore but not the chest.

Rumex: Dry, short paroxysmal cough, or is a constant hack. It occurs evening and night on going to bed, provoked by tickling in supra-sternal fossa, induced by inhaling cold air, deep inhalation, accompanied by fatigue and stitches in left lung.

Allium cepa has a dry cough, though there is acrid lachrymation and coryza. The cough is induced by tickling in the larynx and at each cough the patient cringes with pain.

In hoarseness we find the following brief comparisons, which are to the point:

Pulsatilla: The hoarseness is capricious, coming and going without apparent organic cause.

Causticum: It comes on or is much worse from 5 P. M. to midnight, accompanied by a dry teasing cough.

Phosphorus: Hoarseness more constant and conjoined with soreness and rawness of larynx and behind sternum.

Carbo veg.: Hoarseness with ulcerative soreness in the larynx and a burning pain in the lungs after a hard cough.

A few remedies for supra-orbital neuralgias are well differentiated and if carefully noted it is safe to say that *Spigelia* and *Arsenicum* will not always be prescribed.

Platina: Pressing cramping pain in the malar bone and zygoma, with a kind of numbness, at the same time a burning pungent sensation, inducing one to rub or scratch the part.

Verbascum thapsus is distinguished from *Platina* by having crushing pains and a sensation as if the parts were between tongs. *Platina* has steady compression.

Arsenicum is distinguished from *Verbascum* by having burning pains darting quickly like red hot needles from place to place.

Spigelia has shooting or piercing pains whose chief seat is in the ball of the eye.

Chamomilla has aggravation by heat and is further distinguished by the great impatience of pain.

Capsicum has a fine line of pain coursing along the nerves which is worse by external pressure.

Hemorrhage from the uterus is met by a number of well-marked remedies having well-marked symptoms.

Platina: The hemorrhage is very dark, and without being coagulated in distinct masses it is thick and tarry. It is accompanied by pains in the sacrum and there is always in connection with this metrorrhagia of *Platina* an unnatural sensibility and irritability of the genital organs.

Chamomilla has metrorrhagia in paroxysms, the blood being thin and rather light, with firm coagula.

Secale cornutum has a thin and painless flow and so has *China.*

Crocus has a dark flow but it is not attended by a bearing-down pain, but rather by a sensation as of a living body moving in the abdomen.

Millefolium and *Sabina* both produce fluid, light-colored uterine hemorrhage.

After mentioning that the characteristics of *Arsenicum* in diarrhea are the small quantity, dark color, offensive odor and the great prostration following it, the following are mentioned by way of comparison:

Phosphorus is never indicated where there is a loss of power. The prostration is a striking symptom of *Arsenic.*

Veratrum: The quantity is remarkably large. Under *Arsenicum* notably small.

Secale: Stool is watery, dark brown and there is not the restless anguish of *Arsenicum.*

Graphites: The stool is pasty, of a light brown color and a most atrocious odor, scarcely any pain, no restlessness nor weakness.

We find also the cough of *Hepar* distinguished from *Belladonna* by the non-soreness of the larynx and no fever; from *Conium* by the height of the irritation; from *Rumex crispus* by not being affected by respiration, and from *Lachesis* by not being excited by pressure on the trachea.

MATERIA MEDICA CONFERENCE.

To be Held at Detroit June 16 and 17, 1896.

At the last meeting of the American Institute of Homeopathy, a committee of three was appointed, "To select a large committee of those interested in the materia medica, including several of our homeopathic specialists, to provide for the consideration and discussion of questions pertaining to the construction of a scientific materia medica, and to call and arrange for a materia medica conference in connection with the next session of this Institute, the conference to continue one or more days (as may be found necessary) and to adjourn finally before the opening of the Institute session. The committee to report its papers and discussions to the Institute for its action." This committee consisted of Drs. Pemberton Dudley, J. H. McClelland, and J. S. Mitchell.

The larger committee appointed by these gentlemen is composed of the following: Drs. T. F. Allen, E. H. Porter, M. Deschere, H. C. Houghton and W. A. Dewey of New York, Conrad Wesselhoeft of Boston, A. W. Woodward and H. C. Allen of Chicago, Pemberton Dudley and B. F. Betts of Philadelphia, Eldridge C. Price of Baltimore, Millie J. Chapman of Pittsburg, Harold Wilson of Detroit, M. W. Vandenburg of Fort Edward, and A. L. Monroe of Louisville. This committee held its first meeting on November 21st. A list of subjects was selected for the work of the first conference only, as the recommendation to appoint this committee included also a recommendation, "That similar conferences should be held under the auspices of the Institute from year to year until we arrive at definite plans and methods for placing the materia medica upon a strictly scientific basis." Dr. T. F. Allen was chosen chairman and Dr. W. A. Dewey secretary of the committee.

The committee desires to present the following program: The conference will meet at the place of the Institute meeting in Detroit, on Tuesday, June 16th, at 3 P. M., and hold three sessions. The first from 3 P. M., to 6 P. M., the second from 8 P. M., to 11 P. M., and the third on Wednesday, June 17th, from 10 A. M. to 1 P. M.

At these three sessions there will be presented and discussed the following topics:

I.—Has the "law of similars" ever been unequivocally demonstrated by the deductions from general practice, and do we not require its more formal proof by inductive experimental research?

Essayist, Conrad Wesselhoeft, M. D., Boston, Massacusetts. Discussions by C. W. Butler, M. D., Montclair, N. J., Martin Deschere, M. D., New York, Chas. S. Mack, M. D., Chicago, and Chas. Mohr, M. D., Philadelphia.

II.—In what particulars has the proving of drugs deviated from the rules laid down by Hahnemann in the Organon, and in what particulars do Hahnemann's rules and directions for proving drugs differ from, or fall short of, those required by the methods and precautions of modern scientific research?

Introductory Remarks.—T. F. Allen, M. D., N. Y.; Essayist, Eldridge C. Price, M. D., Baltimore. Discussions by M. W. Vandenburg, Fort Edward, N. Y.; E. H. Porter, M. D., N. Y.; Conrad Wesselhoeft, M. D., Boston, and George Royal, M. D., DesMoines, Ia.

III.—In the search for the similimum shall we endorse section eight of the Organon which says that the totality of the symptoms must be the sole indication to direct us in the choice of a remedy?

Essayist, William Boericke, M. D., San Francisco. Discussions by H. C. Allen, M. D., Chicago; W. J. Hawkes, M. D., Chicago; J. D. Buck, M. D., Cincinnati O., and L. C. McElwee, St. Louis.

The time limit for the above essays and the discussions thereon has been fixed as follows: Essays not to exceed thirty minutes; discussions must be limited to fifteen minutes. The essayist is to have an additional fifteen minutes in which he may comment on the matter presented in the discussions.

The balance of the time of each session may be occupied in general discussions of five minutes duration each. As a large number undoubtedly will desire to discuss these important topics and as the time will be limited, those who desire to take part in the discussions are invited to send their names to the secretary signifying the topics they wish to discuss. The remaining time of the sessions will then be allotted in the order in which such requests are made.

Committee on Materia Medica Conference.

W. A. Dewey, M. D., Secretary, 170 W. 54th st., New York.

Pharmacology.

PHOSPHORUS: A PRELIMINARY STUDY.

BY W. B. HINSDALE, M. D., ANN ARBOR, MICHIGAN.

Before studying the homeopathicity of a drug it is essential to have a moderately fair knowledge of its physical, chemical, toxicological, and, if it have any, its physiological properties. Phosphorus has all these properties and its study with reference to any one of them is interesting and important. This "preliminary study" pretends to be only a gathering together of a certain amount of interesting material and a presentation of it in a connected form as an introduction to its study as a remedy.

Sources of Supply.—The supply of phosphorus for commercial, and, it may be said, for all other purposes, is from organic sources. It is possible to obtain it directly from certain inorganic rocks, especially those of volcanic origin. The process of obtaining it direct from the rocks, although this is the only original source of supply, is so elaborate and expensive that it is not employed except for experiment. The bones of animals are the immediate supply of the crude material from which it is obtained. We have here the pleasure of observing the wonderful mediatorial function of vegetation. The roots of plants have the power of taking up mineral substances from their crude and original form in the crust of the earth and so vitalizing them that they become proximate principles for the use of animal organisms. The animal economy is but feebly adapted to manufacturing tissue from inorganic mineral sources. The physiological adaptation of plants to this process, on the contrary, is perfect.

The phosphorus circuit is as follows: The tribasic phosphates of lime exist in the rocks and soils, plants take them up and render them assimilable for animal economy, or, in other words, make foods of them; the animal economy elaborates them, forming in bones, calcium phosphate in the brain and nerve tissue, in combination with fats, lecithin; in vascular structure and blood, the triple phosphates. Phosphorus elements are also stored up in muscles and almost every other tissue of the body.

Herbiverous animals derive their entire phosphorus supply from vegetables, while man, if he consume the ordinary amount of meat, derives his greater supply from animal sources. The phosphorus that enters into the human organism is in part one remove from the original inorganic source and in part two removes from that source, or revitalized, the proportion depending upon diet.

The normal amount of phosphorus in the human body is approximately 1.15 parts in a hundred. There is a slight variation with age, food, and environment. While the body is taking in phosphorus constructively it is also giving it off. The elimination is mostly by the kidneys and at the rate of about thirty grains per day. The phosphorus elements that are eliminated are from two sources. One part is from the alkaline and earthy phosphates of food, the other part is from decomposition or oxidation of the albuminoid elements of the body. Lecithin, a phosphorus compound of nerve and brain tissue, is a very large supply of phosphorus of elimination. Nuclein also yields a considerable refuse phosphorus as a product of metabolism.

In a state of perfect health the phosphorus discharged from the body as phosphoric acid is in a state of perfect solution. It is only under abnormal conditions that the excretion of phosphoric elements is noticeable and produces the condition known as phosphaturia, or if it is constant it is sometimes known as the phosphatic diathesis.

Phosphaturia.—The daily normal amount of phosphoric acid excreted by a normal man is from thirty to fifty grains. The excretion is increased after food. The phosphoric acid is combined with potassium, sodium, magnesium and ammonium and held by the acidity of the urine, normally, in perfect solution. If the acidity be destroyed or greatly diminished so that the urine becomes neutral or nearly so, or alkaline, a deposit of the phosphatic salts takes place. This deposit by no means signifies that there is an increase in the phosphates; the phosphates, which however may be increased, are only rendered visible by a cloudy appearance of the urine. It may require the application of a considerable degree of heat to cause this cloud to appear. This cloudy appearance is sometimes produced in making the heat test for albumin, and so nearly resembles the flocculent cloud of albumin that the addition of nitric acid should never be overlooked in testing for the latter. If the cloud be the deposit of phosphates it will disappear upon the addition of a drop of the acid.

The common forms of phosphoric sediment are; 1, the triple phosphates of ammonium and magnesium; 2, amorphous phosphates of lime. The flocculent cloud above referred to is due to the triple phosphates, or, as sometimes designated, the earthy phosphates. These deposits may be of serious pathological import, or if due to a temporary neutrality or alkalinity may not be particularly significant as it sometimes occurs after increased cerebral activity. They take place in a great variety of diseases, among which are acute cerebritis, nervous dyspepsia so called, acute mania, rheumatism, during the later stages of pneumonia and pleurisy, in some stages of fever, softening of bones, diabetis, oxaluria, etc. In fever the increased excretion of potassic phosphate is due to a consumption of blood and muscle.

The urine is at times rendered alkaline by carbonate of ammonia which is formed in the bladder as a result of the splitting up of urea into this product and water. This is supposed to be the result of bacterial action (bacterium ureæ) which an infected catheter may introduce into the bladder, or the organism may be introduced by its own energy from the circulation or through the urethra. Ammoniacal urine is indicative of senile decay, spinal injury, and wasting diseases, if it appears persistently. If it be present only temporarily the constitution or the blood must be in an altered condition. The phosphates that are precipitated in any way, or from any cause, are likely to form concretions about shreds of epithelium that serve as centers for neuclei. This explains very largely the beginning of "stone," in which case the nucleus, being once started, continues to increase in size. Any cause that prevents a free and regular emptying of the bladder, as stricture, paralysis, catarrhal inflammation, sandy sediment or a concretion once begun, conduces to an ammoniacal condition of the urinary secretion and of course to a phosphaturia.

History and Toxicology.—Phosphorus is an allotrophic, non-metallic element. Its physical features are as follows: The white form, being that usually used in pharmaceutical preparations and always that used in homeopathic preparations, is of a whitish yellow color and an alliaceous odor. In water it is not soluble only to a very slight degree. As this substance is combustible in atmosphere under ordinary circumstances it should be kept in water until desired for use. It is also only slightly soluble in alcohol, a fact to be borne in mind in making tincture or dilution. Phosphorus is quite soluble in fats and oils. This fact should also be borne in mind in case of poisoning. Usually the proper thing to do in cases of poisoning is to administer emetics. Melted fat, lard or tallow, is usually the most convenient and effectual emetic to administer; but in phosphorus poisoning it should never be given as the fat will only increase the activity of the phosphorus by making it more soluble. If oil of turpentine be an oil, in any sense, it is an exception to the above statement, as turpentine renders phosphorus inactive in the stomach, at least for a time, and is employed in the antidotal treatment of phosphorus poisoning.

A person who has been drugged with phosphorus sometimes gives off the characteristic odor of that drug from the breath and skin. Phosphorescent sweat has been reported as occurring in connection with phthisis and after eating phosphorescent sea food. In such cases the perspiration appears luminous in the dark.

The poisonous symptoms are slow in developing, not usually appearing until after some hours. This is due to the slow absorption of the phosphorus in the juices of the stomach. The first symptoms to manifest themselves are usually burning at the epigastrium with vomiting, the vomit, often being phosphorescent. Phosphorus has a wonderful deoxidizing effect upon the blood. The blood becomes black, incoaguable and loaded with decomposition products. Extravasations of blood into tissues supplied with superficial capillaries occur, producing pupura, echimoses, hemorrhages, etc. Jaundice is likely to occur and sanguinous discharges appear from the various orifices of the body, especially from the womb; and in cases of pregnancy miscarriage is apt to take place.

Post-mortem examination shows extreme fatty degeneration of the liver, gastric mucous membrane, kidneys and cardiac muscular fibre. The liver is also greatly enlarged and light in color, this being particularly the case in chronic cases. It is said that the liver in this condition is inflammable and may ignite from the flame of a match or open light. Microscopical examination shows the organs affected to be infiltrated with fatty granular matter; the tubuli of the gastric lining are also filled with these granulations. Striated muscular fibre is also changed into a similar granular material, the fibres losing their normal appearance.

In cases of acute poisoning from one-half to a grain and a half has proven fatal. Death may occur at any time, but the patient usually survives a week or ten days.

Workers in factories where phosphorus is used, match factories more frequently, are very likely to be affected by chronic poisoning. The yellow ***Phosphorus*** is the kind usually used in the arts, and unfortunately is the poisonous form; the red form is not poisonous and can be handled with impunity. It is maintained by some that phosphorus has "an elective affinity" for the inferior maxillary, as people exposed to the fumes are likely to be affected with necrosis of that bone. The teeth of those who work in phosphorus should be cared for scrupulously; they should be examined by a dentist as often as once a month. Those who have defective teeth are particularly susceptible to the necrosing action of phosphorus.

The antidotal treatment of phosphorus poisoning, if it be due to the immediate ingestion of the poison, is an emetic of cuprum sulphate three grains in weak solution every five minutes. A saline purge should be given and persistent evacuation employed, because minute particles of the phosphorus are likely to adhere to the intestinal wall for a number of days. The emetic should be followed promptly by old French turpentine in emulsion; give every hour or so ten to twenty drops.

In chronic poisoning, if necrosis has set in, it is a case for the surgeon. Caution is necessary, for reasons already given, fat or oil should not be employod as an emetic and fatty foods should be withheld. If necessary to quiet pain an opiate may be given. As an antidote to "medicinal doses" nux vomica, camphor or coffee may be indicated. As an "adjuvant" to surgical treatment of the necrosis, asafetida should be thought of in connection with the usual group of drugs that have action upon that condition. Mezereum is also likely to be indicated in some stages of phosphorus poisoning. The fatty degenerations of phosphorus, like those of arsenic, antimony, and certain poisons manufactured in the blood itself (leucomanes), the poison of diphtheria for example, are produced by "both an increased transformation of the albumin of the cells (metamorphosis) and diminished oxidation of the fat and other products of the transformation."

Phosphorus being one of the constituent elements of the human organism, it is proper to refer to it as a "tissue remedy."

Practice of Medicine.

KLINIKAL KODAKINGS.

Ignatia is a queen bee in ciliary neuralgia.

The mucus of a *Kali bichromicum* case is ropy and stringy.

Dirty yellow spots on the face of a leucorrhea patient call for *Sepia.*

Cyclamen and *Pulsatilla* are twin sisters in the ailments of womenkind.

Good reports are given of the application of steam in cancer of the uterus.

Ovarian pains which lancinate, burn and throb are reached by *Belladonna.*

Irritants may well be left out of poultices in pneumonia. Apply heat only.

Use iodoform with care. Its absorption produces many unpleasant symptoms.

Laryngeal symptoms in diphtheria may sometimes be met successfully by *Spongia.*

Anacardium has delusions, loss of memory, etc. It is a brain-fag remedy of great value.

Stitch abscesses may be controlled by injections of a saturated solution of boracic acid and calendula.

A well-directed hypnotism is reported potent in psychical anesthesia. What attenuation please?

Ferrum iodatum is accredited with cures of exophthalmic goitre. *Acetate of iron* is also recommended.

Catarrhal pneumonia and pneumonia following whooping cough are, in much, indicative of *Cuprum.*

Vaginismus, painful vulva and vagina during pregnancy may be overcome by *Magnesium phosphoricum.*

Drasche, of Vienna, finds that the Behring antitoxine affects the kidneys deleteriously. (So do lots of other clinicians.)

A suture is said to be a good thing when inserted through the sclera to act as a guy rope in cases of shrunken globe.

To flutes made of cocus wood are attributed certain cases of lip irritation in flutists, compelling the use of a silver plate for correction.

Insomnia from the abuse of stimulants yields to *Nux* more frequently than to any other one remedy. Cerebral hyperemia from grief, with its attendant wakefulness, finds its surest similimum in *Ignatia. Aranea diedema* is also recommended for obstinate insomnia.

Associations.

NEW YORK HOMEOPATHIC MATERIA MEDICA SOCIETY.

REPORTED BY J. PERRY SEWARD, M. D., NEW YORK.

Election of Officers.—The December meeting at the residence of Dr. H. M. Dearborn was the annual meeting, and the occasion of the election of officers and reports. The ticket elected was, president, Dr. Martin Deschere; vice president, Dr. B. G. Clark; secretary-treasurer, Dr. Chas. Ver Nooy. The selection of collaborator was postponed. Drs. Edwin S. Munson and Bukk G. Carlton were nominated for membership.

Verifications.—The following verifications were reported:

Hypericum 3x in migraine, by Dr. Irving Townsend.

Phosphorus 3x in migraine, and *Phosphorus* 3x and 12x in three cases of organic heart disease, by Dr. A. R. McMichael.

Duboisia 6x in two cases of optic neuritis, *Cannabis sativa* 3x in diffuse keratitis, and *Cinnabar* 2x in syphilitic iritis with a gumma, by Dr. C. C. Boyle.

Causticum 3x in paresis of the external rectus muscle, and *Ferrum picicum* 1x in otitis media subacute, by Dr. C. H. Helfrich.

Esculus, Strychnine 2x and *Sulphur,* and orificial treatment were recommended for a case proposed by Dr. Townsend.

NEW YORK PEDOLOGICAL SOCIETY.

Pseudo-Exanthemata of Infancy and Childhood.—The discussion for the evening at the December meeting followed the reading of a paper by Dr. H. M. Dearborn, entitled "Pseudo-Exanthemata of Infancy and Childhood." Dr. Dearborn said that by exanthemata we are to understand acute febrile diseases accompanied by an eruption on the skin. All physicians have observed cases of obscure or unknown cause simulating eruptive fevers, and hard to diagnose from scarlet fever or measles. The differential points between the false and true exanthemata lie chiefly in the clinical type. Their recognition depends upon the sequence of phenomena in connection with them, rather than in their appearance on the skin.

Erythema Scarlatiniforme.—Under the term erythema scarlatiniforme are included all non-contagious fevers with a rash resembling that of scarlet fever or measles, or presenting a roseola-like redness. The French observers distinguish between cases with or without fever or desquamation, but this discrimination is not recognized by others. The mildest form is the simple appearance of a macular or papular rash upon the trunk or extremities, usually in infants or children. Form and color of the eruption alone would suggest scarlet fever or measles, but there are no other symptoms.

In the next degree there may be fever from one to four degrees, coated tongue, restlessness and redness of the fauces or palate. The eruption, punctate, or diffused, more or less general but rarely universal, is of short duration, but new points may appear. Sometimes a punctate erythema will appear suddenly but without regularity of distribution, later becoming a diffused redness, followed by a flaky desquamation, the entire process lasting ten to twelve days. This may occur before or during the early stages of variola, varicella, vaccinia, diphtheria or malaria. In the onset of syphilis in adults we may see finger-end sized spots of a dull red erythema, like the lesions of erysipelas.

In its most severe degree a diffused erythema is called erythema scarlatiniforme desquamativa. The mucous surfaces are affected, the tongue may be denuded and the throat raw. There is abundant desquamation and the entire process lasts from three weeks to two months. The accompanying sensations are pricking, burning or itching, which may be transient or absent.

In the causation, the essayist stated, idiosyncrasy plays a prominent part. Age is predisposing, for it is most often found in children. Gastro-intestinal disturbances, change of season without the appropriate change of diet, certain foods like lobsters, crabs, etc., too great an amount of hydrocarbons in food, sewer gas, ptomaines, excess of fluids such as cause rheumatism, injuries to the surface, septicemia, pyemia, uremia and malaria are all set down as causes.

Drug Erythema.—A most important cause which must not be lost sight of, and deserves elaboration, is the use of certain drugs, even as they are often given by the old school. Antipyrine has often caused a macular eruption like measles, and less frequently a papular eruption, wheals, etc. *Arum* produces an erythema followed by flaking of the skin, and throat symptoms similar to scarlet fever.

Belladonna's erythema is well known. *Chloral hydrate* brings out an eruption most frequently erythematous, with congestion of the conjunctiva and throat as in measles. *Chloralamid* has an erythema with vesicles, coryza, fever and desquamation resembling measles. *Quinine* and its allies cause an erythema which may be followed by desquamation of the epidermis. *Copaiba* and *Cubebs* develop a rash upon the distant parts of the extremities, the abdomen and chest. *Opium* and *Morphine* produce an eruption like both measles and scarlet fever; *Phenacetine* does the same to a less degree, and *Strychnine* has an erythema like scarlet fever.

Rhubarb produces a generalized erythema followed by desquamation. *Sulphonal* sometimes causes a diffuse symmetrical rash with intense itching. A case in which eighty grains of *Sulphonal* had been taken developed rose spots precisely like those of typhoid, which, with a temperature of 104 degrees and abdominal tenderness, necessitated a delay before the diagnosis could be assured. It proved to be la grippe. *Tanacetum* has caused a papulo-vesicular eruption with pustulation resembling variola. *Tuberculin* and the antitoxines produce a reaction which takes the form of an eruption. That of *Tuberculin* is scarlatiniform, and may be morbiliform, and in either case is followed by desquamation. Antitoxine causes a punctate erythema like a very moderate case of scarlet fever.

Erythema of Vaccination.—Vaccine results in various eruptions, of which twenty have been described in detail. The only one resembling an eruptive fever occurs just after the development of the vesicles, and presents two forms, the more common like scarlet fever, the rare form like measles.

Diagnosis.—The diagnosis from mild cases of the eruptive fevers is not always easy and may be impossible until the progress of the disease makes its nature manifest. It is well to remember that the fever may be high in both but continous in scarlet fever. The strawberry tongue is rare except in scarlet fever. The erythema scarlatiniforme presents areas of clear skin between the well-defined rash areas, while in scarlet fever the eruption is diffused and less red. Desquamation does not occur until the ninth or tenth day in scarlet fever, while in simple erythema it is early. The contagious character of the scarlet fever and the fact that nephritis is only found in erythema as a causal factor are additional points. If in doubt, however, insist upon isolation. To distinguish from measles look for the first appearance of the rash on the face, and for the prodromal coryza. German measles may be simulated, but never in the enlargement of the sub-maxillary, sterno-mastoid and occipital glands.

To distinguish a medicinal eruption note the absence of prodromata, and the lack of uniformity or order of sequence of the manifestations of disease. The history of drug taking and the rapid decline of the evidences upon discontinuing the dose will soon clear up the diagnosis.

Discussion.—Dr. B. G. Clark stated that erythema from indiscretion in eating had been more often noted by him in adults than in children. Such an eruption is hard to manage and the itching is often maddening. In the administration of *Vaccinninum* 30x as a prophylactic he has often observed an eruption similar to measles.

Dr. Georgo F. Laidlaw said that he had been once deceived into thinking he had made a brilliant cure by *Ferrum phos.* and *Kali mur.* in a case that appeared to be measles. The case cleared up in three days. He now thinks it may have been a pseudo-exanthema. Brilliant cures of this character deserve investigation. Dr. A. R. McMichael reported three cases of erythema medicamentosa, two positive and one presumptive. In one case antipyrine produced an eruption closely resembling measles, having been given at Bellevue hospital in the first stage of typhoid fever. A second was of the same drug. In another case a general erythema with an enlarged spleen followed enormous doses of *Quinine*. *Ceanothus* cured both conditions.

Dr. C. C. Boyle detailed a case of a vesicular eruption upon the abdomen and chest of a medical student who had taken one ounce of antikamnia in two days for the pains of rheumatism. It lasted over two weeks.

Dr. A. W. Palmer described a case of scarlet fever presenting some suspicious features.

The meeting closed with the election of Dr. John B. Palmer to membership, and the nomination of Drs. J. Morgan Holloway of Jersey City, and Louis A. Queen of New York.

ACADEMY OF PATHOLOGICAL SCIENCE.

The December meeting was held at the offices of Dr. A. B. Norton, and an unusual number of members attended.

Multiple Ovarian Cyst.—A specimen, presented by Dr. W. G. Fralick, was removed from an unmarried woman aged 41. Two years previous she had had a temporary attack of what was considered "wind in the stomach." Three months ago the patient, a dress-maker, suffered a recurrence, but six well-known physicians, recommended by as many wealthy patrons, treated her for "wind in the stomach" for ten weeks with constant and rapid aggravation. Dr. Fralick found the area of dullness and fluctuation over the entire abdomen, and operated. A multiple cyst, adherent throughout but easily separated, was removed, and satisfactory convalescence was established. The cyst was remarkable for the deep-red color of the contained fluid. On examination it was shown that one of the cysts had recently ruptured into the large sac, and the accompanying hemorrhage had disguised the fluid.

Cholesterine Sand.—Dr. R. R. Trotter of Yonkers showed a quantity of sand obtained from the stool of a woman, aged 47, who had suffered from colic during eight years. The sand, made of pure cholesterine, was found at times when gall stones were not giving trouble, but ceased to appear when calculi were being passed. The stools had a light yellow color, but there was no jaundice.

Dr. C. W. Cornell asked whether cholesterine sand could be found in the stool without forming in the gall bladder. He had often, at autopsies, observed biliary calculi and inspissated gall in the gall bladder, but never this sand.

Dr. G. F. Laidlaw said that he had seen such concretions in two autopsies, but that they are rare.

Biliary Calculus.—Another specimen shown by Dr. Trotter was passed by a patient after severe colic followed by a hectic fever. Dr. Trotter was of the opinion that the calculus was released by setting up suppuration and ulcerating its way to the bowel.

Dr. Cornell combatted this theory, stating that in 150 cases he had always observed these symptoms of chill, fever and sweat, which were here purely reflex, and are often noticed occurring with a marked periodicity.

Salivary Calculus from Wharton's Duct.—This calculus was first felt as a swelling under the tongue, which directed attention to the presence of a concretion plugging Wharton's duct. On removing the latter the calculus was felt and cut down upon. It was removed in two pieces, but whether it was broken in the operation or developed so is not certain.

Dr. Trotter also showed a renal calculus and a salivary calculus from the tonsil.

Angio-Sarcoma of Velum Palati.—Dr. A. Worral Palmer presented a case from the Ophthalmic Hospital. There was noticed three months ago a small tumor, as large as the tip of the little finger, on the right side of the velum palati. Its surface seemed to be ulcerated and covered with a grayish scab, which was removed with peroxide, when the tumor proper was brought to view. It appeared nodular from four or five purple vesicles seemingly filled with blood. There were pain and burning on swallowing solids. A section was removed for examination, and *Sulphur* 3x was given, since which time the size has gradually reduced until now it is less than half its original dimensions.

Dr. G. F. Laidlow showed his microscopic preparation of this tumor. It is a mixed cell sarcoma, the cells of various forms massed together with very scanty intercellular tissue. Numerous blood corpuscles are seen which will probably explain its reduction in size upon section of a small piece. Though now decreasing under remedies it is malignant and a recurrence is to be expected. He advised a wide incision.

Medullary Carcinoma.—Dr. Laidlaw displayed two breasts removed the day before by Dr. F. E. Doughty. The first gave a history of a tumor in the breast for ten years. For a year there has been a flow of bloody liquid from the nipple. Below the nipple was a firm, rounded tumor feeling like a fibroma, seeming discrete. Removal was advocated though the diagnosis was in doubt. On excision it gave microscopical evidence of being a medullary carcinoma, showing the bloody, friable tissue, typical of soft cancer, which had discolored the skin but not burst. Fresh scrapings confirmed the diagnosis microscopically. It was distinctly encapsulated by a fibrous shell. A sinus leading to the nipple, affording an outlet, explains the fact that it did not work to the surface and that none of the axillary glands were involved. It is remarkable that it has lasted so long, and that the same patient suffers from a tumor in the base of the brain and a fibroid of the uterus.

Fibro-Cystic Tumor of Breast.—The other breast shown by Dr. Laidlaw illustrated the opposite condition, a hard, rapidly growing tumor, with a bad prognosis, which proved to be innocent. On incising it a cyst burst and the tumor collapsed. It is a fibroma, the cysts resulting from the constriction of tubules in which the lining epithelium secretes a fluid.

Calcareous Degeneration of Diaphragm.—Dr. C. I. Wendt presented specimens from a post mortem at the Metropolitan Hospital. The subject, of excessive alcoholic habit, died of pneumonia and nephritis. The diaphragm was in large part brittle with calcareous degeneration, and in another part was firm, typical cartilage. The prostate was as large as a lemon, with particular hypertrophy of the middle lobe. The kidney presented an anomalous arrangement of the renal artery. This divided into three branches two inches from the hilus, while a separate branch from the abdominal aorta entered the renal tissue directly.

Drs. H. G. Keith and R. O. Phillips of Yonkers, and Dr. O. N. Meyer of New York, were nominated for membership, and the nominees of last month were duly elected.

BOSTON HOMEOPATHIC MEDICAL SOCIETY.

FEBRUARY MEETING.

REPORTED BY H. O. SPALDING, "THE CLUNY."

The regular monthly meeting of the Boston Homeopathic Medical Society, held on the evening of February 6, was devoted chiefly to the section of mental and nervous diseases.

Uterine Fibroid Complicated by Twin Pregnancy.—At the scientific session, before the work of the regular section was entered upon, Dr. Alonzo Boothby reported an interesting case of the removal of a gravid uterus and appendages for a malignant growth. That which made the case of unusual interest was the fact that on opening the uterus after removal, two embryos, in the third month, were found. One of them was preserved with the membranes intact and was exhibited at the meeting. The chorion with its delicate shaggy coat was curiously separated from the amnion by a clear fluid, in which could be made out the small remains of the umbilical vesicle with its pedicle. On the head of the embryo was a swelling or growth much like a blister.

Systematic Muscular Training.—The special subject for consideration at this meeting was: "The Influence of Systematic Muscular Training in Counteracting the Increasing Neurotic Tendencies in our American Youth." Dr. Frank C. Richardson, chairman of the section, first introduced Dr. E. P. Colby, who presented the opening paper of the evening. His subject was: "The Increase of Nervous Instability Among Children." This paper, the author stated, was intended merely as an introduction to the general subject chosen for discussion. Two questions present themselves for consideration: First, Is there really any degree of instability in the community? and second, Are such nervous disorders on the increase? Both questions were answered in the affirmative, and the early age at which these troubles begin was regarded as the worst feature of the calamity. Part of this condition is due to inherited tendency, but more to the fact that exercise is made secondary to studies and in the schools is not allowed to detract in the least from the full course of work, while in the home exercise must come after advancement along the lines of social development and accomplishments. However much more exercise be taken it can never take the place of systematic exercise.

Influence of Muscular Training.—Dr. Richardson presented the next paper, having as a title, "The Influence of Systematic Muscular Training upon the Nerve Centers." Here the stand was taken that muscular training is primarily education of nerve centers and that muscular atrophy invariably follows the destruction of nerve cells. The development of muscular coördination depends directly upon the development of nervous cells and is followed by that of the higher faculties. Functional improvement of nervous mechanism is the result of improvement of muscular mechanism. For proper mental development of the youth proper muscular development must be insured. In closing, Dr. Richardson said that it rests with the medical profession to urge the importance of regular physical training to insure proper mental and moral welfare of our children.

In the absence of Dr. Conrad Wesselhoeft, who was to have discussed the paper, Dr. Sutherland said a few words, strongly commending the ideas and positions taken.

Physical Culture in Boston Schools.—Dr. Richardson then introduced Dr. Edward M. Hartwell, director of physical culture in the Boston public schools, who had for his subject, "Physical Culture as at Present Taught in the Public Schools of Boston." Dr. Hartwell came to the meeting expecting to be asked questions about the school system and therefore had not prepared a paper, yet he gave a very interesting talk on physical culture, or physical education, as he preferred to call it. The majority of people do not recognize the fact that muscular exercise exercises and affects the nerves. There is such a thing as neuro-muscular exercise. Muscular exercise can and should be made a branch of education, and should be brought under the laws of development. The physical department of education is still working along the lines of the theory of evolution in vogue a hundred years ago, and has not kept pace with other departments of this science. The speaker then traced the relative progression of ratio between the brain and body from infancy. To have safe and effectual physical development we must learn the movements most characteristic to each age. This is an ideal which, as yet, is beyond reach. The muscular training should begin with the larger muscles and coarser movements; when these are thoroughly learned we may progress to the finer and more complex exercises, all the time having in view and building on the coördination of movements.

In June, 1890, it was voted to adopt the Lane system of gymnastics in the Boston public schools. Up to this time these have been adopted only in part, and that is the free standing movements, which are based on science. The only appropriations made were for the instruction of the teachers, nothing for the purchase of apparatus. As ninety-four per cent. of the children were in the grammar schools attention was first directed there, and now these pupils have passed up to the high schools. They learned the exercises available and suited to their wants in the earlier years, and now find no provision for advancement in physical education suited to their age except the military drill introduced in the sixties. The Charlestown and Brighton high schools are exceptions to this rule, for there modern apparatus has been provided. Since means are not provided for the work in the grades above the intermediate the system has been carried down into the primary grades with surprisingly good results. Dr. Hartwell thought that the medical profession did not teach the students the value of systematic gymnastics and exercise. In the grammar schools of Boston sixteen minutes in the middle of the afternoon session is all that is given over to exercises, and in the primary three periods are devoted to that work. The classes are examined and ranked in physical culture on five points: position, steadiness, precision, correctness of movements, and correctness of commands. The last point only is the one in which the teacher participates. An essential part is that these movements are done at command of and not with the teacher. During the five years that this system has been used the marks have shown great general improvement.

Rational Gymnastics.—Mr. R. A. Roberts, Superintendent of Boston Young Men's Christian Association gymnasium, was the next speaker. He explained his system of rational gymnastics and illustrated a part of it by having two of his pupils go through with the exercises at the meeting. Mr. Roberts' system is used widely throughout the country in Young Men's Christian Associations and college gymnasiums. It is the result of long study and the belief that to be effective all exercise must be simple, short and require but little mental effort. It begins with what Mr. Roberts calls home exercise. This begins in the morning before rising by lying on the back and then attempting to sit up without using the arms in any way; after that arch the body so that it rests on the heels, shoulders and head; after getting out of bed one must walk on tip-toes while dressing. Other more complicated movements were shown, called towel exercise; breathing exercises were also explained. Mr. Roberts' pupils showed parts of the gymnasium drill, which were greatly appreciated and enjoyed by those present, especially since they were something out of the usual course of medical meetings.

A Deserved Criticism. — Dr. Samuel Calderwood, chairman of the committee on hygiene and physical culture, Boston school board, was called upon for a few remarks. He criticised physicians in general for their two ready applications for excusing children from physical exercises in the schools. It is the intention of the board to introduce apparatus and extend the systematic exercise along the lines suggested by Dr. Hartwell. The Roberts' system is now used somewhat.

Dr. Hartwell remarked that appropriations were useless without well trained teachers to direct the work. He thought the Swedish system best for ordinary schools, younger children and girls.

Dr. Calderwood said that there was to be a "Doctor's Day" at the Charlestown high school on Wednesday, February 12th, when the apparatus and arrangements for exercise would be shown and he extended a hearty invitation to all interested in the work to be present.

Dr. Hartwell expressed himself as greatly in favor of play grounds connected with the schools which should be the gathering place for children outside of regular school hours.

On motion of Dr. W. T. Talbot a vote of thanks to the gentlemen who had aided in making the meeting so thoroughly successful and enjoyable was passed.

Dr. I. T. Talbot spoke of the importance of proper feeding of the children during the long school sessions and moved "That the Boston Homeopathic Medical Society fully approves of the teaching of physical training in our public schools and recommends its still more comprehensive, thorough and scientific instruction in this department." The motion was carried.

Dr. Klein said that the necessity of a place to hold the systematic training is of the first importance. Exercises held in dusty, dead air were of more harm than good.

Dr. Richardson moved that a committee of five be appointed from the society to take such steps as seem best to push forward the work of obtaining systematic exercise in the public schools of Boston. This motion was unanimously carried.

It was moved and voted that a new section be formed, to be called the Medico-Legal Section. Also that an executive committee for this section be appointed by the chair. Dr. I. T. Talbot was appointed chairman, Dr. Edward P. Colby, secretary; and Dr. Alonzo Boothby, treasurer.

Officers for the section of mental and nervous diseases were elected as follows: Chairman, E. H. Wiswald, M. D.; secretary, Mary E. Mosher, M. D.; treasurer, W. R. Perkins, M. D.

The following physicians were elected to membership: Julia M. Lombard, of Boston, George W. Hayward, of Lynn, Caroline T. Wentworth, of Newton Highlands, J. M. Hinson, Jr., of Boston, Percy G. Brown, of East Boston.

Correspondence.

"THE SCOPE OF SIMILIA."

BY ADAM GIVEN, M. D., LOUISVILLE, KY.

When I read the able and conservative editorial of Dr. Fisher on "The Scope of Similia," in the January number of the Medical Century, the question arose in my mind, "Do I understand what is meant by the term homeopathy, and is it necessary for me to apologize to any one if I prescribe in accordance with what I believe to be the only therapeutic law of cure, as ennunciated by *similia*, even though others cure by the same law but refuse to give it credit, and claim another law?"

I claim that homeopathy is the only true science of therapeutics, and hence if medicines cure they do so homeopathically whether prescribed by an allopath, eclectic or homeopath. Hence to my mind palliatives have no place in homeopathic therapeutics, in curable cases. It is true if we are not well versed in materia medica, and there is danger of losing a good family by not giving immediate relief, then it becomes a question of finance and not true science whether we will use palliative doses of *Morphine* or not.

The Century says, "But are we altogether justified in assuming that because *similia similibus curantur* is a truth which is sure to endure throughout all the future we must ignore all other possible truths in medicine? That we must assume that physicians who do not believe in and practice homeopathy never cure?" Yes they do make some brilliant cures, but how do they do it? I answer they cure homeopathically, though ignorant of the true law of cure through which their medicines act.

After having practiced allopathy for twenty years and homeopathy for seventeen I know that all medicines which cure do so homeopathically, it matters not who prescribes them. I had fine success in prescribing *Veratrum viride* allopathically for pneumonia, but I did not know that it cured in accordance with the law of *similia* until I became a homeopath. I believe that when any medicine performs a cure it does so homeopathically. *Quinine* will not cure chills and fever if it is not homeopathic to the case for which it is prescribed, and so with the whole list of remedies. I defy anyone to prove otherwise.

I am aware that there are two modes by which organs and tissues may be restored to their normal functions, that is by the dynamic force of drugs in accordance with *similia*, and by rest. If I fracture my arm and the surgeon places the bones in apposition and holds them in place by splints, then the parts are kept at rest and nature performs a cure. If the tissues have been bruised and there is pain then *Arnica* is the indicated remedy, and not a palliative dose of *Morphine*. All surgical operations procure rest to the parts and hence cure.

I claim from experience that it is unscientific to use palliatives in any curable case, and hence *similia* is universal in its application to all drugs that are curative.

The CENTURY used the following beautiful figure: "It was New Orleans' favorite son, the lamented Holcombe, who proclaimed the homeopathic law to be a great guiding principle in medicine, the brightest star in the medical firmament, with other yet lesser stars adding to the perfection and brilliancy of the constellation."

The lesser stars mentioned above have reference to the old school, and eclectics in their crude mode of medication. The fact is the old school represents a very large opaque body, therapeutically speaking, but grand and brilliant in all other branches of the science of medicine. Her lustre, however, is dimmed by her crude therapeutic methods, and thus instead of being a bright and large luminary revolving side by side with the bright star of *similia* she, notwithstanding her large and venerable proportions, occupies in the medical firmament the position called by Dr. Holcombe a lesser star—lesser because the brilliant reflections from similia are obscured by the crudity of allopathic prescribing.

The light reflected from the lesser stars referred to is only scintillations thrown from the bright star of *similia*, and as they become attached to different parts of that opaque body they shine by their own brilliancy, thus making that body appear like a lesser star. In other words, it is only the law of *similia* that illuminates the pathway of all schools, and its true brilliancy is only shown by that school which teaches the law of cure in its perfection. I believe that no school is scientific that does not teach homeopathy, pure and simple.

I know that our old school colleagues have always aimed to place the science of medicine upon the highest plane, which they have accomplished in every thing except their crude method of prescribing.

I am aware of the fact that drugs may suppress pain and thus procure rest to the organs and give nature time to remove the cause of the trouble. I also believe that so-called palliatives are justifiable in incurable diseases, but they should never be allowed to take the place of indicated agents.

So long as the old school physicians refuse to investigate the law of *similia*, and yet cure their patients by that law, and denounce those who believe it to be the guiding principle in the cure of diseases, then it is the duty of homeopathists to still hold the banner of *similia* aloft so that the world may know its true mission to save suffering humanity from the heroic treatment of the dark ages.

AN ISSUE WELL TAKEN.

BY E. B. FINNEY, M. D., LINCOLN, NEBRASKA.

MEDICAL CENTURY: Enclosed you will please find three dollars for '96 subscription for the CENTURY, which I can not do without.

The Text-book of Surgery is at hand and I must say that I was greatly surprised with it. Who says the homeopaths have no books? I only regret you did not make two volumes of it, but as it is it is all right and I can not praise it enough.

Say, doctor, can I ask a question? Answer me or not as you see fit. As a surgeon I find it hard to read all that is printed in so many journals, and as the leading journal of our school why would it not be a good thing for the CENTURY to select two or three of the leading surgeons of our school, if the editor has not the time himself, and let them have a page to note all of the advances in surgery, thereby keeping fresh before us at each issue just what is happening in the surgical field. As a school our journals are in need of some such plan, and if you would do this it would enable us to cut off some of our old school works. What think you of the idea, or plan?*

RECTAL SURGERY DATA DESIRED.

I very earnestly desire to know the comparative frequency of the healthy rectum and of the unhealthy rectum after the operation which is known as the American Operation, and also after other operations which remove the mucous membrane in its entire circumference at the anus. I wish to determine as accurately as possible the percentage of failures and the percentage of successes, and can only arrive at such a conclusion by collecting as many reports as possible from medical men. In replying to this letter, will you kindly say, if reporting failures, what is the condition of the rectum at this time, or if the case is not under your immediate observation, at the time when last seen or heard from by you. If there have been no cases which have come into your own experience and yet of which you know accurately, will you please give the patient's initials and place of residence, that I may thus avoid the danger of twice, or oftener, reporting the same case.

I think it is our duty, without enthusiasm and without bias, to judge of the value of any surgical procedure by the results which attend its employment, and sincerely hope that I may have your thorough coöperation in these efforts.

Thos. Chas. Martin, M. D.

791 Prospect st., Cleveland.

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*The CENTURY'S editor has had this idea in view this great while. But the surgeons, they are so busy!

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - Editor.

New York and Chicago, February 15, 1896.

NEW YORK'S MEDICAL LAW.

The consensus of opinion in New York seems to be that the three board examining law is working satifactorily in most respects and is having the effect to keep out further additions to the ranks of the ignoramuses who would foist themselves upon the public as practitioners of medicine. In this thought there is an almost unanimous support of the law from every part of the state. It is admitted, however, that it has but little if any effect upon the knave in the profession, who is, after all, the man in whom danger lurks. It is also freely admitted that it offers a premium to the beginner in medicine, in that only those who are fresh from the colleges are likely to be able to successfully stand the examinations, which cover several branches not taught twenty or even ten years ago, and others, as anatomy, chemistry, histology, physiology, ophthalmology, and pathological anatomy which, even though fairly well informed upon, the general practitioner of twenty or even ten years is not likely to be able to pass upon if the examination be at all rigid and compensatory.

The student just out of college has been preparing for three or four years for just such tests as faculty and state board examinations. The physician who has been engaged in bedside work for a dozen or a score of years, though well qualified for that work, has been busying himself with the practical branches of medicine only and is necessarily rusty in the fundamental studies. Consequently, the law as at present enforced offers the beginner in medicine the better opportunity to secure license than is offered the general and thoroughly well qualified experienced practitioner from other states. This is an acknowledged fault in the law and there is some talk of having it so amended as to limit the examination of practitioners of a given number of years' experience in practice to the practical branches only. This done the law would be made more fair toward the experienced doctor than at present, while no harm would be done the beginner by still asking him to show his knowledge in all the branches, since he is fresh from the teaching halls and quiz and should be sufficiently well informed in the fundamental as well as the practical branches to secure his license without unusual effort. This amendment should be enacted during the sitting of the present legislature, in justice alike to reputable physicians of years of experience as well as in justice to the citizens of New York, who should not be compelled in all instances to accept the beginning physician as new medical residents to the exclusion of experienced men who very naturally would shrink from an examination in branches practically laid aside, except in a general way, years ago.

The New Yorkers are especially pleased at the results shown by a comparison of the examinations of homeopathic and allopathic applicants. The secretary of the board of regents of the University of New York, under whose auspices the examinations are conducted, has written the dean of the New York Homeopathic College that the graduates of that institution have carried off greater honors than candidates from any other college. It has been claimed by the old school and by old line life insurance examiners, for instance, that homeopathic physicians are not as well informed in the auxiliary branches as the old school, no matter how much better they may claim to be equipped in therapeutics. But here it is demonstrated that out of a large number of student-applicants for licensure in New York, graduates of the best allopathic and homeopathic colleges in the country, the homeopathic students stand first best in general average. This is something to be proud of, and this fact should be freely quoted as showing the position of homeopathy to day on the subject of medical education. Especially should it be quoted to the life companies and others who would have it appear that we are deficient in our teaching of physical diagnosis and other common branches.

The almost unanimous approval of the profession of New York of the practical workings of the New York law would make it seem to be a desirable law for this state. But it is deficient in the suggestion outlined, and to our mind is so restrictive as to be highly objectionable from the broader viewpoint of the American citizen rather than that of the citizen of one commonwealth only. It is deficient also in that it does not attempt to reach the pretender, the fraud, the knave in and out of the profession, satisfying itself with spending its force upon the legitimate profession. The stranger within the gates cannot but be struck with the injustice of a measure proposing to regulate and elevate the profession of medicine and surgery which forces old practitioners to a college student examination, placing the latter in a premium position, and which tolerates quackish medical institutes and the like, whose glaring signs are to be seen on nearly every street in New York. Copeland medical institutes, microbe killers, cure-alls of all sorts and sizes, and all the fraudulent pretenders of other states flourish in New York as elsewhere, while the doctor must needs be submitted to the most rigid regulating. The law is doubtless good, very good, as far as it goes, and were it amended so as to make its examination of experienced men and women more reasonable, and so as to enable the proper authorities to clip the wings of the real offenders, the advertising pretenders, the mountebanks and the knaves who foist themselves with almost indecent effrontery upon the profession and the people, it would doubtless be about as perfect a law as could be enacted—of the examining board kind.

HAPPY ROCHESTER.

Rochester's profession is a very happy one. And it has good reason to be. It has no college, an important consideration, if happiness and peace and brotherly love be desired, and it has one of the best hospitals in all these United States. It also enjoys an unusually satisfactory fellowship, the only point of friction lying between its general brotherhood and its representatives of that feature of homeopathy erroneously known as Hahnemannianism. It is not for the CENTURY to suggest why this friction exists, nor to locate the blame, if, indeed, blame there be; nor would it imply that any considerable degree of friction is to be found even here. There are two parties, as in most cities and they have been at war, though now really at peace--enjoying an armed truce, as it were. Aside from this separation a remarkable degree of brotherly love and charity prevails, with the result that Rochester is to be envied of all men.

But a chief reason why Rochester is to be envied, why she is so happy, is to be found in her splendid hospital. Although one of the lesser cities of New York there is no better hospital in the empire state, if, indeed, in the whole country, than her's. Its grounds are large enough for a hundred years to come, covering full eight acres, in one of the choicest locations in the city and superbly situated. The property was the wooded homestead of one of Rochester's prominent citizens for many years. Through liberal donations by the Sibleys and Watsons and others it became the property of the Rochester Homeopathic Hospital Association a few years ago, and from time to time new wings have been added until there is now found in this lovely city one of the most perfect and inviting hospitals in all this broad land.

Two new wings have been added recently and a surgical pavillion has also been erected. Accomodations are provided for one hundred patients. There are two wards for patients unable to pay for private rooms, accommodating twenty each, and private rooms at all prices; so the rich and the middle classes can be accommodated in these while the poor have ward accommodations that are good enough for any one, whether of high or low degree. An infectious disease cottage has also been provided, and more recently a complete ambulance service has been donated through the beneficence of one of Rochester's women philanthropists.

But it is not to elaborate upon the hospital that this subject is considered. It is to point out to others what may be done by harmony and unity of action. The profession of Rochester move as one man in all things for the public good. Trifling jealousies are not allowed to hinder the common weal. Each and every member of the local profession performs the part assigned him with zeal and fidelity, with the result that the people of Rochester are prompt to do their share and have learned to take a pride and an interest in the homeopathic hospital, as in no other city in the country. The ball was set rolling, in the first place, by the profession, who contributed out of their own pockets according to their ability and who showed their faith in the future of homeopathy and in the possibility of what has now been acquired by beginning a hospital effort in a small way at first, keeping at it, however, until their very earnestness and confidence inspired wealthy citizens with admiration and approval. Small gifts were at first received, but as the importance of the work developed and dawned with forcefulness upon the people of Rochester they took up the task as their own and have builded for the profession far better than was ever dreamed of.

The homeopathic hospital is now the people's pride. While working in perfect harmony with the medical and surgical staff the latter have now nothing to do but to perform their professional obligations faithfully and well, the laity doing the balance. And what has been accomplished in Rochester may be accomplished elsewhere by pursuing the same course. Peace and harmony among the profession is the first requisite. Then come devotion to the cause we profess to advocate, and a willingness to sacrifice as necessary of private comfort and effort for the common weal. These essentials acquired, the third and, after all, the most important, but one which cannot be secured in the absence of the others, is the hearty co-operation of the homeopathic laity.

A detailed history of the Rochester Hospital Association would not only prove of general interest to the profession, but it would, doubtless, serve an excellent educational purpose and encourage similar effort in many cities as yet not supplied with successful hospital associations. The lesson for the profession has already been told. The lesson of and for the laity is the lesson of philanthropy, sympathy for suffering fellow-mortals and the doing of good. In these god-like qualities the people of Rochester have set a noble example.

A NEW HYSTERECTOMY.

Dr. Horace E. Packer, of Boston, is at present developing a new method of performing vaginal hysterectomy, the objects which he has undertaken to secure being safety to the patient, rapidity of performance and bloodlessness. The method is yet in the experimental stage, and its originator is not desirous of placing it before the profession as a perfect or permanently adopted procedure at this time. The operation is begun, as all vaginal hysterectomies are begun, by severing the cervico-vaginal mucous membrane and peeling it and the connective tissues back until the peritoneum is reached. A single ligature is then thrown around the uterine artery on either side, and broad flat steel retractors, or guards, are passed anteriorly and posteriorly beyond the fundus, being brought together above the uterus in such manner as to protect the intestines and other structures during the succeeding steps of the operation. The uterus is brought well downward and is put upon the stretch laterally by vulsella on either side. It is then divided from the cervix to the fundus, first anteriorly, then posteriorly, by a platinum spud heated to a red heat by means of the thermo-cautery, the steel guards serving as a guide for the passage of the spud and to protect the tissues therefrom. The uterus being split completely in halves one half is readily drawn downward into the vagina, and the ovary, tube and broad ligament of that side are encircled by the chain loop of a strong ecraseur. Care is exercised at this point that nothing but the tissues to be severed be included in the loop, and the ecraseur is made to cut its way through. For this purpose the author of the operation has devised an ecraseur which operates from both sides of the tissues to be cut, working through them from the two sides equally. No vessels have to be ligated or afterwards caught up, and it takes but a minute to sever the tissues included in the loop. The remaining segment of the uterus, together with its tube, ovary and ligament, are treated in like manner, the whole procedure taking but a few minutes, after the initial incisions and ligaturing of the uterine arteries have been performed.

The editor of the Century had the pleasure of witnessing this operation by its author at the Boston Homeopathic Hospital recently, and was favorably impressed by its simplicity and effectiveness. The chief points of advantage are its bloodlessness, the ease with which the segmented uterus, ovaries, tubes and ligaments can be brought into view and severed, and the subsequent freedom from capillary, venous or arterial leakage. The objections which presented to mind are of minor importance, covering the introduction into the peritoneum of the broad steel retractors for the purpose of protecting other pelvic tissues from the thermo-cautery, the offensive odor resulting upon the application of red heat to the uterine tissues, and the possible danger of infection from the chain saw. The latter is easily guarded against, however, by having this instrument thoroughly boiled and otherwise treated aseptically after and before its using. The retractors are not more likely to cause bruising or other injury to the peritoneum and tissues within than are the surgeon's fingers and his artery forceps, and other instruments employed in other methods. The severing of the uterus in twain avoids the dragging upon the superimposed tissues often witnessed in the ordinary vaginal hysterectomy, and the danger of infection from eversion of the womb when the cervix is involved in carcinomatous degeneration is completely obviated.

It is quite likely that this new hysterectomy when perfected will find a permanent place among operations of this class.

Editor's Table.

Dr. H. S. Phillips, late of Toledo, is now located at 158 Third Avenue, Pittsburg.

Dr. T. Cecil Hicks, formerly of Rome, Georgia, is located at 924 Broadway, Toledo, Ohio.

Dr. Geo. W. Smith, Philadelphia, has recently removed from 1320 Walnut street to 806 North Broad street.

Dr. J. Martine Kershaw, St. Louis, has recently erected a handsome residence on Washington avenue, which he now occupies.

Dr. Orpha D. Baldwin, formerly of Oregon, has removed to Tampa, Florida, and has become Mrs. Orpha Baldwin-Bruce, M. D.

Dr. Herbert L. Northrup has been chosen professor of anatomy in Hahnemann Medical College, Philadelphia, vice Dr. Thomas, deceased.

The *Medical News*, of which Homeophobia Gould was editor for many years, has removed to New York from Philadelphia, and is now being edited by Dr. J. Riddle Goffe.

Dr. Pemberton Dudley has been chosen dean of Hahnemann College, Philadelphia, vice Dr. A. R. Thomas, deceased, and Dr. Chas. Mohr follows Dr. John E. James in the registrarship.

The *Homeopathic Recorder* pronounces the new Homeopathic Text-Book of Surgery a thing of beauty, adding that it throws its rival, the American Text-Book of Surgery, completely in the shade.

Dr. W. J. Hawkes of Chicago has taken himself again to Southern California because of a bronchial irritation which seems to make it desirable that he shall avoid the spring break-up of Chicago's climate.

The committee appointed at Newport to arrange for transportation to the London Congress are doing their utmost to secure good rates and special accommodations, and will soon have a report ready for the profession.

The Utica Homeopathic Hospital has recently been provided with Dr. Northrup's oxygenating chloroform apparatus whereby anesthesia is more quickly and safely performed, it is claimed, than when the anesthetic is used without the oxygen.

Homeopathy in Denver has received a fresh impetus in the donation of half a block of ground upon which to erect a hospital. The money for the purpose is nearly all in hand, and it is thought work will be commenced immediately and pushed to completion without delay.

At the forty-sixth annual meeting of the Rhode Island Homeopathic Medical Society Dr. T. H. Shipman, Providence, was chosen president, Dr. Sayer Hasbrouck, Providence, vice-president, Dr. J. H. Bennet, Cawtucket, secretary, and Dr. J. D. Lippitt, of Johnston, treasurer.

Dr. W. S. Breyfogle, formerly of Louisville, Kentucky, and at one time president of the American Institute of Homeopathy, has recently suffered a severe illness from which he was rescued by Dr. Pratt by an operation for vesical calculus. At last reports Dr. Breyfogle was doing well, his early recovery being assured.

The Musgrove bill, proposing the regulation of the practice of medicine in Ohio, has passed the lower house by almost an unanimous vote, but it is thought it may have trouble in the senate. The measure is after the fashion of a registration law and has the approval of the legislative committees of the three state societies.

Doubtless prompted by the MEDICAL CENTURY, which presented its readers with an excellent likeness of President Dudley, of the American Institute of Homeopathy, in its January 1st issue, the *Hahnemannian Monthly* for February contains an excellent half-tone of Dr. Dudley. If the Philadelphia journal is but given a little extra time it usually comes along all right. A little slow, it is true, but a trifle sure, generally.

Dr. Hutiet, a physician residing at Penning's Gap, Virginia, who was experimenting with himself and two other half intoxicated individuals on February 2, injected a sufficient quantity of morphine into the bodies of his subjects, men named Meyers and Stacy, to cause their death, and a sufficient amount into his own arm to render his recovery exceedingly doubtful. Of all men there is absolutely no excuse for the drunken orgies of medical practitioners.

The annual donation which the Hahnemann Hospital of Philadelphia enjoys recently occurred, with the result that above two thousand five hundred dollars in money, two hundred and fifty dollars worth of groceries, and a considerable supply of household linen were donated. During 1895 the hospital treated one thousand eight hundred and fifty-one patients and three thousand four hundred and eighty-nine ancient cases within its walls. Seventy-three thousand nine hundred and eight prescriptions were made in the prescription department.

The Hahnemannian monument committee has distributed broadcast large numbers of a little booklet on the subject of the proposed monument to Hahnemann at Washington, which is having a very salutary effect in arousing the profession in various parts of the country to activity in this behalf, and which has already secured a number of donations to the monument fund. The treasurer of the committee, Dr. H. M. Smith, 288 St. Nicholas avenue, New York, will supply these handsome little leaflets to anyone who may desire to distribute them among his patrons and friends.

The directors of the Passaic Hospital Association have opened their staff positions to the homeopathic profession. The old school has held these appointments in the past, to the exclusion of homeopathic physicians and surgeons, but a new order of things has been instituted and hereafter we have a share of the staff positions. The change is the result of pressure brought by the patrons of the hospital who are homeopaths, a number declining to give to its support unless their physicians were given recognition. This is the kind of spirit to manifest. The Lord helps them who help themselves.

Dr. C. B. Kinyon, of Rock Island, has recently suffered the indignity and misfortune of being indirectly charged with the responsibility of the death of a young man by the name of Barrett, the result of a surgical operation. The nature of the operation is not stated in the newspaper reports of the affair, and there is a vagueness about the recital of the circumstance that causes his friends to feel very sure that Dr. Kinyon will be absolved from censure when the circumstances are understood. It falls to the lot of physicians and surgeons at some time during their lives, and in many instances a good many times, to suffer indignities and injustices of this character.

Last year the medical department of the University of Pennsylvania enrolled 865 students, while this year it has an enrollment of 900. Jefferson Medical College, which had 700 last year, enjoys an increase of an even 25. The Woman's Medical College of that state has 200 for 1895-96, against 175 of the previous year, and the Philadelphia Polyclinic, which had 120 last year, now has an enrollment of 150. Hahnemannian Medical College last year matriculated 260 and this year has an enrollment of 285. It will be seen that all of Philadelphia's medical colleges have an increased number of students, the total amounting to 2,620 as against 2,345 for the previous session.

The Rhode Island Homeopathic Hospital treated 234 patients last year, of which number 137 were medical and eighty-two were surgical. The remaining were infirm subjects. The increase in attendance over the year previous was 11 per cent. Among the 137 medical cases four deaths occurred, while among the eighty-two surgical cases there were three deaths. Seven deaths out of a total of 234 patients makes a creditable showing, one of which our Rhode Island colleagues have good reason to feel proud. Of the four medical deaths one was from congenital syphilis, one from apoplexy, one from tuberculosis and one from hydrocephalus, all fatal diseases under almost any conditions. Of the three surgical deaths one was from perityphlitis, one from endocarditis, and the other from a tubercular knee.

According to the *Hahnemannian Monthly* for February 1st., the homeopathic applicants for license to practice medicine in Pennsylvania carried off the honors before the state examining board. Of fourteen homeopaths applying six were licensed, while of seventy-six allopathic candidates but twenty-six were granted licensure. Dr. A. Cookman, a graduate of Hahnemann College, Philadelphia, made the best record, his average being 99.71 per cent. This testimony, added to that from New York, gives us much to be thankful for. Homeopathy has no more to fear than the "old school" in examinations of this kind. But, just the same, homeopathy wants as little of this restrictive method of licensure as can be got along with. The very smallness of results in Pennsylvania shows clearly that it will seriously restrict our growth, something we cannot yet afford.

Drs. Bascom, Downs and Palmer, the local committee of arrangements for the Illinois Homeopathic Medical Association, which will meet in Ottawa the second week in May, on the 12th, 13th and 14th, have issued a preliminary circulur of invitation to the medical profession inviting a large attendance upon the Ottawa meeting. The Illinois society alternates between Chicago and other cities. Unfortunately, the attendance upon the meeting when held elsewhere than in Chicago has not been satisfactory in recent years. This reveals a degree of selfishness or carelessness on the part of the Chicago profession which is not altogether commendable. Ottawa is not over far away, and the local committee is putting forth unusual efforts to guarantee to the association a pleasant and profitable meeting; hence it becomes our duty, and it should be our pleasure, to second their efforts by giving them a large attendance from all over the state.

The so-called National Homeopathic Medical College, at Washington, D. C., is enjoying that which comes to all new institutions, an internecine struggle which threatens its very existence. As is well known, this college was organized and is manned largely by so-called doctors who are government employees and not members of the Washington Homeopathic Medical Society or the American Institute of Homeopathy, or other recognized and reputable medical association. The students of the institution have taken up arms against their faculty and have petitioned the board of trustees to disqualify the present professors and elect a new faculty containing only members of the Washington society. This college seems to be a wholly superfluous one, its existence not being justified by any crying necessity for a medical college at the national capital at this time, and it is not believed that even should the trustees listen to the pleas of the students and act upon them the reputable profession of Washington would care to take up the offensive corpse and undertake its reincarnation. Washington's profession is nothing if not a clean one, and should it ever be thought wise to establish a homeopathic college in that city it is quite likely the local fraternity will work from the ground up.

BOSTON NEWS-NOTES.

Dr. Spencer, of Massachusetts, visited Boston and New York for a few days the first of the month.

The Boston University School of Medicine is prospering as never before in its history. Its classes are large and of the best possible material.

The editors of the New England *Medical Gazette* and the Medical Century had the pleasure of shaking hands with each other during the latter's flying visit to the hub.

Dr. N. W. Emerson, one of Boston's well known and enterprising surgeons, has opened a private surgical hospital on Newton street. A more extended notice of its appointments will be given in an early issue by the Century's Boston correspondent.

The Alumni Association of the Boston University school of Medicine, conjointly with the New England Hahnemannian Association is issuing a *Quarterly Bulletin of Medical Instruction*, a thirty-two page journal devoted to the subject of medical education.

The internes at the Homeopathic Dispensary connected with the college have been chosen from the junior class and are to serve for the coming year. The successful applicants were W. L. Chapman of Newtonville; L. G. Haskell of Jamaica Plain; Miss Lucile James of Danielsonville, Conn., and Miss W. S. Foster of Norway, Me.

Boston is making ready for an unusually interesting and profitable Hahnemann Association celebration on the anniversary of Hahnemann's birth in April. She does not propose to allow New York to discount her in this relation. Chicago will have to wake up or Boston, New York, Minneapolis and other cities will put her to shame.

Otis Clapp & Son, the well-known pharmacists, have the Medical Century, the Homeopathic Text-Book of Surgery and Fisher's Diseases of Children for sale. They are also authorized to receive subscription orders for the Surgery and Diseases of Children, to be filled from the Century office, and to receive and receipt for subscriptions to the Century throughout the New England states.

Dr. Talbot is now after a piece of ground belonging to the city lying near enough to the Homeopathic Hospital to be of service to it if it can be had, and from all appearances it is not unlikely that it will be donated by the city government for the commendable purpose of erecting a Nurse's Home thereupon. If there were more Talbots scattered over the country there would be more successful and enterprising hospital and college associations. As an organizer in this line Boston's leader has no superior.

Mr. Henry O. Spalding, son of Dr. H. E. Spalding has been appointed Boston college and news-item correspondent of the Medical Century, and reporter of society proceedings and general Boston news-notes for this journal. He is also duly authorized to receive subscriptions and receipt for the same, and to act in general business and reportorial capacity for the Century. Courtesies extended him in this relation by the profession will be duly appreciated at the home office. Mr. Spaulding's address is "The Cluny, Boston."

Concerning the hospital which Dr. N. W. Emerson has recently opened at 40 West Newton street, the house is in the middle of a block, facing Blackstone square, with its stately elms, lawn and fountain. Within everything has been thoroughly renovated with new plumbing, new heating, and elevator, everything spick and span. The rooms are daintily and neatly furnished, while the operating room is perfect. Dr. Sara Johnson, who graduated from the Medical School in 1894 and was interne at the Massachusetts Homeopathic Hospital the following year, is associated with Dr. Emerson as house physician.

The Boston Homeopathic Medical Society arranges its program to cover a period of months, and finds the method very satisfactory. The meeting for February was given to the consideration of mental and nervous diseases, that of March will be devoted to gynecology and obstetrics, the meeting for April is given over to surgery, that of May to pathology and therapeutics, that of June to diseases of children; the summer months are skipped and the meeting for October takes up electro-therapeutics, the November session is for materia medica, the December session being given to the consideration of the eye, ear and throat and the meeting of January dealing with sanitary science and public health.

Dr. Alonzo Boothby has determined to make his chair of gynecology at the school of the utmost value to his students, for he has most kindly consented to take two of the class at a time and lodge them in his hospital for terms of five weeks each, where they will have the advantage of not only seeing almost all operations but of following up the cases and their treatment afterwards. In short, they have all the advantages of an interne without the drudgery attending that position. Not only is there a chance to observe Dr. Boothby's gynecological work but also Dr. Hayward's work in general surgery and Dr. Halsay's in rectal surgery. Miss Evelyn Lowe and Miss Mary Robinson are internes at the present time.

The editor of the Medical Century made a flying visit to Boston on the third instant. Arriving in the hub at seven in the morning, he visited Otis Clapp & Son's pharmacy on business matters, selected a local representative for the journal, appointed a college agent for the Homeopathic Text-Book of surgery and his works on diseases of children, visited the Massachusetts Hospital with Dr. Emerson, of the staff of the new work on Surgery, lunched with Superintendent T. M. Strong and family, witnessed a bran new hysterectomy by Dr. Packard, visited Dr. Emerson's new hospital from garret to cellar, called on Dr. Talbot on International Congress matters, and made social calls on a number of Boston's profession, returning to New York on the five P. M., train. Careful examination failed to reveal any considerable growth of Boston grass on the soles of his shoes.

The eastern medical journals are discussing the danger of the physician carrying infection by means of his beard, whereat the *Boston Herald* remarks that if the Boston doctors are compelled to cut off their beautiful whiskers because these hirsute adornments are considered vehicles for conveying disease germs it can imagine some of the younger generation as not being sorry, since many of them find it rather a difficult task to raise even a fair set of "Gallways." The *Herald* even suggests that it is believed that it is the young and beardless doctor who has started this active whisker agitation, since he has come to know that in the absence of the ability to grow a beard he is placed at material disadvantage by his more hairy colleague, who is often not even as well informed in medical and surgical lore as he. To the careless thinker it may appear that this agitation is nonsensical; but it cannot be gainsaid that the surgeon whose face is clean shaven and whose hair is close cropped is less likely to infect his operable cases than is his Roman-faced colleague; nor can it be gainsaid that the long bearded doctor is more likely to carry infective germs in his whiskers than is the non-bearded doctor likely to carry them upon his smooth, though ofttimes hardened, cheek.

Senator Neill, of the Massachusetts legislature, has introduced a bill proposing to dis-establish the Massachusetts hospital for dipsomaniacs and inebriates at Foxboro, and to establish instead of it an asylum for boys of simple mind. In defending his measure Senator Neill, who is chairman of the committee of public charitable institutions, is reported to have said that the Foxboro asylum is failing to accomplish satisfactory results in the treatment of alcoholic diseases. The annual reports submitted in July last showed that but twenty-six and five-tenths per cent. of the patients were classed as being well, less than eleven per cent. as improved and sixty-three per cent. as unimproved, the fault seeming to lie more particularly with the methods of commitment, however, than with the institution itself. The school for feeble minded at Waltham has received about six hundred more applications for admittance than it accommodates well, with the result that the trustees are now asking for $60,000 for two additional cottages. The state certainly owes a duty to its dipsomaniacs, who are, after all, subjects of a disease, usually, however, of their own incurring; but it owes a greater duty to its feeble minded youths, who are in many cases the offspring of a previous generation of dipsomaniacs. The greater charity belongs to the innocent victims of the whisky and other degenerating habits, rather than to the acquired drunkard.

The Boston papers are again subjected to correspondence from physicians and laymen on the subject of the new medical registration act. It would seem that the law of Massachussetts provides simply for the registration of graduated physicians, and prohibits under penalty the announcement by anyone not a graduate in medicine that he is a physician, or doctor, such announcement being calculated to convey the impression to the public mind of competency in medicine and surgery. Those who favor absolutely no restrictions in this relation propose an amendment to the act which shall permit any person of sound mind to employ whom he may choose as his medical advisory. Representatives of the profession argue in the daily press that this permission belongs to the citizen under the present law, with the one restriction that it enforces that non-medical men and women shall not publicly announce themselves as medical men or women. The proposition would seem to be perfectly reasonable from any viewpoint that no one who has not received a liberal education in colleges and hospitals should be allowed to proclaim himself to the people as a physician and surgeon; whereas, on the other hand, the proposition would seem to be equally plain that any individual of sound mind and legal age should have the right to entrust his life in the hands of anyone of his own choosing, whether such individual be physician, preacher or pretender. It is not believed in well-informed circles that the specific legislation proposed will be enacted, it being thought that the present law amply covers the ground.

The New England Hahnemann Association was formed about a year ago for the purpose of spreading among the public an interest in homeopathy and a better knowledge of its work, also to directly assist the Boston University School of Medicine. The second annual meeting was held January 13th at the Medical School Building. A large number, testing well the capacity of the building, assembled to hear the report of the officers and college professors, and to enjoy an informal reception in the laboratories. Seventeen hundred dollars had been raised during the year and applied to the needs of the school. Dr. I. T. Talbot made a few remarks regarding the general progress of the school. Then Prof. E. E. Calder spoke briefly of the work in his department of chemistry. Dr. John A. Rockwell, professor of physiology, Dr. John P. Sutherland, professor of anatomy, and Dr. W. T. Talbot, instructor in pathology, told of their year's work, of the progress during past years, and of the needs of their departments, and Dr. Horace Packard reported on the condition and needs of the library. After the literary part of the meeting the company adjourned to the new building, where they admired a model of the Hahnemann statue on exhibition in the library. In the different laboratories students explained the different instruments, and refreshments were served by the wives of several of the professors. Music was furnished for the occasion by the college orchestra and dancing was enjoyed until a late hour. Last year the association celebrated the anniversary of Hahnemann's birthday by a banquet held in Music Hall, at which speeches were made by the governor, the mayor and officers of the school, and a poem was read by Dr. W. T. Helmuth, of New York. While this was a success in arousing interest in and knowledge of homeopathy in Boston it did not net the association a very large sum of money. This year, being the centennial of homeopathy's birth, more elaborate preparations are on foot. It is intended to hold a festival, called the homeopathic centennial festival, in the buildings of the medical school during the week beginning Monday, April 6. Just what the character of this festival will be is not fully known except that there will be various attractions and entertainments in the different rooms of the school building. Further plans will be devised at a meeting at the College on Friday, February 14.

BUFFALO BUDGET.

Drs. F. Park Lewis and DeWitt G. Wilcox attended the state meeting at Albany on the 11th and 12th inst.

The editor of the MEDICAL CENTURY made a brief visit to Buffalo on his way East, the guest of Dr. and Mrs. DeWitt G. Wilcox. In the evening he was dined by Dr. and Mrs. F. Park Lewis and tendered an informal reception at which a dozen or more of Buffalo's profession were present.

Tappen Halsey's Buffalo Homeopathic Pharmacy is introducing the Homeopathic Text-book of Surgery to the physicians of Buffalo and vicinity. Thus far only commendation for the volume has been expressed. Its very magnitude and completeness command approval and admiration.

Buffalo homeopaths are very much concerned just now in the outcome of the effort to secure the necessary appropriation from the state for the erection of a new insane hospital at Collin's Farm in Erie county. The chairman of the state legislative committee and the chairman of our local committee on this subject are quietly but earnestly at work upon this matter and good results are confidently expected.

The Western New York Homeopathic Medical Society is one of the pets of the Buffalo profession. It comprises several of our Western counties, taking in a number of our best cities, the result being that we are enabled to enjoy the association of a considerable number of New York's best men twice a year. Next to the state association, and in some respects ahead of it, the Western New York meetings are interesting, profitable and thoroughly enjoyable

The Lexington Heights Surgical Hospital, formerly Wilcox's Private Hospital, is meeting with a very satisfactory degree of success. It is well officered and manned, has a splendid corps of well-qualified nurses and while not making pretentions to great things is yet accomplishing no little good. Its influence is extending daily and its surgical corps, of whom Dr. Wilcox is chief, are winning for homeopathy an honorable position in Buffalo's surgical field.

The Buffalo Homeopathic Hospital, though a quiet hotel des invalides, serves a good purpose and from year to year has done much for homeopathy in this city. Our profession, though not rent asunder by bitter feuds and open warfare, as in many other cities, are not yet cemented together in brotherly love and oneness of purpose as they should be, else our general homeopathic hospital would be more prosperous and better known than now. We need a shaking up. Buffalo is the largest city in Western New York, the third in population in the state and is possessed of enormous wealth. Did we but concentrate our energies and labor with a singleness of intention we could make this allopathic Rome fairly howl with chagrin.

NEW YORK NEWS-NOTES.

Mr. E. W. Runyon of New York, San Francisco and Portland, is off for the coast on business for a few weeks.

Dr. Felix Boericke, of Boericke & Tafel, New York, Philadelphia and several other parts of the United States, visited New York the last of January.

Dr. George W. Roberts, New York, he of the business department of the *North American Journal of Homeopathy*, did an abdominal hysterectomy for a large uterine fibroid on the 28th ultimo.

Dr. W. S. Miner of New York, died on January 21 of pleuro-pneumonia. He was a member of the American Institute of Homeopathy, of the New York State Society, the American Obstetrical Association and various local medical clubs.

Dr. W. A. Dewey's materia medica quiz compend has been translated and issued in the German. The foreign edition of the book is illustrated with cuts of the plants from which many of the remedies are made. There have been sold in this country nearly four thousand copies of this little volume, and nearly half as many of his quiz compend on therapeutics.

The New York Homeopathic Medical College has received another substantial gift from ex-Governor Flower and niece, who have endowed five beds with the snug sum of five thousand dollars each. Mrs. C. H. Kunhardt has also given the medical department the sum of fifteen thousand dollars, to be expended in a memorial ward in honor of her late husband.

The advent of the MEDICAL CENTURY in the East has not in the least disturbed the equanimity of the editors of the *North American Journal of Homeopathy*. On the contrary, such a high minded spirit actuates the impelling power of that periodical that the right hand of fellowship has been most cordially extended the editor of the CENTURY, and the brethren are dwelling together in unity. Envious journalists, if any such there be, will please make a note.

Boericke, Runyon & Ernesty, 497 Fifth avenue, New York, have issued a practical brochure by Dr. Chas. G. Pease, D. D. S., on the "Care and Preservation of the Teeth." In these practical days it is well understood that many of the disturbances of the digestive functions, as well as neuralgia and other conditions of ill health, are directly traceable to diseases and decay of the teeth, and whatever of knowledge can be offered the profession and laity in practical form that will assist them in avoiding the early decay of the teeth will be welcomed. So far as can be judged the monograph referred to contains the essentials of knowledge in this relation.

The ninth annual report of the Laura Franklin Free Hospital for Children, located at 1719 E. 111th street, New York, has just been issued. The total number of cases treated during the year closed September 30, 1895, was one hundred and fifty-four, the number of medical cases being seventy-five as against seventy-nine surgical cases. There were four deaths, one from diphtheria, one from osteosarcoma of the tibia, and two from hypostatic pneumonia, thus giving the institution the remarkably low mortality rate of two and six-tenths per cent. There were forty-five surgical operations performed during the year. The total expense of the hospital for the twelve months was $9,794.64, all who were treated during the year were beneficiaries of the charity of the institution. The total number of days they were supported amounted to 15,452.

A bill has been introduced into the New York legislature which provides that physicians of other states of three years standing and regularly licensed may be admitted to practice medicine in New York without examination upon the payment of the regular license fee. While the time limit named is rather briefer than it should be the measure is a proper one. A physician who is legally licensed to practice upon the people in one state should be accounted competent to practice in any state. It is true that the standards are lower in some states than in New York and other commonwealths, but it is believed that much of the demand that is made in New York at the present time is offset by experience of a half a dozen years' of practical work at the bed side. Consequently the opinion obtains that a physician who has been engaged in practice for five or ten years does not require the rigid examination demanded by New York, and is better qualified to practice upon the people without it than the graduate just out of college who is easily able to pass the New York test. There is nothing like the practical experience of bedside work to qualify the physician for his every day duties.

The *North American Journal of Homeopathy* for February extends a cordial welcome to the Medical Century upon its advent in the East. As noted elsewhere, the courtesy of its editorial corps is thoroughly appreciated by the Century. It regrets, however, that the *North American* should have made the mistake of asserting that it "was the first homeopathic medical magazine to establish editorial and business offices in both cities," referring to Chicago and New York. It will be remembered by the readers of the Medical Century that Dr. W. A. Dewey was appointed associate editor and manager of the eastern business of the Medical Century at least a year before the *North American* appointed Dr. Chas. Gatchell to like position in Chicago. However, it matters not; the *North American* cordially welcomes the Century to the East and the Century as cordially welcomes the *North American* to the West. The journals are different types of periodicals and it is believed both have their special place and sphere. So far as can be learned both are prospering at the present moment, and surely neither need feel that the other is an intruder upon its territory by the exhibition of enterprise both are displaying. The Century goes East, not to raze but rather to save. It trusts the *North American* will pardon the remark.

The following amendments pertaining to the admission of students upon the medical colleges and for licensure to practice in New York are before the legislature at Albany:

First—Applicants for admission to the licensing examination must have studied medicine not less than three full school years of not less than nine months each, including three satisfactory courses.

This will permit students to graduate at the close of the third school year, without being compelled to wait, as the present law provides, till the expiration of full 36 months.

Second—New York medical schools and New York medical students shall not be discriminated against by the registration of any medical school out of the state whose minimum graduation standard is less than that fixed by the statute for New York medical schools.

Third—A medical school may matriculate conditionally a student deficient in one or more subjects of the preliminary education requirements, provided the deficiency be made up before the student begins the second annual medical course counted toward the degree.

Fourth—Students may be allowed to graduate under the conditions which prevailed at the time they began the prescribed study of medicine without limit as to date of graduation.

Fifth—All medical student certificates granted before this act takes effect may be accepted without limitation as to date of graduation, as meeting the preliminary education requirements for degrees.

Sixth—All matriculants after January 1, 1897, must secure 48 academic counts, or their full equivalent, before beginning the first annual medical course counted toward the degree, unless conditionally admitted, when the deficiency must be made up before the student begins the second medical course.

It will be seen that in part the amendments are directed toward a higher entrance requirement, a step in the right direction.

ROCHESTER REFLECTIONS.

Dr. Julia F. Haywood recently suffered a severe attack of illness from which she is but slowly recovering.

Drs. Wolcott and Lee attended our State society meeting at Albany this week. Dr. Wolcott was honored with the presidency, whereat Rochester rejoices with much joy.

From four to six is the usual number of obstetric cases on hand in the obstetric department, under the care of Dr. E. H. Wolcott. Among the cases recently arousing a good deal of interest was that of a colored patient by whom was brought into our world a real, live and interesting little picaninny.

The corps of nurses at the Rochester Homeopathic Hospital numbers thirty, and a bright class they are, too. Their term of service and training covers a period of two years. Nearly all of the graduates of the hospital training school have been able to find employment right here in Rochester.

Dr. H. W. Hoyt is in charge of a new department, the department of pathology, which is to be made a feature in the hospital. A complete equipment is being ordered and put in place as fast as it arrives, it being the intention to establish or destroy the diagnosis in all cases possible by pathological research.

A faint idea of the usefuleness of Rochester's hospital and of the magnitude of the work being done in it by Dr. Lee in the surgical line may be gained when it is recorded that on Sunday, January 26th, the last day of the visit of the editor of the Century with us, Dr. Lee had fifty-one surgical and gynecological cases under his care in our wards and private rooms.

There are one hundred and one beds in Rochester's homeopathic hospital, sixteen of which are absolutely free. Besides these sixteen free beds there are thirty or more private rooms at from eight dollars a week to fifteen, thus bringing the hospital service within the possibilities of persons of moderate means, a point all too often overlooked. The bulk of patients in all hospitals, except "swell" private institutions, come from the humbler though respectable walks of life, and the more these are provided for and made to feel that they can enjoy privileges worthy of the best people in the land the more successful will hospitals be. Try it and see.

Dr. J. M. Lee, Rochester's successful surgeon, has entertained at his home and the Rochester Hospital during the last few months the following members of the surgical profession, all of whom have been delighted to witness his dexterous and successful operating: Drs. Helmuth, Green, Macdonald, Fisher, Shears, Wilcox of New York, Wilcox of Buffalo, Walton, Runnels, Wood, J. W. Ward, Florence, Saltonstall-Ward, and Fiske of Brooklyn. It has been a feast for Dr. Lee, who delights to have his confreres with him, but it has also been a source of profit and enjoyment to all on the list. The whole country, from New York to San Francisco and from Chicago to Little Rock, has been represented.

While touching so freely on hospital topics it may be well to prove up the worth of our institution and its management by calling attention to the fact that contrary to the usual experience our receipts have never fallen behind our expenses. When the books for 1895 were balanced a net income of over seven thousand dollars was recorded. This is largely the result of the excellent management of the board of governors, supervisors and the matron, Miss Allerton, though in good part due to the fact that all the physicians connected with it so conduct their services to the hospital as to give to it an unusual popularity with the profession of Rochester and vicinity. Even old school physicians often send their patients here for surgical and other treatment.

Dr Fisher was called upon to deliver an impromptu address of half an hour to the class of nurses and a number of Rochester's physicians at the hospital while in this city. A local newspaper reporter was present by invitation without the speaker's knowledge, and at one time came nearly expiring with his last expiring breath because of the plainness and practicality of the lecturer's remarks when they took an obstetric turn. Post-partum hemorrhage, placenta previa, eclampsia and the care of the baby were beyond the reporter's sphere, and as he sat among our charming nurses and heard of things which he wot not of he well nigh had eclampsia himself. The nurses enjoyed it, even though the newspaper man all but perspired his life blood away.

Mrs. H. R. Perkins, who gave the hospital such a splendid ambulance outfit recently, treated our housternes to a novel dinner not long since. Each member of the corps was decorated with a broad white silk sash embroidered with a red cross, and a large red cross of carnations was the centerpiece for the table. At each plate was a handsome pocket medicine case with the recipient's name on it in gilt, these being used for the time as bouquet holders for lilies of the valley and ferns. As the final course small ambulances were set before each plate, these being laden with ice cream upon candy stretchers. As may be easily imagined the internes were delighted with the genial reception and marked courtesy tendered them by their fair hostess, who takes a great deal of delight in her hospital work. Would that every city had such munificent friends as ours.

The editor of the MEDICAL CENTURY visited Rochester on his way East last month and was cordially welcomed to this city by the local profession. He was the guest of Dr. J. M. Lee, and was given a reception attended by his colleagues at Dr. Lee's home on the evening of the 23d of January. During his four days' stay with us his host had an unusually interesting series of gynecological and surgical cases, including four hysterectomies, three abdominal and one vaginal, one ovariotomy and two emergency head injuries, all of which were witnessed by Dr. Fisher and part of them participated in by him. One of the hysterectomies proved to be a case of extra-uterine pregnancy, which had ruptured and fairly filled many of the recesses of the pelvis with debris and pus, complicated by intestinal obstruction. Another was a typical case of carcinoma of the cervix with extensive hyperplasia. Still another showed extensive adhesions between the uterus. ovaries, omentum and sigmoid, and still another proved to be an unusually complete exhibition of peri-uterine and ovarian fibrino-plastic adhesions, making the removal of the organs exceedingly difficult and tedious. In fact, Dr. Lee was brought to look upon his visitor as a hoodoo, his series of clinics during Dr. Fisher's presence at our hospital proving to be unusually difficult and complicated. It goes without saying that they were greatly enjoyed by visitor and operator alike, however, and it is a pleasure to be able to state that at the present moment all the cases are doing well.

The Rochester Homeopathic Hospital has recently been the recipient of a donation of $5,000 from Mrs. Don Alonzo Watson for the endowment of a free bed in the men's ward in memory of her late husband. Mrs. Watson has made a number of valuable gifts to the Rochester hospital, toward which institution her husband was a liberal benefactor. She contributed $5,000 of the purchase money for the present hospital site, built the Watson Pavilion at a cost of $16,000, the Watson Surgical Pavilion at a cost of $7,000, and the Hollister ward at a cost of $6,000. Her total donations up to the present time aggregate the handsome sum of $39,000, and the end is not yet.

This fortunate institution has been blessed by other recent donations, none of which are more important and practical than its elegant ambulance service, which has been given it by Mrs. Perkins. This lady made a study of this subject, visiting various hospitals in this country and Europe, to determine exactly what character of ambulance was best suited to the needs of the sick, after which she had built two handsome ambulances supplied with all the modern conveniences for the care and comfort of invalids, and within the last few weeks has added a third, on runners, for winter use. Those on wheels are supplied with pneumatic tires and ball bearings, rendering them very comfortable. Mrs. Perkins has had the stables built and has personally inspected every feature of the work. The barns are complete in all their details, the horses are the best that money can buy for the purpose, and every portion of the equipment, from halter strap to complete harness, is of the latest pattern and best quality. No fire department in the United States has a more complete outfit for promptness of action than the Rochester ambulance corps. The stable is supplied with alarm bells, the harness is suspended and thrown on the horses automatically, requiring but four snappings to complete the gearing, thus rendering it possible for the ambulance to leave the stable within ten seconds of the time a call is sounded by the alarm bell. The new ambulance service is the admiration of the entire hospital force and of the citizens of Rochester as well. It is placed at the service of the sick and wounded and patients may be carried by the homeopathic ambulances to any hospital of their choosing. Where no preference is expressed they are taken to the homeopathic hospital. One of the pleasantest features connected with this exhibition of benevolence by Mrs. Perkins is that she thoroughly enjoys the service she has been able to do suffering humanity. Her giving is of the practical kind, and in every instance she has exhibited remarkable skill and judgment in dispensing her bounty. No hospital in the United States is better favored in this particular than the Rochester hospital.

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Electricity.

THE RÖNTGEN RAYS.

BY WILLIAM HARVEY KING, M. D., NEW YORK.

It has been known for some years that if an electric discharge from a Ruhmkorff coil, providing it is wound of a sufficient length of wire so as to give it the required intensity, is passed through a tube partially exhausted and heremetically sealed and containing two metallic electrodes inside (Fig. 1), that a beautiful fluorescent stream of light will be seen between the electrodes. The same will be noticed if the electric charge be derived from a high frequency alternating dynamo or from the induced static charge, which in reality is an alternating current. While the charges which produce this fluorescence in the vacuum tube, which is known as Crook's tube, are essentially alternating in character, the current of one direction predominates over the other; for instance, in the Ruhmkorff coil the break-charge predominates over the make- and gives a polarity to the current.

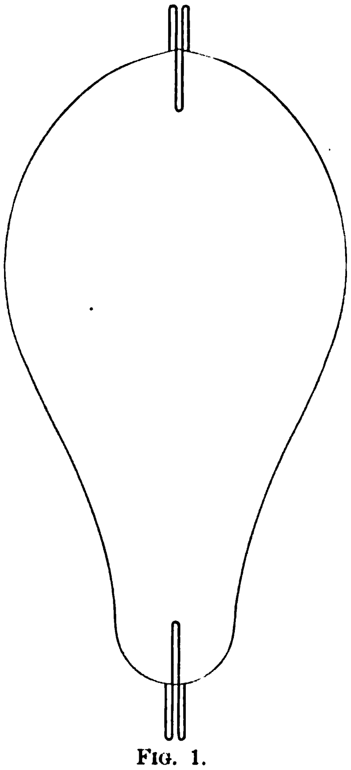


Fig. 1.

If we observe carefully these fluorescent rays in the tube we will notice a difference in the rays around the two poles, that on the positive or anode, which corresponds to the anode of the break-current of the Ruhmkorff coil and to the one connected with the Leyden jar of the negative pole of the static machine, which gives off positive charges through the induction of the Leyden jar, and find that the fluorescent rays, unless the intensity be raised very high, seems to begin at the extreme point of the electrode, while at the negative pole or cathode they are greater and encompass the whole of the electrode.

When the current reaches a certain intensity we find also another set of rays radiating from the negative or cathode electrode. They are in small specks and are characterized by the most intense brightness. These various radiations are known as the cathode rays. Professor Röntgen found that after a somewhat closely fitting mantle of thin card board had been placed over this tube in a dark room a paper which had been washed with a barrum-platino-cyanide solution lighted up brilliantly, showing that some rays penetrated the black card-board, which was opaque to the ultra-violet rays of the sun.

This led Professor Röntgen to experiment still further with the rays, when he discovered there were other substances which were opaque to ultra-violet rays that were transparent to these rays. Paper was very transparent. His barrum-platino-cyanide screen was lighted up brightly through a volume of 1,000 pages. Thick blocks of wood were quite transparent to the rays. The metals, varying in degree, were more or less transparent to these rays; but, strange to say, glass, which is transparent to ultra-violet rays, did not transmit these rays.

The most interesting feature is, however, that the human flesh is quite transparent to these rays, while the bones are not, the fleshy parts, which form a slight barrier to these rays, producing a slight shadow on the screen while the bones throw a deep shadow.

Now, if this screen be replaced by a photographic negative which is covered with thin card-board, thus protecting it from ultra-violet rays of the sunlight, and various substances held between the tube containing the cathodal rays and the negative, those substances which are entirely transparent to the rays will leave no shadow on the negative; those which are not entirely transparent, but nearly so, such as the human flesh, which might be said to be translucent, throw a light shadow, while those that are very opaque to the rays, such as the bones, throw a deep shadow; therefore, in photographing the hand we get a faint outline of the flesh with a much deeper outline of the bones.

The illustration which accompanies this article (Figure 2), is one produced by Professor Swinton of England, and here reproduced from *Electricity*, and is the best one the writer has yet seen.

Now the question arises, What are these rays? We find, in the first place, they are not ultra-violet rays, for they behave in an entirely different manner from ultra-violet rays. The next question arising is, are they the cathode rays? Professor Röntgen decides they are not, for various reasons, principally that the air absorbs a very much smaller fraction of them than it does of the cathode rays, and that they are not influenced by magnets while cathode rays are, and that they are not capable of refraction or reflection. The author distinguishes this new form of radiation as the X rays, which at present is as good as any, for it represents an unknown quantity. Professor Pupin suggests that they will eventually be called Röntgen rays. One curious thing regarding them is that while they are capable of throwing light through ordinarily opaque substances on a barrum-platino-cyanide screen they are invisible to the eye. Professor Röntgen expresses the belief, with some reserve, that they are longitudinal vibrations of the ether and that "the spot on the wall of the discharge apparatus fluoresces most decidedly must be regarded as the principal point of radiation of the X ray in all directions." While experiments are going on in nearly every laboratory in the world it cannot be said as yet, with the exception of a few new mechanical contrivances which have reduced the time of exposure to shorter duration (from one hour to ten to twenty minutes), that there has been anything materially new added to Professor Röntgen's original article. There undoubtedly will be, however, soon, and perhaps, by the time this article reaches the reader methods of controlling and concentrating these rays will have been discovered, as well as the nature of them.

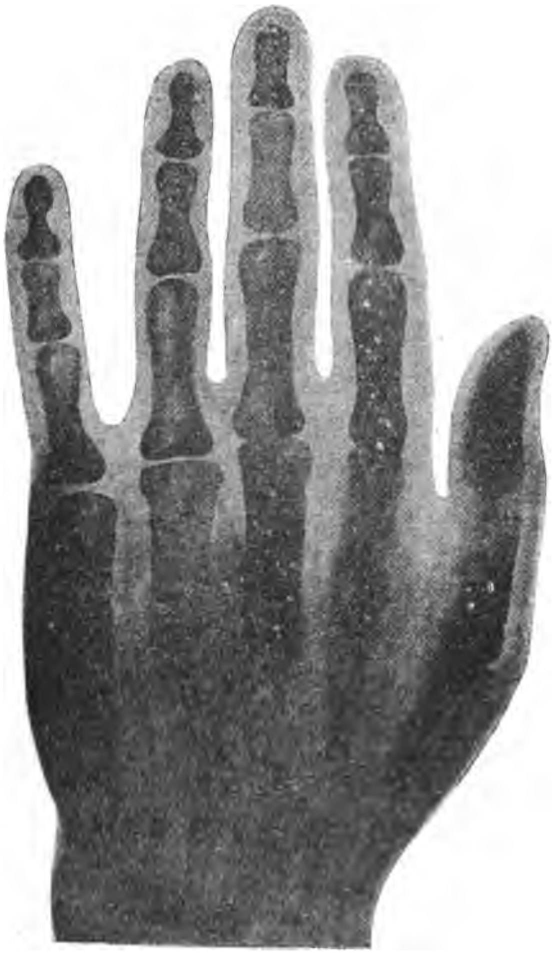


Fig. 2. Photograph of a Living Hand.

64 West Fifty-first Street.

Surgery.

STUDIES IN CLINICAL SURGERY.

BY HOWARD ROY CHISLETT, M. D., CHICAGO.

SECOND PAPER.

Case 4. Recurrent Appendicitis.—Mr. D., age 44 years. American.

History.—Has had in the past two years two attacks beginning with violent pain in the abdomen followed by vomiting, accompained by high temperature, pulse but slightly above normal, bowels obstinately confined. Tenderness over the lower part of the abdomen, particularly noticeable in right inguinal region and in the region of the gall bladder. The attacks lasted from two to six hours, leaving the patient somewhat exhausted, slightly jaundiced but otherwise as well as customary. The third attack began in much the same way but was more severe. The vomiting was quite violent, the tenderness diffused, being exquisitely sensitive to pressure over the normal position of the appendix.

Examination.—On the morning of the third day the examination revealed the following condition:

Pulse 90, temperature 100 2-5, respiration normal. An abdomen moderately distended and highly tympanitic, save in the region of the cecum and the lower part of the ascending colon. Over this latter area there was pronounced dullness on percussion and great sensitiveness even to slight pressure, the tenderness being extreme in the normal location of the appendix. The patient was restless and suffered greatly with headache, the bowels being still obstinately confined.

As the patient had improved some during the past twelve hours, the temperature being one and one-half degrees lower and the pains less severe, I decided to await further developments meanwhile giving the patient enemas of olive oil, glycerine and water. By this plan of treatment together with the selected remedies, the patient's temperature became normal on the fifth day and the dullness gradually subsided.

Operation.—On the twelfth day after the onset the abdomen was opened by a three and one-half inch incision in the right linea semilunaris, the center corresponding to an imaginary line connecting the anterior superior spine and the umbilicus. After entering the abdominal cavity, I drew into view the base of the vermiform appendix by traction on the cecum. The appendix was highly inflamed, firmly adherent at its upper part to the cecum and in its lower part to the iliac fascia. The adhesions were separated, the mesentery ligated with fine silk and a circular incision made through the peritoneal and muscular coats at a distance of one-half inch from the base. This circular flap was reflected and the mucous membrane drawn out and ligated, the appendix cut off, the stump sterilized with pure carbolic acid and the reflected flap sutured over it. The peritoneal surfaces of the cecum were then scarified for the distance of one-half inch on either side of the stump and approximated by a continuous suture of fine silk in such a way as to turn the stump of the appendix into the cecum. The abdominal wound was then closed with silk-worm sutures and the patient put to bed.

Result.—Uneventful recovery, the patient leaving the hospital in the middle of the fourth week.

Case 5. Primary Sarcoma of the Spermatic Cord Simulating Strangulated Hernia.—Mr. T., age 49 years. American.

History.—Has had hernia for the last thirty-two years. Has used many forms of trusses and was able to retain the hernia while the trusses were new but when they become old they were not effectual. Upon leaving off the trusses he has had several times during the past few years symptoms of strangulation, but the protrusion had been readily reduced under anesthesia. The history given me upon my examination was that three weeks before the hernia had come down and the patient had decided to leave it alone. It had continued to enlarge and the day before my examination he had sent for his physician, who had endeavored to reduce the supposed hernia.

Examination.—When I saw the patient my examination revealed the following conditions:

A man prematurely old, very much exhausted, the facial expression being indicative of pronounced suffering. There was no fever and the pulse was normal, the patient's exhaustion being due to prolonged pain and abstinence from food, fearing to eat because it increased the pain. Local examination revealed an oblong tumor extending from the external abdominal ring to the middle part of the right scrotum. The cutaneous covering was almost black, the tumor was slightly movable from side to side and to such pressure as we dared use in the examination, very firm.

On account of the history and the fact that the patient had had similar attacks before, I concurred in the diagnosis of strangulated omental hernia and proceeded at once to operate.

Operation.—Upon making the incision I found all of the subcutaneous tissues matted together, and upon entering the sac, which was recognized with difficulty, owing to the adhesions, we found a typical sarcoma involving the cord, the vas deferens passing up behind the growth and the blood vessels spreading out over its anterior surface. Following the cord upward by incising the anterior wall of the inguinal canal I found, at the internal ring, that this sarcomatous mass had involved the protruding cecum and had caused a perforation of that part of the intestine, resulting in a circumscribed abscess in the substance of the tumor. This was inadvertently opened during the manipulations, but the peritoneal cavity being protected with sponges no infection took place. Upon further examination it was found that the sarcoma had extended along the iliac fascia until it extended around or had become adherent to the iliac vessels so that total extirpation was impossible. I therefore removed such portion as I could, including the right testicle and made an artificial anus of that portion of the intestine already opened, by suturing it to the parietal peritoneum at the level of the internal ring.

Result.—The patient made a rapid recovery, his physician writing me on the fifteenth day that he doubted if a case ever did better.

Remarks.—This case is reported for the reason that it is the first case of primary sarcoma of the spermatic cord that has come under my observation. Its development was undoubtedly due to the continual irritation from the prolonged use of ill-fitting and misapplied trusses. The diagnosis would probably have been easily made had it not been for the history of former attacks of incarceration and the fact that the tumor had become so blackened and inflamed from constant handling that manipulation did not seem justifiable.

Case 6. Uterine Fibroid.—Mrs. T., age 48 years. American.

History.—Has not been really well since birth of last child, twenty-eight years ago. Did not, however, notice any abdominal development until eight years ago, when a firm swelling appeared in the lower abdomen, a little toward the right side, which continued gradually to enlarge. Since the tumor was first noticed there has been a history of menorrhagia, but no inter-monthly hemorrhages. The patient passed the climacteric with serious flooding last year. Since this time the only symptoms have been from mechanical pressure from the continued enlargement of the tumor.

Examination.—A large, fleshy woman of florid complexion, and apparently well nourished; a large, firm, globular tumor, extending to one inch above the navel and laterally, filling out both inguinal regions. Vaginal examination revealed a cervix low down; and the tumor had manifestly extended laterally to the full extent of the broad ligaments. The tumor was only slightly movable, and as before stated caused most of the inconvenience from pressure on the rectum and bladder.

Diagnosis of uterine fibroid made, and operation advised.

Operation.—A seven-inch incision, beginning one inch above the umbilicus and extending to the pubes. There were, fortunately, not many adhesions. The broad ligaments were ligated and a long anterior flap of peritoneum reflected. The tumor was then removed, after the application of a rubber ligature, by the formation of anterior and posterior flaps, after which it was easy to ligate the uterine arteries. The cervical canal being sterilized with carbolic acid, the uterine flaps were approximated by buried sutures of silk-worm and the peritoneal flap sutured to the posterior peritoneal covering of the stump by means of a continuous suture of fine silk. The adominal wound was then closed without drainage and the patient put to bed.

Result.—Uninterrupted recovery.

Remarks.—The treatment of the stump after this method was of necessity rather than choice, my own preference being for the total extirpation of the cervix and subsequent suturing of the vaginal wall and peritoneum.

This operation, of course, demands as careful a preparation of the vagina and cervix as of the abdomen. The case being in the country and the instructions not being thoroughly understood, this part of the toilet was neglected. Besides, the greatest diameter of the tumor being lateral, it was a matter of long and patient work to complete the dissection, the uterine arteries being exposed for ligation only after the removal of the main part of the growth. It would not, therefore, have been advisable to further prolong the operation, even if the preparation had been complete.

Owing to the large size of the wound and the thick abdominal wall, the patient was kept in bed six weeks.

CONSIDERATION OF A FEW NEGLECTED POINTS[*] IN AMPUTATIONS.

BY E. B. FINNEY, M. D , LINCOLN, NEBRASKA.

General Consideration.—How many surgeons stop to think when called upon to amputate a limb that the patient will want to walk again and ask themselves these questions: What form of amputation should I make that will enable this man to best perform the duties of his life? And what can I do to make him most comfortable for the time being?

From a personal knowledge, and after viewing many forms of amputations, I have reached the conclusion that a great many are performing surgical operations who have never stopped to consider these questions properly, or who possess very little surgical skill; and I must confess to being one who had not given these questions their proper attention until recently. To properly understand the subject, one ought to possess a knowledge of artificial limbs and apparatus to such an extent that he will be able to make his amputation so that a suitable appliance may be worn that will enable the patient to perform his usual avocation in obtaining a livelihood.

There is no limb that can compete with the one provided by Mother Nature, and it matters little what form of amputation is made of the upper limb or arm but in the lower arm the circular flap is most preferable probably.

When the leg is attacked we have an entirely different state to combat, and with the modern appliances it behooves us to be careful or our patients will suffer for our ignorance; and the surgeon who cannot decide what form of amputation is best adapted to whatever point is to be amputated to give the best and most comfortable stump for an artificial limb at that point is guilty of unpardonable ignorance and must expect censure.

Beginning with amputations of the feet I will briefly go through with the amputation of the lower limb calling attention to some of the neglected points.

First. Length of Stump.—The longer the better, as more leverage is provided, and if we can add to the long stump and end-bearing stump we have the ideal amputation. By end-bearing I mean a stump with either an articulating end undisturbed, with a thick cushion of flesh over the end, or some form of amputation with some of the plantar parts at the end of the stump. No stump can be called end-bearing when the amputation is through the shaft of any of the long bones.

Second. The Feet.—In amputations through the feet, any of the recognized methods are suitable if only end-bearing stumps can be produced; and they can be if we will closely follow the rules of each amputation and make the flaps liberal enough, providing we get our cicatrices where the pressure does not come. Many make the mistake of thinking that every badly crushed foot must be amputated above the ankle joint. If any amputation that will admit of pressure by covering the part of the foot or the ends of the tibia can be done so that pressure can be borne then we have the ideal amputation. If we must go above the ankle joint, make the amputation anywhere in or at the junction of the lower or middle third.

Third. Tendo-Achilles.—In making amputations through the feet let me impress the necessity of dealing with the tendo-achilles, section of it if need be, or lashing to a splint to prevent contractions, etc.

Fourth. Amputation Above the Ankle.—In amputations above the ankle let me emphasize never make a circular flap, for a leg cannot be comfortable with that amputation as the scar contracts and pinches the nerve fibers, causing constant pain and discomfort when the stump is pushed down into the socket of the artificial limb.

Fifth. Teal Method.—I believe that in all amputations of the leg the Teal method, or some of its modifications, is the best of all forms and should always be made, as the scar left is always one that is less apt to become painful or pucker and draw when the stump is pushed down into the leg.

Sixth. The Fibula.—In amputations within three inches of the knee-joint never neglect to remove the fibula completely.

Seventh. Knee-Joint.—In amputations through the knee-joint, never remove the condyles, except when diseased, and bring the patella to the intercondyloid space and properly secure it, as by so doing there will be provided an end-bearing stump and the bony enlargements of the condyles permit the fitting of a corset for holding the appliance to be worn later.

Eighth. Periosteal Flaps.—In all amputations through the shaft of the bones the ends of the bones should be covered with periosteal flaps, as such treated bones are less tender and there is less danger of the flesh flaps attaching themselves to the ends of the bones.

In making amputations I do not believe ligatures should be used, except some form of animal ligature, for fear that pressure will cause pain, even if it becomes imbedded, and it may be in close proximity to a nerve and cause untold suffering Torsion, wherever possible, is preferable, as no foreign body is left in the tissues.

Query.—In concluding this paper I would like to ask how many surgeons treat a stump or even see it after it is once healed? By treating it, I mean the preparation of it for an artificial limb. A stump should be under our care or direction from the time it is healed to the application of the artificial limb. It should be kept constantly and firmly bandaged and a preparation of some sort applied night and morning to the skin where the pressure is to come, to harden it to prevent chafing and soreness from pressure and friction, the idea of tight bandaging being to prevent fatty degeneration of the muscles and to harden the same.

If a leg is applied, no matter what care has been bestowed upon it, the stump will shrivel some, and the more care it receives the less shriveling there will be as. also, the more comfort and less expense to the patient.

Finally, the patient should be instructed to obtain his artificial limb as soon as possible after firm union has taken place and all soreness has disappeared. By so doing he will walk better and obtain the best result.

Materia Medica.

MATERIA MEDICA DEPARTMENT.

CONDUCTED BY W. A. DEWEY, M. D., NEW YORK.

TWELVE REMEDIES IN URINARY DISORDERS, WITH COMPARISONS.

BY W. A. DEWEY, M. D., NEW YORK.

I. Cantharis.—*Cantharis* symptoms are usually the first ones inquired after when a case of urinary difficulty presents. Its symptoms are clear cut and should not be confounded with those of any other remedy. There is persistent and violent urging to urinate, with great tenesmus; the urine is passed only in drops and seems like molten lead passing through the urethra, so intense is the burning. There is with this, usually, an aching in the small of the back. It is often indicated in acute cystitis, gravel and urethritis, the great keynotes being the burning and the tenesmus of the bladder; hematuria also calls for *Cantharis* under certain conditions.

Mercurius corrosivus has tenesmus of the bladder with intense burning. The burning is less, but the tenesmus is greater than in *Cantharis*. The passing of the urine drop by drop reminds of *Aconite* which has the same symptom. *Aconite* however is more adapted to sudden retention of urine, for as soon as the disease becomes fully localized as an inflammation *Aconite* ceases to be the remedy. *Cantharis* and *Nux vomica* have also a similarity in the frequent fruitless efforts to urinate. In the region of the kidneys there is cutting pain which extends into the abdomen, the bladder and urethra. The most distressing symptom is the constant urging to urinate, even a few spoonfuls of urine in the bladder bringing on this urging, which is accompanied by the terrible distress at the neck of the bladder. This pain is aggravated immediately following micturition, while in *Cannabis sativa* the pain is during micturition, showing that with this drug the trouble is more urethral. The urine itself under *Cantharis* is of a deep red color and deposits a sediment of mucus, and often contains fibrinous casts.

II. Apis Mellifica.—The symptom of scanty urine always leads one to consider whether *Apis* is or is not the remedy, for although *Apis* produces scanty urine there are a number of other drugs that will do the same thing. The keynotes for *Apis* in urinary affections are scanty or suppressed urine, drowsiness, edema in various parts, thirstlessness and suffocation on lying down. The urine is dark, highly albuminous, and contains cast, so it is readily seen how well *Apis* may correspond to any form of Bright's disease. In difficult micturition of children *Apis* is often a useful remedy. It has frequent desire with the passage of a few drops at a time. Among other symptoms are great irritation at the neck of the bladder, and incontinence of urine. It is also the remedy to be thought of in retained urine or inflamed bladder after abuse of *Cantharis*.

III. Apocynum Cannabinum. — *Apocynum* seems to act somewhat on the kidneys and gives rise to various dropsical conditions. It produces a scanty urine, which is light in color, or, as it is given, sherry-colored. Its first effect is to produce a copious diuresis; this is followed by the scantiness of urine which results in dropsy. It also produces an incontinence and may be useful in enuresis. A sinking, bruised feeling at the stomach is an indication for its use. It differs from *Arsenic* and *Apis* in the fact that it has unquenchable thirst. *Arsenic* wants little and often, *Apis* is thirstless.

IV. Berberis Vulgaris.—Outside of its action on the genito-urinary system *Berberis* is seldom thought of, yet it is one of our principal remedies for troubles of this system. It seems to correspond to many symptoms which occur in cases of renal calculi. It has severe tearing pains in the kidneys, not merely backache, but pains deep in the kidneys themselves; these pains extend down the back and down the ureters into the bladder; nor do they stop here, for we find cutting pains in the bladder extending into the urethra. These pain in the back and along the ureters are very severe, they are worse stooping, lying or sitting, and relieved by standing. In the bladder they cause a desire to urinate and the patient is constantly urinating, for the bladder seems imperfectly emptied. The bladder aches. The urine itself is reddish, has a reddish deposit consisting of mucus and epithelium and lithates. It differs from the *Pareira brava* urine in being more slimy. Another characteristic symptom of *Berberis* is pain in the hips while urinating. *Coccus cactus* has some similar symptoms to *Berberis*, especially the tearing pains extending from the region of the kidneys, the frequent urging to urinate, and the deposits of uric acid in the urine; the urine of *Coccus cactus* is dark. These remedies must be distinguished very carefully as they present many symptoms in common. *Berberis* has rather more back pains, and seems to act deeper. It is especially indicated in genito-urinary troubles which are due to conditions of atony, or *faiblesse*.

V. Pareira Brava.—This is another drug very similar to *Berberis vulgaris*,—as to pains in the back it is quite similar, but they do not stop in the hips with *Pareira* as they do under *Berberis*, but extend down the thighs. Its symptoms are mostly clinical. It has been found useful in cystitis where there is violent straining to urinate, where the patient has to kneel to urinate, where the urine scalds terribly and where these violent pains in the thighs are present. The urine has a strong ammoniacal odor. The three-legged stool of the drug seems to be: The pain in the thighs, the getting down on all-fours to urinate, and the ammoniacal odor of the urine. It is also a useful remedy in the condition known as irritable bladder.

VI. Equisetum Hyemale.—*Equisetum* acts similarly to *Cantharis* but it has less tenesmus and less hematuria and the urine is less scalding. There is pain in the bladder not relieved by micturition, the constant desire to urinate is not even relieved by copious urination. The urine is scanty, high-colored and contains much mucus. Much mucus in the urine is more indicative of *Equisetum* than of *Cantharis*. The general aggravation of the drug seems to be immediately after urinating. It has proved useful in enuresis with marked vesical irritation, being similar here to *Eupatorium purpureum* which is a useful remedy in the vesical irritation of women, with much burning in the urethra during urination. With the foregoing symptoms *Equisetum* becomes an important remedy in the treatment of cystitis. It has been suggested in the dysuria of children, the pain being worse after urinating will distinguish it from *Petroselinum*, which has the symptom that the child dances up and down with pain when the urging to urinate comes on.

VII. Digitalis Purpurea.—The urinary symptoms of *Digitalis* consist of a dragging and pressure in the bladder which micturition does not relieve. It has been found useful in inflammation at the neck of the bladder with intense desire to urinate, which is increased by even the passage of a few drops. The patient walks about in great distress; at the same time there is tenesmus of the rectum. The patient is relieved somewhat of these symptoms by lying on the back. The pain at the neck of the bladder is throbbing. The urine is scanty, thick and turbid, and contains a sediment of brickdust, like *Lycopodium*. The urging to urinate in cases calling for *Digitalis* is often due to enlargement of the prostate gland, for which it is a remedy.

VIII. Terebinthina.—The urine of *Terebinthina* is one of its most characteristic features. It is smoky, turbid, depositing a sediment like coffee grounds, which indicates the presence of disintegrated blood cells. Hematuria from venous congestion of the kidneys calls often for *Terebinthina*. It has burning during micturition, and most painful strangury, the urine, too, may contain albumen, and has the odor of violets. Peculiar odors to urine are found under *Viola tricolor*, where it smells like that of the cat, and *Benzoic acid*, where it smells strong and ammoniacal, like that of a horse. *Terebinth* is a useful remedy in cystitis with much tenesmus of the bladder and the scanty, bloody urine; there is also pressure in the bladder which extends to the kidneys. In acute and chronic nephritis it is often indicated. The urine, the edema, and the bronchial catarrh may all point to the remedy.

IX. Nux Vomica.—*Nux vomica* affects powerfully the urinary organs, yet it is seldom thought of as having anything specially characteristic about those organs. But it has. It affects the lower part of the spine, and we have as a consequence, in the first place, incontinence of urine; there is irritability at the neck of the bladder, and the same symptom is found here as with the rectum. There are frequent ineffectual efforts to urinate, and these are accompanied by burning and tearing pains; the urine passes in drops. Again, it is indicated in vesical torpor or paralysis; here we have dribbling of urine or retention. Hematuria from abuse of drugs calls for *Nux vomica*. Cystitis, with this painful urging and scanty urine, indicates the remedy. The straining is violent at times, and the urine is dark with a red brick-dust sediment or bloody, or mixed with a tenacious mucus. *Opium* is similar to *Nux* in having a partial paralysis of the bladder with a spasmodic condition of the sphincter, but with *Opium* the patient is unconscious that the bladder is full and there is no desire to pass water. The *Stramonium* patient passes no water because the urine has been suppressed; it is not secreted.

X. Causticum.—In paralytic conditions about the bladder *Causticum* deserves first place. It is one of our great remedies in enuresis, and its characteristics are involuntary micturition at night in sleep, when coughing, sneezing or blowing the nose, showing a weakness of the sphincter. Another indication of this is the difficulty the patient has in passing the last few drops of urine, the fact that he has to wait a long time before it starts, and that during the act it is expelled very slowly, showing not only a weakness of the sphincter but a weakness of the whole muscular system of the bladder. Nocturnal wetting of the bed in children, occurring during the first sleep at night, calls for *Causticum*. Paralysis of the bladder after labor also calls for the remedy. *Zincum* is another excellent remedy in these bladder troubles and it has some symptoms similar to *Causticum*, such as involuntary spurting of urine when coughing or sneezing; there is apt to be more pain in *Zincum* cases, however; *Squilla* and *Natrum muriaticum* also have involuntary micturition when coughing. Another symptom of *Causticum* is an excessive deposit of urates in the urine. Another remedy which clinically has proved very useful in enuresis from weakened muscular action is *Ferrum phosphoricum*.

XI. Sepia.—One of the prominent remedies for lithemic conditions is *Sepia*, and the condition of the urine becomes an indication for its use. It has a reddish clay-colored sediment adhering to the vessel, a sediment of red sand so-called. The *Sepia* urine differs from others in being offensive. *Sepia* is also a remedy for wetting the bed at night during the first sleep. *Lycopodium* is a prominent remedy for the indication of red sand in the urine. It is a sort of gravel and is passed in quantities, so that often the child will scream with pain on passing the water. *Lycopodium* will then help. *Sarsaparilla* and *Benzoic acid* have similar symptoms, the latter having as a characteristic a strong, horse-like urine. *Natrum muriaticum* also has this red sand or brick-dust sediment. Another remedy having this symptom very marked is *Ocimum canum*. This is a very useful remedy in renal colic and gravel. The patient has to micturate every few minutes during which he wrings his hands and groans with pain. Nausea is often present. The quantity of sand deposited is very large. In cystitis, with a constant desire to urinate and dragging in the bladder, *Sepia* may prove useful; here it will be indicated by its general symptoms.

XII. Mercurius Corrosivus.—A remedy affecting the genito-urinary profoundly is *Mercurius corrosivus*. It has the most violent tenesmus of the bladder of any remedy, resembling most closely *Cantharis*; it has also extreme burning and hence is indicated in cystitis with these symptoms or in kidney troubles associated with this pain in the neck of the bladder. The patient has frequent calls but passes little urine and the urine is bloody and albuminous. It is one of the comparatively few remedies producing albumen in the urine. *Phosphorus* is another and *Plumbum* yet another, and all three have proved serviceable in Bright's disease. The great vesical tenesmus, the burning, and the bloody urine will indicate this remedy at once, whether it be in cystitis, albuminuria after diphtheria, or kidney disease.

170 West Fifty-Fourth street.

Practice of Medicine.

REPORT OF A CASE OF DIPHTHERITIC CROUP TREATED BY ANTITOXIN.

BY BENJ. F. BAILEY, M. D., LINCOLN, NEBRASKA.

Diagnosis.—On December 16, 1895, I was called to see a lad of seven years who had been taken ill the previous evening with high fever, general aching and sore throat. At my visit I found him with marked fever, right tonsil much inflamed and presenting the appearance of a rather severe case of follicular tonsillitis. Notwithstanding this appearance I was impressed with the feeling that it might be a diphtheritic case. Therefore, after prescribing I told the parents I would in a few hours take a culture and have it examined for a Klebs-Loeffler bacillus. Upon returning to my office, however, I found my tubes had become dry, cracked and useless and was unable to replace them for several days. On the morning of the 17th I found the boy sitting up, apparently very nearly as well as usual, the tonsil much improved and presenting every appearance of a rapidly convalescent case of follicular tonsillitis. It seemed folly for me to call again so I dismissed the case, but not without saying to the parents that I never felt safe in these cases of tonsillitis among children until they had been entirely well for several days as I am always suspicious that the diphtheritic bacilli may be lurking near and that even if diphtheria fails to develop in this case it might be a source of contagion to another. This was on the morning of the 17th of December.

Development.—I did not hear from the child again until the forenoon of the 19th, when the father called at my office and reported that the child had had a chill in the evening of the 17th, followed by a high fever during the night and an inflamed condition of the other tonsil. He said that on the 18th he seemed better, but toward night began to have croupy cough. It is hardly necessary to say that I was alarmed in regard to the child's condition and upon visiting the case, which I did at once, I found the tonsils, pharynx and uvula covered with diphtheritic exudate and the larynx implicated to a most alarming extent.

Treatment.—Notwithstanding the usual homeopathic remedies the case grew rapidly worse during the day. In the evening I called Dr. A. H. Dorris of this city in consultation. To both of us it seemed in the light of our experience a well-nigh hopeless case, and thus fearful of the old we felt encouraged to try the new and decided to use antitoxin. I immediately gave him hypodermically 1,500 antitoxin units. This was about eight o'clock on the evening of the 19th. From a restless, feverish state accompanied by continual coughing, the child became easier, the fever lowered, the cough lessened, the pulse strengthened and the child passed a comparatively comfortable night. On the morning of the 20th he seemed slightly improved but at 2 P. M. he was again showing aggravations, and determined to try antitoxin faithfully in this case I gave him at this hour an injection of 1,000 antitoxin units. Again the same relief from the more harassing symptoms was evident for about twelve hours, after which time he began again to grow subjectively and objectively worse. On the morning of the 21 we found the throat clearing rapidly, the general condition fairly good, although the pulse was somewhat weakened, but the laryngeal stenosis was increasing. At 2 P. M. the laryngeal stenosis increased to such an extent that he was intubated by Dr. E. B. Finney. There was marked relief from the tube. At 8 P. M. we felt that if we could enforce as rapid clearing in the larynx as had taken place in the throat there was hope for the child; otherwise he must die, even with intubation. At this hour we gave him 1,000 more antitoxin units; a few minutes later the little fellow snatched the tube out by the string attached to it and it was only after several attempts that it was replaced. After this he seemed much exhausted, almost pulseless, and the only symptom giving any hope was the improved breathing. At 8 A. M. on the morning of the 22nd the tube became occluded to such an extent that it had to be removed and the child was left without it until 10 A. M. At this time he seemed to grow worse, the laryngeal stenosis increasing. We now gave him another injection of 1,500 antitoxin units, this being the fourth dose, one more than either of my consultants or myself had ever known given. From this time on convalescence was uninterrupted and this without further intubation. The only deviation from perfect convalesence was a moderate though perfectly evident albuminuria with slight edema of the face and two successive crops of urticaria. At no time, however, was there insufficiency of the kidneys or post-diphtheritic paralysis. The impoverishment of the blood was less than is usual in the same condition. During the sickness the patient had, aside from antitoxin, *Belladonna, Mercurius protiodide, Kali bichromicum,* and *Bromine;* he was also freely stimulated with whiskey. The only application made to the throat was a spray of one part alcohol and two parts water; lime was slacked in the room and steam was used, impregnated with eucalyptus and turpentine.

Conclusion.—Now what conclusions do we draw from a careful study of this case?

First: The stenosis of the larynx in this case at the time of intubation was greater than I had ever seen, even in fatal cases. The croupy cough had ceased to be a cough and become merely a squeak. Both of my consultants are men of experience, one of them, Dr. A. H. Dorris, having had many years of wide experience. I myself have had in fifteen years practice a reasonably large experience. Notwithstanding we used the remedies mentioned aside from antitoxin we have never heretofore seen a similiar case recover with their use; neither had we seen the same sudden cessation of hostilities and rapid disappearance of membrane.

Second: Every time the antitoxin was followed by a marked improvment of the general condition and especially by a marked improvement of the pulse.

Third: After a certain time the improvement seemed to cease, but was renewed upon the administration of another dose of antitoxin.

Fourth: In this, as in all cases, intubation was merely a mechanical relief, and the ultimate result depended entirely upon whether or not we could prevent the spread of the disease to the trachea and bronchi and quickly stop the morbid progress in the larynx.

Fifth: The action of antitoxin in checking the course of the disease was apparently marvelous in the rapidity and promptness of its effects.

Sixth: Had we ceased to use antitoxin at the third dose, as is usually recommended, the child would, in our opinion, have died.

Seventh: If we are to use antitoxin we should use a reliable preparation and use it in accordance with our own judgment and the course of the disease, and not according to any preconceived ideas; each case should be a law unto itself. We used the Park Davis Co. preparation.

Eighth: The four doses hypodermically injected amounted to fully an ounce and a half and I believe the resultant albuminuria, which seems to be so common after antitoxin, may be reasonably supposed to be due to the increased blood pressure from the rapid absorption by the blood vessels of this blood serum, and we may expect it will be relieved in a short time by restricting the patient to a proper diet and perfect quietude, together with the indicated remedy, until time and regained strength allow the circulation to regain its equilibrium. This case was kept in bed during convalescence for about four weeks on a milk diet and received for remedies *Apis*, *Arsenicum* and *Mercurius corrosivus.*

Ninth: Personally I believe the serum treatment is but a new phase of *similia similibus curantur*, and, at the same time, that we should not rush wildly to it. Yet we should carefully study each case that comes to our notice and promptly report them for the use of our colleagues. Thus, and thus only, can we soon find its legitimate sphere.

Dermatology.

DIPTEROUS LARVÆ IN THE SKIN.

BY JOHN R. KIPPAX, M. D., CHICAGO.

Genus.—No dipterous insect exists peculiar to man, but there are several species of the œstridæ, family of diptera, which infest the human skin. The most common is the genus *œstrus bovis* or *hypoderma lineata*, bot-fly or warble-fly, as it has been variously termed.

The body of the fly is stout and densely pilose, and the legs are long and slender. The larvæ are usually thick, fleshy, footless grubs and consist of eleven segments besides the head. These segments are somewhat tuberculated, and the posterior ones often present a number of small spines, arranged in rows, which enable the insect larvæ to move about under the skin or in the frontal sinus. In the cutaneous larvæ the mouth consists simply of fleshy tubercles, while in those species that live in the stomach and frontal sinuses, it is provided with horny hooks.

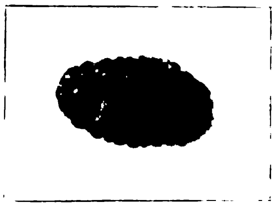
[Larvæ are frequently found during the summer in the tumors on the backs of cattle, and when fully grown work their way out and fall to the ground. They exist in the puparium from twenty-five to thirty days, after which the perfect fly appears.]

Incubative Process.—The ova or larvæ are deposited by the insect, but in just what manner they reach the subcutaneous tissue has not as yet been agreed upon by entomologists. Often the individual is not aware of the time when the ova were deposited. The lesions they produce are painful, inflammatory, nutmeg-sized, furuncular tumors or swellings, with a central point or aperture which discharges a sanious fluid. After suppuration occurs the larvæ can be removed through the aperture by pressure upon the swelling, or earlier by excision. At times they burrow under the skin, forming linear or irregular serpiginous lines or wheals. The exposed portions of the body, particularly the neck, back and extremities, are most frequently attacked.

On this continent the disease induced by the presence of dipterous larvæ in the skin, is found chiefly in Central and South America. It is of not infrequent occurrence in Shetland, and has there been observed mostly among women.

The treatment consists in evacuating the larva and washing out the abscess cavity with a peroxide of hydrogen solution, then with a solution of corrosive sublimate, one to three thousand, and then with warm boiled water, and dressing antiseptically. A peculiar superstition exists among the South American natives that death is likely to follow if the larva is cut out.

Case.—The larva represented in the subjoined sketch was given me for examination by Dr. C. W. Doty, of Beaver Crossing, Neb., and was removed from the body of an adult. The specimen measured one inch in length and about one-third of an inch in thickness.



(ŒSTRUS.—Larva, natural size, removed from the body of an adult.)

Dr. Doty informs me that the patient, a German, aged forty-five, went to South America in the fall of 1894 to look up a coffee plantation, and remained there two weeks. He had heard of the operations of the chigoe or "jigger," and of the bot-fly and other insects, and, as he thought, had protected himself from their ravages, never having his shirt off when he could be attacked, and always having his shoes on except when under cover. As subsequent events showed even these precautions did not prevent him becoming a victim. During his short stay two ova from a species of œstrus were deposited, although he was not at the time cognizant of the occurrence. It took a little over one year for these to become mature larvæ.

Late in 1895 the patient consulted the doctor concerning two swellings on the back, about six inches apart, which had given him trouble, causing pain as though a knife was being thrust into the tissues, occurring at times during night as well as day, waking him from sound slumber. Upon examination two elevations were found, one located near the vertebral border of the spine of the right scapula, and the other in the upper lumbar region. They were about one inch by three-fourths of an inch in size, not tender, exuding from a hole in each about the size of a knitting needle, a dark, nasty, tenacious fluid. After probing the openings were enlarged and various procedures, including suction, were resorted to, with the result that in the latter part of December two perfectly formed and living grubs were extracted. The wounds were then dressed antiseptically. The larvæ lived several days after their removal.

3154 Indiana Avenue.

Associations.

NEW YORK COUNTY HOMEOPATHIC MEDICAL SOCIETY.

REPORTED BY J. PERRY SEWARD, M. D., NEW YORK.

The February meeting on the 13th inst. was only moderately attended, closely following, as it did, the State Society meeting at Albany.

The Ambulance Surgeon and Fractures of the Skull.—The first paper, by Dr. Howard F. Neilson, entitled "The Immediate Diagnosis of Fractures of the Skull," was a defense of that much criticised individual, the ambulance surgeon. By the citation of several interesting cases he showed that in many instances diagnostic symptoms of a fracture do not occur until hours after the injury. Particularly is this condition apt to be masked by the pre-existing condition of acute alcoholism. The difficulty is increased by the impossibilty of making a satisfactory examination on the street. Notwithstanding this the general public demand an accurate diagnosis to be made at once.

Pure Homeopathy in Gynecology.—Dr. Eric Vondergoltz, in a paper entitled "Clinical Observations in Gynecology," related his experience with homeopathic therapeutics in gynecology. A recent convert to that system of practice Dr. Vondergoltz had been much disappointed by the lack of results following the use of homeopathic remedies upon the usual indications. He was finally led to individualize his cases, working out the remedy with great care by the use of Bönninghausen's Therapeutic Pocket Book. His results indicated the claims of pure homeopathy to a high rank in gynecological cases, and in his practice it has almost entirely superseded local treatment. Homeopathic surgeons should thus investigate the efficacy of their own drugs, and not advocate unnecessary allopathic measures. His experience has taught him that the similimum is absolutely superior to any local treatment, and he would consider neglect of it as really criminal.

Discussion.—Dr. T. F. Allen opened the discussion by saying that the paper embodies ideas he has long held concerning the relation of specialists to homeopathy. In the Ophthalmic Hospital he had practically determined that homeopathy is as good for the eye as for any other organ. Dr. Vondergoltz has discarded allopathic treatment and found that pure homeopathy is of signal advantage. He has also developed the important fact that the recorded symptomatology peculiar to women is not sufficient in most cases to accomplish a cure. The selection of the similimum is therefore difficult in treating leucorrhea, tumors, displacements, etc. The study of homeopathy by women has not resulted in the extension of provings among women as far as was expected. Much of the symptomatology is made up from clinical sources and is hence unsatisfactory. Poor diagnosis of the cases admitted to our symptom register adds to the confusion. Dr. Vondergoltz, disappointed by his lack of success with the existing symptoms, took a new course. Considering most of the troubles to be due to some constitutional dyscrasia he took the history of ill health preceding the appearance of local symptoms as the basis for his prescription.

The results were very satisfactory. Dr. Skinner in England did the same as Dr. Vondergoltz, though he possibly carried it to an extreme. Dr. Allen then urged a revival of true homeopathic gynecology, and asked that we at least receive allopathic converts who wish to practice homeopathy without discouragement.

Dr. Charles S. Macy said that he believed in the efficacy of homeopathic prescribing. But the question of diagnosis is the important one in this controversy. Many symptoms may be referred to the uterus which have no real relation to it. He has never cured a retroflexed uterus with homeopathy. The symptoms may be relieved by remedies, but the deceased condition remains, and as long as the mal-position exists the symptoms will be likely to return. Local appliances are essential to a cure. It is a mistake to prescribe for local symptoms. He most frequently prescribes before the physical examination. He has tried to relieve symptoms caused by prolapsus with remedies, but without success. A pessary or other mechanical measure must be used.

Dr. F. E. Doughty said that he joined issue with Dr. Allen when he claimed that so large a majority of the cases are due to constitutional dyscrasias. Leucorrhea can often be traced to such a source, but a large proportion represent a chronic inflammatory condition of the endometrium. Such patients have often had absolutely good health until a certain labor or miscarriage resulted in an incurable pathological condition. Dr. Doughty cited a case of hystero-epilepsy in which all the symptoms followed a labor. Examination showed a very slight laceration of the cervix and nothing more. But touching the angle in the commissure of the laceration caused violent pain and brought on the insensibiiity and convulsions. Here is a serious condition caused by a scar, and no remedy will affect scar tissue. Medication will do much in preparing for an operation. But the cysts must be opened or the cicatricial tissue removed to give relief. He never saw a retroverted uterus rise to a normal position by medication. Soon after labor toning up the system may help to support the organ, but it will never lift it when it is wedged in the pelvis.

Dr. Vondergoltz in closing, said that he had often been surprised at the action of a remedy when he had confidently expected that an operation would be required. *Platina* cured for him a case of painful cicatrix similar to the one related by Dr. Doughty. It is to be remembered that in the operation for removal of a scar we cause a larger scar than we excise. Ligaments have little influence upon uterine position. The versions and flexions are due to change in the corpus of the uterus, atrophy or otherwise. After the use of a remedy prescribed by the aid of Bönninghausen he shortly finds the uterus perfectly movable. The proof rests upon clinical experience.

Circumscribed Inflammation of the External Auditory Canal.—This was the subject of Dr. G. W. McDowell's paper. The essayist referred to the remedies often indicated, *Belladonna*, *Pulsatilla*, *Hepar*, and *Sulphur*. *Calcarea picrata* is nearly specific.

Dr. W. S. Mills said that his favorite drug is *Ferrum phosphoricum*. He has twice had a curious result from this drug. The same patient after three or four doses an hour apart experienced a slight degree of delirium. Is it a drug effect?

The Drug Picture.—Dr. G. E. Shelton presented a series of vivid word pictures of drugs as examples of the meaning of the term.

Dr. M. Deschere remarked that that paper was a good answer to the questions in the previous discussion on gynecology. Specialists do not see the symptoms that are remote from the organ to be relieved, and so lose sight of the remedial treatment. The objective symptoms most frequently escape the eye of the physician. Proper case-taking requires time and is difficult. One must use all his senses and discover the abnormal and what characterizes the drug picture.

Dr. Allen mentioned *Silicea* as a remedy that will remove scar tissue even if it is so sensitive as to cause convulsions. *Hypericum* is a similar drug.

Death of Dr. Miner.—Resolutions in memory of Dr. William S. Miner, prepared by Drs. Pierce, Porter, and Roberts were read and unanimously adopted.

Other Business.—The nominations to membership of Drs. Mary E. Emory, Luella G. Beecher, E.

D. Holtz, and George P. Holden were received, and the resignation of Dr. Louise W. Hatch was accepted.

113 West Eighty-fifth Street.

HOMEOPATHIC MEDICAL SOCIETY OF CHICAGO.

THE TREATMENT OF DYSMENORRHEA.

BY W. G. WILLARD, M. D., CHICAGO.

Diagnosis.—The prime requisite in the successful treatment of painful menstruation is accurate diagnosis of its cause. The condition in question is not a disease but a symptom, expressive of one or more very varied local lesions, or constitutional disorders. "Normal menstruation depends almost as much on a good condition of the constitution at large as on a healthy state of the intra-pelvic organs. Hence dysmenorrhea may be constitutional or local in its origin." From the foregoing statements it is at once seen that in the consideration of this condition, a wide field in pathology—local and general—is opened up and also that its successful treatment can never be a routine treatment. There are two methods of treatment which are mentioned only to condemn them, viz.: on the one hand the routine use of opiates and allied drugs and of stimulants; and, on the other hand, the adherence to the internal potentized remedy for months or years under the fallacy that the "indicated remedy" is equal to every case and local measures are always useless or injurious. The one induces drug habits and renders the woman increasingly sensitive to pain; the other often allows local causes which should have been promptly recognized and corrected to assume more and more intractable shapes. Both for aid in diagnosis and in outlining treatment it is customary to classify cases of dysmenorrhea under four heads, according to the pathology in the individual subjects. We thus speak of neuralgic dysmenorrhea, the most common variety; of congestive or inflammatory dysmenorrhea (those cases termed "ovarian" dysmenorrhea in reality belong to this class); obstructive or mechanical dysmenorrhea is the third division; and the fourth, or membranous dysmenorrhea is both the most infrequent and the most stubborn of all varieties. Spasmodic dysmenorrhea belongs to the neuralgic class, although the suffering to which it gives rise is similar to that in the obstructive cases.

Treatment.—Pain is the common symptom of all these forms and, though sometimes sufficiently peculiar to give clear indications as to which form of the affection we are dealing with, not infrefrequently is a local examination of the pelvic contents necessary to determine or confirm the diagnosis. The treatment of dysmenorrhea consists in measures resorted to at the time of the illness for the immediate relief of pain and in methods applicable during the intermenstrual period for the cure of the causal condition.

1. Measures for the Relief of Pain.—These include the various ways of using heat, employed by the patient herself; warm abdominal applications; the hot foot bath, hot sitz baths and douches, the latter being especially indicated when the flow has been suppressed.

Of internal remedies *Aconite, Belladonna,* and *Glonoine* are indicated in suppression and congestion. In neuralgic and spasmodic cases *Viburnum opulus,* from a half-drachm to a drachm of the tincture in four ounces of water, a drachm of this being given at a dose, and *Cimicifuga* 1x, *Gelsemium* 1x or 2x, *Pulsatilla* or *Caulophyllum* 3x, are, in my experience, the most useful remedies. It is of interest to note that in an excellent old school text-book upon gynecology, issued within the last year, *Pulsatilla, Cimicifuga, Gelsemium, Viburnum* and *Caulophyllum* are especially mentioned for their controlling power over menstrual pain. Of the eleven drugs named, five have been for years of daily service in homeopathic practice.

2. For Removing Cause of Pain.—Turning to measures calculated to remove the cause of painful menstruation, I mention first general and hygienic measures. Careful attention to these is necessary in all long standing cases, but especially in the class termed neuralgic; indeed, so many cases depend upon a constitutional cause that a cure cannot be looked for if these measures are neglected. They consist in the intelligent direction of the diet, the prescribing of exercise in proper kind and amount and likewise of rest. For those who can stand it a daily cool sponge bath both tones and quiets the nervous system. The skin should be protected by flannel throughout the year in neuralgic subjects. Of great importance is the maintenance of regularity of the bowels. Deficient elimination by the kidneys should be looked for and corrected when found, and by this I do not mean that the patient should merely be questioned concerning the activity of the kidneys, but that the total amount of solids excreted by them should be estimated. Not infrequently will the estimation show a marked deficiency in the elimination of injurious waste products, and the promotion of the throwing off of these substances through the kidneys be followed by a marked improvement in the symptoms. In connection with exercise let me say that I have seen systematic physical training and postural treatment under a careful trainer work rapid and radical benefit in cases belonging to the neuralgic and spasmodic classes, and in young women having passive pelvic hyperemia from faulty dress and sedentary habits. This at once suggests the query as to what effect bicycle riding has upon the various forms of dysmenorrhea. I have seen but one extended reference to this in the gynecological journals of the last year. The writer, a specialist of high repute, reported several cases of membranous dysmenorrhea in which the judicious use of the wheel had been of marked benefit. Several of my own patients who have been reasonable riders have told me of improved health and menstrual habits.

Internal Remedies.—I have already mentioned a number which are of decided service at the period. When used especially for the control of pain I instruct the patient to begin their use two or three days before the expected illness, taking them every two to four hours and to increase the frequency of the doses with the first feeling of discomfort. These remedies are often found of curative as well as palliative action. In neuralgic cases my main reliance is in *Cimicifuga, Pulsatilla, Arsenicum, Gelsemium, Ignatia, Chamomilla* and the *Phosphate of Magnesia.* When their pain assumes the spasmodic, cramping type the remedies are *Caulophyllum, Viburnum* or *Gelsemium;* the last two I always give in material doses. In congestive and inflammatory cases I most frequently employ *Aconite, Veratrum viride, Belladonna, Glonoine, Apis, Bryonia* and *Gelsemium.*

Other Treatment.—The constitutional condition must always be regarded in the treatment, and a rheumatic, anemic or malarial tendency, or syphilitic taint, will point to a special line of drugs to be employed.

Local Measures:—Those for the immediate relief of pain at the period, I have spoken of; for the cure of the conditions creating the menstrual pain other measures are at our command. In purely neuralgic cases little is to be done locally, unless it be the employment of electricity, which will be alluded to latter. Should there be a contracted os or a stenosed cervical canal as a congenital condition, or produced by sloughing, by caustic applications or as a result of an improperly performed trachelorraphy, the condition is very apt to be accompained by continued congestion and ultimate endometritis.

Two courses are then open to us: Gradual dilatation by sounds or graded dilators several times in the intermenstrual period, or rapid dilatation under anesthesia, especial care being taken that the internal os be well opened and that any deviation of the canal, from flexion, be corrected at the same time. This procedure gives very satisfactory results. In cases having a marked endometritis curettage is a most valuable procedure. I always do it in conjunction with rapid dilatation. A sharp curette is used, with care. This procedure belongs to minor surgical gynecology. Carefully done it is devoid of danger; with disregard of antiseptic and aseptic rules neither the curettage nor the dilatation by sounds is safe. Care must be exercised in dilating the cervix, as in some women the tissues are friable and easily lacerated if much force is used. Gauze packing of the uterus in severe cases of endometritis, after the curettage, increases the patulousness of the canal, favors asepsis, maintains drainage and hinders the return of flexions.

As to vaginal tampons. There is no doubt that they have been and still are very frequently used indiscriminately and uselessly. I have found in congestive and inflammatory cases a wool tampon covered with a boro-glyceride solution, or glycerin combined with alum, iodine or ichthyol, of genuine good, in conjunction with other means. The depletion of the parts, or the action of the astringent and the support afforded by the elastic wool, in case of a congested or displaced uterus, or an enlarged or prolapsed ovary, are certainly of benefit. Hot douches—in the presence of pelvic congestion or inflammation—rightly taken and not continued over too long a period may do good, but are often prescribed when other means should be resorted to.

Uterine displacements will, of course, be corrected, and if they show a tendency to recur proper support will be furnished by a well adapted pessary; or, they may sometimes be overcome bypostural treatment and, occasionally, if obdurate, call for retention by operation and suture. Should an induced and artificial menopause be resorted to by removal of the ovaries . in aggravated cases? In patients whose dysmenorrhea is but one expression of a neuralgic diathesis removal of the ovaries can promise but little in way of relief, though, occasionly, the operation yields satisfactory results. On the other hand, in intractable cases of the ovarian form, in which distinct ovarian disease can be discovered—all other means having been given a fair trial—the induction of the menopause by the removal of both ovaries by celiotomy, or the ablation per vaginam of the ovaries, together with the uterus if that organ be badly diseased, is justifiable and affords a good prognosis respecting both life and ultimate freedom from pain.

Electricity certainly has a place in the treatment of dysmenorrhea. Personally I have found the galvanic current of most service and my patients have derived benefit from it in neuralgic and inflammatory forms of dysmenorrhea. I use the negative pole within the uterus in non-congestive states, the positive in congestive states, employing a current of twenty to fifty miliamperes for average cases and limiting each seance to ten or fifteen minutes.

Membraneous dysmenorrhea demands a special word. Locally it presents "an exaggerated decidua menstrualis of inflammatory origin." It is the outcome of prolonged endometritis and about the only reliable remedy is thorough curettage, the application of *Carbolic acid* or *Iodine* to the uterine cavity, and gauze drainage. This may be done a week preceding the menstrual flow and will, not infrequently, require repetition. After it, galvanism, with the positive pole within the uterus, is of service. Let me also say here that asepsis is just as necessary in the use of intrauterine electrodes as in the employment of sounds or other instruments within the uterine canal.

In conclusion, I may refer to the query occasionally put to the physician, as to what effect marriage has upon dysmenorrhea. In general it may be said that in neurotic women the outcome of marriage and childbearing is frequently beneficial as far as the menstrual pain is concerned, while for the victims of inflammatory and membranous dysmenorrhea marriage is contra-indicated. Furthermore, in young girls whose menstrual suffering is due to mal-development of the genital organs, with age, marriage and childbearing, a spontaneous recovery will often occur.

Discussion.—Dr. E. S. Bailey—In the treatments offered for dysmenorrhea there is really no favorite remedy which is universally satisfactory. With what is known clinically and what is known in the etiology and pathology it would seem a difficult matter to adjust the hard and fast lines of practice. Each patient presents certain modifications which must be taken as suggestions to be regarded in the treatment. In times past too much was done, the patient was overtreated for this symptom of dysmenorrhea. I remember seeing one young lady who had been bed-ridden for a year as the result of surgical treatment at the hands of a gynecologist for dysmenorrhea. The cervical canal had been cut in four long gashes from internal to external os and then she was utterly abandoned. Dr. Sims led the way to treating all cases of dysmenorrhea as depending on stenosis from uterine flexions, and the hard rubber pessary was universally used for a while. If I catch the spirit of the progress which is being made in the treatment of this affliction it is to individualize the cases more clearly and to prescribe more cautiously than in former times. A good many of the practitioners are asking the gynecological surgeons to keep their hands off a certain class of cases, as the methods of divulsions, dilatations and cauterizations do not always result satisfactorily. Again, I believe that the uterine curette has done much harm in its indiscriminate use in cases of dysmenorrhea depending upon a supposed endometritis; but in cases where vegetations or polypi have occluded the uterine cavity or canal, the curette has been the marvelous agent of rapid cures. I apprehend that the opinion very commonly prevails that the pain in very obstinate cases of menorrhagia is due to an obstructed flow; that there is some real occlusion which occurs at this especial time and at no other time; that the occlusion causes retention and accumulation and that these are the causes of the unusual blood tension and subsequent or consequent pain. It seems to me that this is very largely hypothetical in a great majority of cases. In two or three cases where I was called to relieve the sufferings of a painful menstruation, the result of a local examination after the flow had been established was to find the uterus softened and its canal straight and open, different in all particulars from the same uteri during the intermenstrual periods. This is a matter of determining obstructions and accumulations before pronouncing that there are such things. Our friends of the old school of practice are saying that drugging has gone too far and is worse than useless. This advance in treatment, by letting alone harmful drugs, should be noted and commended, as it puts a brake on the indiscriminate use of morphine, opium and the hypnotics.

I am in sympathy with operative means for obstructive and pathological conditions which evidently cause dysmenorrhea and have, as others have, made nice cures in this way. I am becoming convinced that many cases of dysmenorrhea in young girls and young women are due to the fact that, through failures of nutrition, all of the organs which engage in the menstrual function have not developed in harmony; that it may not be in the uterus itself is very easily demonstrated in some cases. During this winter in three cases where I have done celiotomy the ovaries and tubes were defective in development. In one the fallopian tubes were abnormally long, scarcely larger than a small quill and adherent at the distal end to the serous tissue in the Douglas cul-de-sac; one ovary was not to be found at all, and one was atrophied. This patient had dysmenorrhea approaching convulsions at irregular intervals. Another had ovarian hematocele with evidence of scar tissue, which showed that it had frequently happened in later months; in another there were sealed pus tubes, with horrible dysmenorrhea.

I believe that the neurotic cases are best treated by paying little attention to local causes. As to point of numbers, the neurotics are most common, next the endometritic cases. Local treatment for neurotics seems of little avail.

I am led to believe very thoroughly in the local treatments by electricity in all forms of painful menstruation, save in acute metritis and ovaritis. Those doctors who have persistently ridiculed the use of the current excuse it now by saying that it is less harmful than more heroic treatment. I believe it should become the agent to be tried in all cases of dysmenorrhea and I care not if the cure that is effected does come from the improvement in the general nutrition. One writer has gone so far as to say that if a married woman does not conceive in the first five years of married life she will develop dysmenorrhea through neuroses or endometritis. This seems an arbitrary statement, but it is significant that many sterile women do suffer at the period, and it may be well to consider the possibility of the truth or falsity of this statement that the dysmenorrhea was a legitimate result following neuroses or infection. I am thoroughly satisfied that the Thure-Brandt system of uterine massage is a very beneficial form of treatment for dysmenorrhea, except in young patients. It certainly aids the blood distribution through the capillaries and greatly develops the anatomy and aids the physiology of the parts. Local domestic applications, like the hot water douche (113 degrees F.), hot fomentations, hot drinks and the foot bath are such excellent adjuvants that they should never be neglected. *Aconite* and *Belladonna* have been excellent remedies in my service, as have *Gelsemium, Pulsatilla, Viburnum, Cimicifuga* and *Nux vomica.*

Dr. Julia H. Smith—I shall confine myself to the medication and simple adjuvants, for I am not a surgeon, and when I have to confess that a case needs surgical attention I feel that I have failed. I do try to cure every case with medicine, but sometimes fail. I think that our treatment should be along the lines of prophylaxis, in teaching the girl and woman how to take care of herself and thus endeavoring to prevent these conditions from arising. Very few young girls have a proper sense of the importance of taking care of the body during the menses. The simplest adjuvant I have found is hot water; not the hot douche, which I avoid as far as possible, especially in married women. I think that, as a general rule the vagina should not be flooded out in this fashion. I tell the patient to take a hot sitz bath the night before the menstrual period is expected—to sit in the water for twenty minutes, keeping it steadily hot, with the feet in hot water at the same time, and to go to bed with hot water bags on both sides of them. In nine cases out of ten I find *Arsenicum* the remedy, particularly when she craves the heat, or craves gin, which warms her up. I sometimes give *Arsenicum* in the 3x and sometimes in Fowler's solution, and have met with good success with it, particularly in nervous and anemic cases. Then, during the period I frequently prescribe the full bath—putting the patient, while menstruating, into a bath tub of hot water. I also use it a great deal in labor, and was barely able to get one patient out of the water in time to deliver her baby. This is more valuable in spasmodic cases. I have one patient who gets into the bathtub as soon as she feels the cramps coming on. It is rare that the pains of the neuralgic variety last for more than three or four hours after the flow starts, unless there stenosis.

I like *Caulophyllum* and, in anemic girls who flow but little I have had excellent results from the *Binoxide of manganese* (Fraser's tablets), giving two or three of the tablets a day during the intermenstrual period. The firmness of muscle increases, the back pains gradually lessen, and in a few months the menstruation is comparatively painless. I never make an examination unless treatment fails. Lots of the pain is uterine rheumatism and will yield to *Macrotin, Rhus* or *Cimicifuga.* I put *Macrotin* first because in the 1x or 2x, given every fifteen or twenty minutes during the pain and occasionally during the month, it has done good work for me. I find these cases very difficult to control when the trouble is in uterus, ovaries or tubes. When the pain goes down the legs, and patient calls it the "leg ache," then *Macrotin, Apis* as high as the 6x, and *Bryonia* have done more for me than any other remedies. I have even been guilty of painting the ovarian region with *Iodine.*

Dr. J. C. McPherson—I doubt very much whether there is any disorder requiring closer individualization than the one in question, and the homeopath who succeeds in successfully meeting every one of these cases is a good man; I have not been able to do it. The cause is frequently difficult to ascertain, and sometimes we find that the same cause produces many different symptoms. Most cases have been established since early in life—at or about the time of the first menses—and frequently develop from carelessness in dress, getting the feet wet, exposure, etc. Some cases are easily and permanently cured by remedies, and the remedy which has done the most for me is *Cocculus*. I have succeeded in permanently curing cases with this remedy which had not known a painless menstruation for seven or eight years. The difficulty, when it is in the fallopian tubes, is liable, in woman advanced in years, to be found at the distal end. In this day of surgery, when everything, or nearly everything, is supposed to be relievable by surgical means the uterus has suffered exceedingly by curettement, dilatation, and removal—together with the ovaries, tubes and almost everything else in the pelvic cavity—but still the pain remains. I believe that the extreme in surgery has been reached, and that the conservative and careful prescriber stands higher today than ever, and that those who have been guilty of removing, on slight pretext, the uterus, ovaries and about everything that can be removed, are changing their minds and are now treating these cases with medicines and local measures.

There is a vast difference between palliation and cure; we acknowledge that we have been able only to palliate some cases for years, without curing. The patient comes every month with the same pain; we put her in hot water, give a hot douche, an anodyne or some remedy, and the pain, as usual, after a few hours, subsides, and the next month we go through the same procedure again. I believe that few cases are cured by curettement. Few cases are caused by obstruction and but few are ever permanently relieved by dilatation by sounds. Very few cases are due to inflammation. We do not understand the cause of most of them. As Dr. Bailey has said, an examination during the period discloses a canal freely open where an obstruction was supposed to exist; my experience has taught me the same thing. Some of my severest cases have been those where there had been no pain up to the time the flow commenced, but started after a free flow had continued for some hours, without impediment or obstruction. In the treatment we must individualize carefully, and take into consideration every circumstance connected with the constitutional condition of the patient and her surroundings. When we prescribe empirically we shall fail oftener than we succeed.

Dr. W. H. Burt—As to the remedies I should place *Pulsatilla* at the head, *Gelsemium* second and *Viburnum* third, the others following in fairly regular order as indicated. I am in the habit of giving *Pulsatilla* in a majority of cases, but, like Dr. Bailey, am inclined to surgical measures in these cases. I endorse his remarks in full and all that I heard of the essay. I should like to ask Dr. Willard how long he leaves the gauze packing in the uterus after curetting?

Dr. Willard—It is allowed to remain from two to four days, according as the temperature, discharge and pain may indicate. After thirty-six hours, however, I remove the vaginal packing and commence the vaginal douche.

Dr. C. A. Weirick—About twelve years ago, after reading everything I could find which bore upon this subject, and failing to cure a reasonable number of these cases, I began making more extensive inquiries of my patients. I asked of each patient showing any disorder of the genital organs whether she had ever suffered from painful menstruation. I found that a large percentage of the women who had suffered from painful menstruation prior to pregnancy and child-bearing had been cured by the pregnancy. When I heard someone this evening condemning the practice of dilatation I recollected these inquiries made years ago and the information I had gained and it struck me that a person may go to extremes in condemning a very good measure. I believe that the pregnancy and the dilatation consequent upon childbirth is the means of curing many of these cases of dysmenorrhea. I know that it is the tendency of the physician, upon finding that a certain procedure has yielded good results in a certain number of cases, to injure the good reputation of that procedure by applying it in every and all cases. This is true, not only of surgical measures but of local measures and general medication.

I have carefully watched the effect of the patient's habits of life upon the menstruation and believe that dysmenorrhea is not, as is commonly imagined, caused by hard work, but more likely by a lack of work. Many women who do hard, manual labor, work on farms and do the work of a man, get up early and retire early, are not as liable to painful menstruation as are women of indolent habits. On the other hand, I do not believe that manual labor is essential to the cure of dysmenorrhea, although work or occupation of some sort is necessary. I have seen cases of painful menstruation in women who had nothing to do but amuse themselves; by some fortunate train of circumstances their husbands failed in business, so they were compelled to pursue a legitimate line of work with hand or brain, resulting in a betterment of general health and a cure of menstrual derangements. When I say a "legitimate" line of work I do not mean to speak disrespectfully of these cases; the mind is intended to think, to memorize, to make deductions—that is healthful, legitimate work, and when it is indulged in it influences for good all the functions and organs of the body. An illegitimate use of the mind is to allow it to have the blues, worry, despondency or apprehensiveness; when the mind is so used it impairs circulation and nutrition and brings a train of troubles of which neuralgia or dysmenorrhea are not the least.

I believe that baths are very healthful indeed and I know a number of women who have, with good effect, taken hot baths at home during the menstrual period, also sea baths in summer time during the menstrual flow. Electricity has been very helpful to me. Many of these cases, especially the anemic and neuralgic (which frequently go together), are troubled with a "dragging" sensation during the intermenstrual period; many times, in these cases, the uterus is lower down than it should be and I have used the current to give a sort of "electrical massage." Where there is no inflammatory condition I use the primary current, with the positive pole applied to the uterus and the negative at the upper sacral region, or the lower part of the abdomen. I give this current as strong as they can stand it, switching it suddenly off and on again, causing thereby a contraction and relaxation of the supports, alternately. Many patients have told me that this gave relief from the dragging sensation and that the menstrual pain was much lessened.

Dr. Charles Gatchell—A word or two in reference to the rheumatic form, spoken of by Dr. Smith. In these cases I have obtained particularly good results from *Caulophyllin* and *Macrotin* (the alkaloids), given during the intermenstrual periods. I do not often give two remedies, but do so in these cases. These rheumatic cases are much benefited by the hot sitz bath and hot foot bath. I should like to ask the essayist whether any but the membranous form is benefited by bicycle riding and whether he has as yet cured any of these cases with the cathode ray?

Dr. T. E. Roberts—There is nothing more unsatisfactory to the general practitioner than to turn these cases over to the specialist and have them returned no better, or perhaps even worse. I wish to emphasize the necessity of careful, discriminating diagnosis in dysmenorrhea. Success depends upon making a correct diagnosis. The general practitioner may work patiently with a case for years, prescribe the best he can, and use minor gynecological measures with some little success, and then turn it over to a skillful gynecologist who seemingly understands the case and promises a good recovery. This thing and that thing are done, and I have had cases go to the best gynecologists of both schools—cases which seemed curable—and come back to me suffering just as much as before. It seems to me that the gynecologist should be a very skilled physical diagnostician and, if there is any doubt in his mind as to the final outcome of the case the family physician should be apprised of it from the start, and the family be made a party to it, if it seems best. Then, as to the use of the bicycle; within the range of my limited observation I can call to mind four cases where the patient has been benefited in a general way and the menstrual periods rendered much easier by the use of the wheel. The general tone was raised, and the dysmenorrhea lessened in consequence. Where there is no acute inflammatory condition its use is of decided benefit.

Dr. H. P. Skiles—The faradic current has done the most for me. I have noticed, too, that where a diarrhea and an endometritis are concomitant the relief of the one will bring relief of the other. In one case I gave a patient a treatment for endometritis, by curetting the cervix with cotton at my office, and that was the end of the diarrhea. I have often relieved the pain caused by passing a sound into the uterus by merely opening the anus a quarter or one-half an inch.

Dr. W. G. Willard, essayist—I purposely said nothing as to the prophylaxis of dysmenorrhea; much more attention should be paid to it, to instructing young girls as to proper habits and giving them a better idea of what a bad menstrual habit may cause or lead to later in life. I remember being called to see one woman and found a small fibroid of the uterus. Three years before a trachelorraphy had been done, and one year before that she had a hard instrumental delivery under another practitioner. She said: "I never paid any attention to the menstrual habit. As a girl, I was fond of dancing, and, if necessary, did as other girls did, soaked my feet in cold water and then went to a dance." Now I will not say that the fibroid came from that habit, but I believe that many symptoms, such as excessive flow, difficult labor, severe lacerations, possibly an endometritis, and maybe the fibroid came as a result of a faulty instruction in girlhood.

As to the hot douche, I cannot agree with Dr. Smith that it should rarely be used. I prefer abdominal applications, sitz bath and immersion of the feet, however, though I occasionally use the douche during menstruation.

I cannot agree with Dr. McPherson when he says that very few cases were ever relieved by the curette, or sound, and that few cases are caused by an inflammation. I do not pretend to have had an enormous experience, but I can say that I have cured more than a few cases by dilatation, more than a few cases by curettement, and am positive that many cases are caused by inflammation in the uterus and adnexa. As said before, in many cases, the simplest of local measures will suffice.

Of the balance, many are cured by the measures mentioned and many are caused by inflammatory troubles. Where the pain commences after the flow is established, it is apt to be in women who flow very profusely; the blood is not prevented from clotting and there is a lack of power to expel the clots from the uterine cavity. I am sorry nothing more was said about the effect of bicycle riding. In my own experience none of the cases mentioned were of the membranous variety. In the article referred to, however, all were membranous, and in the discussion following that paper before the New York society, though testimony was given by a number of gynecologists, not one out of the eight or ten said anything against the moderate use of the bicycle where there were no acute conditions. I would say to Dr. Gatchell that I have had no experience with the cathode rays. In another twelve months we may be able to show an exact photograph of the uterus during the menstrual period and then we may be able to tell more about the exact cause of dysmenorrhea.

Correspondence.

WORDS OF APPROVAL FROM DR. ORME.

Dear Medical Century: I like your article on the homeopathicians. They have no *raison d'étre.* The *Era* used to have a department of "Opinions Expressed," which was good. Might you not find it convenient to have a column entitled "Collected Opinions," or something of the kind. In this you could throw sentences from private correspondence, or cullings from exchanges, lectures, etc. Correspondents who have not time to prepare articles could give brief opinions, called for or voluntary, and upon the whole it might be an interesting feature of the Century.

You see I have such an interest that I cannot refrain from an occasional suggestion—albeit I have not troubled you much in this way of late, nor have I heard much from you. I presume you are finding something to occupy you—trying to unify the universe, or other small undertakings.

I have kept up with you to some extent through the Century, which continues to be good, very good. I also have seen your article and those of others in Chicago *Tribune.* Go ahead; it is well to make the originators of new theories and toxines, called antitoxines, establish themselves. I must have something more convincing than I have seen to cause me to abandon remedies and treatments with which I believe I have done well. Almost any treatment is better than the barbarous (heroic!) treatment from which the old school has secured such heavy mortality. No wonder they are casting about for something better; but it would be heresy to look toward homeopathy, which has made a good record, comparatively, in diphtheria.

I send under another cover an article on the first use of ether as an anesthetic. It is strange how persistently the claim of Dr. Long has been ignored, although Dr. Marion Sims long ago showed indisputably the right of Dr. Long to be regarded.

I hope the Lord is good to you and that you will not tempt him by working yourself to death.

Yours faithfully,

Atlanta, Georgia. *F. H. Orme, M. D.*

DR. STARR ON THE SCOPE OF SIMILIA.

MEDICAL CENTURY: I desire to thank you for your able and ringing editorials on "The Scope of Similia" and "Homeopathy vs. Homeopathicians." Every honest practitioner in our school must acknowledge the truth as you have presented it. The trend in the past has been to brand as disloyal any man who went outside the law of *similia* in treating his cases or who even suggested the idea of alternation of remedies.

I recall how some of our men began to criticise and glance askance at Dr. C. E. Laning, who, by the way, in my opinion, was one of the brainiest men the West has produced and who towered above his critics in point of ability, when he insisted that alternation of remedies was perfectly legitimate in some instances, and that there was a proper place for expedients and palliatives in medicine of whatever school.

As I have come in contact with physicians in our school I have been impressed with the facts and truths as you have presented them, and then I have wondered why this false assumption by the spokesmen, as it were, of our school, who thereby place us in a false and untenable position and expose us to the criticism of our enemies.

Hasten the day when all will not only recognize but acknowledge and proclaim the exact scope of *similia* and the exact position that we occupy as a school of medicine. I believe the profession will heartily say "Amen!" to such teachings. Let the good work go on, for it lessens not the dignity of our school but places us where we can stand "four square to all the winds that blow."

Excuse the length of this letter, but such work as you are doing is worthy of all commendation.

S. Starr, M. D.

Charleston, Ill.

AN APPROVING VOICE ON THE COLLEGE QUESTION.

I want to thank the MEDICAL CENTURY for its strong editorial on medical colleges in the current number of the CENTURY. It is just what is needed and we need a great deal more of the same sort. In my opinion homeopathy has no greater peril than this tendency to segregate into weak rival schools. These schools are not demanded by an increasing number of students, but by an increasing number of common doctors who are hankering after the title of "Professor." We cannot afford to wreck homeopathy for the sake of these ambitious, mediocre souls. There is no state in this Union large enough for two homeopathic medical colleges. Let us halve the number and double the strength. You are on the right track. Follow it up. The truly great professors are all with you and so is the great body of homeopathic practitioners throughout the land. What we must have is—not expansion but concentration; not dilution but dynamization.

Faithfully Yours,

N. W. Rand, M. D.

Monson, Massachusetts.

A PRACTICAL RESPONSE ON THE VACANT FIELDS.

EDITOR MEDICAL CENTURY:—In response to your request in the CENTURY, I would like to venture a few facts in favor of West Virginia. At present there are only about fifteen homeopaths in the State, and they really cut no figure to speak of outside of the cities. And yet West Virginia has the reputation of developing more rapidly than any State in the Union. Last year there more were miles of railroad under construction than in any other State, and Eastern capitalists and brokers are at present coming into the State in hordes to invest their money in oil, coal and lumber. I cannot say that there are any "snaps" here, there are no large towns without physicians nor towns in which the people are only waiting for the advent of a doctor to run in and exchange dollars for pills. But for a young man who wants to locate in a place and win a practice, and when he gets it to still find the town growing and not falling flat, West Virginia is the place. Collections are good, people as a class have money, but, alas! they know nothing of homeopathy. Yet they know when a physician is curing the patient he gets, and that is all that is necessary for a homeopath's success.

I give a few of the towns, their population, and the number of physicians. In none of them are there any homeopaths:

ELKINS—Home of Senator Elkins; probably the best town in prospects; a college to be built next year, and enjoying a boom at present. Population, 4,000; four physicians.

CLARKSBURG—Population, 5,000. Ten physicians. A hotel costing $100,000 just completed shows it to be a good town.

GRAFTON—Population, 5,000. Eleven practitioners; railroad center.

DAVIS—Population 3,500. Five physicians; coal.

WESTON — Population, 3,000. Nine physicians; coal.

BUCHANNON—Population 3,000. Six physicians; college town.

CHARLESTOWN—Population, 3,500. Ten physicians. Home of Wm. L. Wilson.

BLUEFIELD—Population, 6,000. Eleven physicians; coal.

These towns are all growing rapidly and will be cities in the future in all probability; but no man will meet with instantaneous success on locating in any one of these towns because he is a homeopath. But that is not as important, according to my observation, as the financial condition of the people and the future prospects of the place.

If any young man wants to come to West Virginia and enlighten the people I will furnish him all the information I can.

By the way, there are two towns of 2,000 population where there is an oil boom on and the people "throw money around," speaking figuratively. A good place for a man of limited means to in a short time get the wherewithal to start permanently; but such a practice would only be temporary, necessarily, as the oil only lasts two or three years. These towns are Mannington and Sistersville.

C. H. Duncan, M. D.

Fairmont, West Virginia.

GOOD LOCATIONS IN ILLINOIS.

Ponica, population seven hundred, LaSalle County, nineteen thousand. Agricultural support. Homeopathic physicians have done well in years past. Two old school men.

Rutland, five hundred, La Salle County. Agricultural and coal miners' support. Considerable homeopathic sentiment. A good physician needed here at once. Two old school men. The stronger man is in ill health.

Both above locations would require well equipped men in every sense, and men of A 1 character. None other will succeed.

Further particulars answered if stamp is enclosed.

J. B. Dunham, M. D.

Wenona, Ill.

GOOD LOCATIONS—SOUTHWARD HO!

Medical Century:—In your issue of February 1st I noticed an article entitled "Where are the vacant fields?" I can answer it in one word, i. e., Southward.

The North, East and West are being overrun with recent graduates, but very few ever think of coming to the land of promise, and yet there is room for all who may graduate this year. Let them come South and grow up with the country and be prosperous.

I hear them say: "I should have to pass an examination!" Well what of that! If they are not able to pass an examination where did or will they get their diplomas? Any physician who can pass the rigid examination required by the colleges under the supervision of the American Institute of Homeopathy can pass those here.

This great Southern country is full of good locations; almost any place one would choose will yield a good paying practice in a few years, and many could pay expenses soon after locating.

This country, which has been asleep to advance in medical as well as other progress for over thirty years is now awakening to a new and buoyant condition, and progress is the watchword.

Thousands of people are flocking in here from the cold Northwestern States, also from the older Middle and Western States; many of them have been used to homeopathic treatment at home, and about the first thing asked about a location is if there is a disciple of Hahnemann to attend to their ills; and yet we have only a few to answer their calls, so patients are obliged to take the nauseous doses of the old school.

Alabama, Mississippi, North and South Carolina have less than a dozen homeopathic physicians apiece. And why? It certainly is not because they do not want them. It is simply because they are not aware of the truth concerning the practice, and they never will know it until educated up to it by having it demonstrated to them personally. The people are open to conviction when they see a remarkable cure (to them). They flock to the one who makes it and give him their support. There is not a town or city in Alabama today that could not support another of our physicians, and many of our larger towns are entirely without any. The attention of the whole country is now united on the South, and why should not our homeopathic physicians share with the other professions in the harvest to follow.

Very sincerely,

A. M. Duffield, M. D.

Huntsville, Ala., February 12, 1896.

[Here is what we want exactly. Now if our various subscribers will favor the Medical Century and the aspirant young physician in like manner we can soon make glad the waste places where homeopathy is not, and advantage the young doctor by way of parenthesis. Write up the locations which you wot of, colleagues.—Ed.]

A CORDIAL COMMENDATION FROM INDIA.

My Dear Doctor: I beg to advise you dispatch by foreign money order $3.50 (three dollars and fifty cents), as my subscription to your much esteemed Medical Century, for 1896. I am glad, to bear my humble testimony as to the success of the Century's mission. It has in so short a time become the leading journal of homeopathy in America, or I might as well say in the world. I hope the Medical Century will not only maintain its high position but increase it in 1896. I now fervently wish to see it coming out weekly. If we homeopaths all the world over learn to respect our rights and are anxious to disseminate the truth of homeopathy we ought to support the Medical Century with head and heart, and thus make it it a strong weekly journal before the expiration of the next year.

I am sorry to let you know that for the last fourteen months I have been confined to bed from very severe cough, night sweats, fever, pain in the chest, etc. I am now convalescent. I was given up as hopeless by my attending physicians and wife.

Wishing you a happy New Year I remain,

Yours sincerely and fraternally,

B. N. Banerjee, M. D.

Calcutta, 34 1-2 Beadon Street.

LIFE INSURANCE AGAIN.

Medical Century:—I had occasion a short time ago, to call the attention of one of the sub-officials of the New York Life Insurance Company to the fact that the homeopathic profession expected to be recognized by them in their appointment of medical examiners. He said it seemed right to him and he would consult Dr. Huntington the medical director and let me know his position in the matter. He wrote me next day that "while this is not official Dr. Huntington would favor your proposition." I then wrote Dr. Huntington asking him for an official reply to my request that at least one medical examiner appointed in New York City be a homeopathic graduate, who should come up to their standard of fitness for making examinations for the protection of their company, and assured him that there were many of our men perfectly competent to do so; he to choose the men as he saw fit, or I to furnish him with a list.

I have just received his reply, which while very courteous very effectively tells me he does not want us to help him. I append it.

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"Medical Department,
New York Life Insurance Co.,
346-348 Broadway.
New York, Feb., 14, 1896.

"J. B. Garrison, M. D., 111 E. 78th St., N. Y. City.

"Dear Doctor:—We beg to acknowledge your letter of February 12th, and in reply would say that our company has its own method of handling its medical examinations in large cities, which method differs from that of most companies. Our New York City staff at the present time is entirely full, with a large list of approved medical applicants waiting for any vacancies which may occur. There is therefore little prospect of any new candidates being selected for some time to come. We remain, doctor, yours truly,

"A. Huntington, M. D.,
"Medical Director."

I think that the position the companies take on this question should be made public, and that physicians and laymen of homeopathic faith should be urged to unite in demanding what are our rights. The sentiment is increasing, and we should all work for those companies who are willing to publicly recognize homeopathy if at the same time they are responsible companies. Very sincerely yours,

New York. *J. B. Garrison, M. D.*

GOOD LOCATIONS IN OHIO.

MEDICAL CENTURY:—As per request of your MEDICAL CENTURY of February 1, 1896, I want to call attention to the following vacant fields near me:

New Straitsville, Perry Co., O. A mining town on C., H. O. & T. Ry. Population 2,800; will be an excellent location for a homeopath, as Shawnee, Perry county, O., another mining town with 3,300 people, is only two miles away. There is needed a homeopathic physician at Baltimore, Fairfield Co., O. This is an agricultural village of 500 people, in a wealthy district. It is located on the T. & O. C. Ry., with Basil only a mile away, with 500 people. A homeopath will get a good support in this community as the field was once occupied by a young man for a short time.

Bremen, Fairfield Co., O., on the T. & O. C. and C. & M. Rys., a live agricultural village of 600 people. This village is at present growing very rapidly. This field has never been occupied but is very promising.

I hope you will be the means of sending us some neighbors. Our best wishes continue with the CENTURY, and long may it live!

Yours fraternally,

Lancaster, Ohio. *J. P. Hershberger, M. D.*

MONTREAL NEWS.

New Doctors.—Failing to account for the exceedingly healthy state of the community by the extra heavy snowfall it seems but fair to charge it to the increase in the number of homeopathic physicians. Three extra conditions present themselves this season, viz., an extra heavy snowfall, an extra light amount of sickness, and an extra number of doctors with which to work out the problem and find the fourth and unknown quantity: the means of subsistence. It is a pleasure to report that the new men appear to have acquired facility in working out such problems and are in a fair way to being promoted to a more advanced class.

Among the latest additions to Montreal's homeopathic ranks are Drs. E. M. Morgan and E. A. Grafton. Dr. Morgan comes from the Metropolitan Hospital, N. Y., and the New York Ophthalmic College, fully equipped to attend to diseases of the eye, ear, nose and throat. Dr. Grafton is a McGill man and an ex-interne of the Montreal General Hospital and Ward's Island Hospital, New York, and possessed of a large and varied experience gained in hospitals of this country and Europe.

Hospital Physician.—Inquiries have been received respecting the position of house physician to the hospital, shortly to be filled, and the prospects are bright for a material increase in the number of homeopathic physicians in this province ere the year rolls by, attracted no doubt by the fame of the new hospital. The new hospital building is almost ready for the painters and is virtually completed, though the date for the official house-warming has not been fixed.

Montreal Dispensary.—The dispensary will be moved from its down-town location to the hospital premises in March, to be carried on as heretofore, until the quarterly meeting of the governors, when the new management and staff of physicians will be appointed. The success of the dispensary has been gratifying to its supporters; nearly 1,000 patients have been treated since its institution a few months ago, a success the more marked when one remembers that this dispensary is located within a short distance of a similar institution of the old school which has been in existence since 1852. The renovations and improvements in the Montreal General Hospital have been completed at a cost of over $80,000. The public reception given by the board of governors was one of the great social events of the season, there being 1,000 invitations issued. Few if any of such institutions under control of the dominant school, on this continent, enjoy the advantages or are enabled to perform the work in so successful a manner as does this hospital, backed by the faculty of McGill and having access to and benefit of the vast scientific, literary and practical resources of that university, in addition to being the ewe lamb of many of Montreal's wealthy citizens.

Good Locations.—A recent number of the CENTURY refers to the matter of new fields for the coming graduates. It might be news to some of them to learn that there are in the neighborhood of one hundred towns and villages in the province of Quebec ranging in population from 500 to 10,000, in which there is not a homeopathic physician. Some of these places contain English speaking inhabitants, but the majority are French. Quebec, a city with 70,000 people, of whom 25,000 are English speaking, has but one homeopath, a man well on in years and content to rest on his laurels. To the man or woman who can fulfill the requirements of the Montreal College of Homeopathic Physicians and Surgeons this field is open, with fair prospects of early success, which would be materially enhanced by a knowledge of the French language. Dr. Griffith, 535 Wellington St., the registrar of the college, will furnish all necessary information as to requirements, etc.

In less than two years Montreal homeopathy has built a fifty-bed hospital, non-mortgaged, opened a flourishing dispensary and established a monthly pamphlet presenting a record of its workings—and the end is not yet. Results such as these would indicate that the responsibility for the doctor's lack of success cannot be charged solely to the want of opportunity and encouragement.

Arthur D. Patton, M. D.

Montreal, Canada.

HE LIKES THE SURGERY AMAZING WELL.

MEDICAL CENTURY:—The Homeopathic Text Book of Surgery was received yesterday, and I shall be greatly pleased, even from my hasty examination of it, to urge all homeopathic practitioners and students to possess a copy.

Very sincerely yours,

New York. *J. B. Garrison, M. D.*

The next issue of the MEDICAL CENTURY will contain a goodly list of choice locations in Canada and elsewhere. It is hoped the profession will report the good vacant places in every part of the country. —ED.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - Editor.

New York and Chicago, March 1, 1896.

ANTITOXIN IN NEW YORK.

Not alone in Chicago has there been a great deal of attention given to the subject of antitoxin in the treatment of diphtheria, of late though in no other city have health officers shown such utter disregard of the rights of the profession and the liberties of the people as in that city in their management of the disease and their efforts to force a treatment upon the profession and public, whether or no. In Chicago the health board has simply swallowed the subject whole, without previous mental mastication and without even the promise to digest it afterwards. It has been accepted with blind faith and everyone else has been asked to accept it with like credulity. In New York, on the other hand, while the health office is engaged in the manufacture of the remedy, and while its officers defend it upon every occasion, there has not been that insane exhibition of confidence in it that has been shown by the lay commissioner of health and his subordinates in Chicago, and the profession is still trying to solve the problem of its merits and attempting to determine by careful study and earnest and honest experimentation in diphtheria hospitals, rather than upon the public in their homes, just what the powers for good or evil of the new remedy may be. It may, therefore, be instructive to analyze recent studies of the new agent and reproduce the opinions of those who have used it and have seen it used extensively in New York.

At a recent meeting of the Society of Alumni of Bellevue Hospital Dr. John W. Brennan read an exhaustive paper on the subject, in which it was shown that there were treated in the Willard Parker Hospital during the first nine months of 1895 five hundred and ninety-three patients suffering from diphtheria. Of these, all of whom had the antitoxin treatment, four hundred and thirty-eight had recovered and one hundred and fifty-five had died, giving a mortality of twenty-six and fourteen one-hundredths per cent. During the same period of 1894 there had been admitted and treated without antitoxin four hundred and sixty-nine patients, of whom three hundred and four had recovered and one hundred and sixty-five had died, a mortality of thirty-five and eighteen one-hundredths per cent. Of those to whom the remedy had been given on the first day of the disease ten and nine one-hundredths per cent. had died, the mortality among those to whom the treatment had been given on the second day being twenty-five and nineteen one-hundredths per cent. while that among those treated on the third, fourth and fifth days of the disease had been thirty-three and eight-tenths per cent. There seems to be a decided reduction in the mortality of patients treated on the first day of the disease, while there is but little in that class in whom treatment is instituted on the second day, and the rate among those in whom it is instituted later is not improved over results of other treatments.

Dr. Brennan showed that there was a remarkable increase in broncho-pneumonia in subjects to whom antitoxin had been administered, the per cent. of deaths from this cause late in the treatment in very many instances being fifty-three and twenty-two one-hundredths per cent., as against but sixteen and nine-tenths per cent. before antitoxine was resorted to. Here is a point which must not be overlooked. Patients may recover from diphtheria all right under antitoxin treatment and be ranked among the recoveries and yet a very large per cent. of them die of secondary broncho-pneumonia, which deaths should rightly be charged up to diphtheria.

The per cent. of deaths from laryngeal stenosis and sepsis had apparently been greatly reduced, though it was held by one of the disputants of the paper that broncho-pneumonia was in this instance a septic process and that, therefore, there had been a large death rate from sepsis. But the author of the paper spoke of sepsis as commonly observed, as the complication or direct accompaniment of malignant diphtheria, which had not been present in nearly as many cases as formerly.

While the general trend of Dr. Brennan's remarks were along the line of confidence in the new remedy, and while he seemed to believe it had accomplished something more than other treatments had accomplished in former years in the same institution, yet there was a tincturing of doubt all the way through, and in concluding he gave utterance to the very significant remark that he must admit that he was as yet unable to range himself either among the enthusiastic advocates of diphtheria antitoxin or with those who unqualifiedly condemned it.

Among the favorable results which had been claimed for it were a prompt improvement in the general condition of the patient, a strengthening of the heart's action, a reduction in the temperature and a rapid "melting away" of the membrane in the throat. The speaker admitted that he had seen marked improvement in laryngeal stenosis at times, but disavowed having witnessed the "melting away" process, the reduction in the temperature and the strengthening of the heart's action upon which some authorities had dwelt so strongly. There had not been, on the other hand, any serious complications or ill effects except the marked increase in bronchopneumonia spoken of. The kidney symptoms had not been pronounced, but there had been a number of cases of synovial inflammation.

Taking this painstaking analysis of the results of antitoxin treatment in Willard Parker Hospital it would seem to be clear that there has been a reduction in the death rate from some cause, but that it is not as pronounced as devotees of the treatment would have the profession believe, especially in Chicago, and that nothing like the remarkable results have been attained, with a trained staff of physicians and nurses with all the advantages of excellent hospital facilities and everything to the favor of the treatment in this splendid institution, that Chicago's health board have been able to secure under the most unfavorable circumstances. The conclusion is forced, therefore, that the Willard Parker Hospital corps do not understand their businesss or that the Chicago health department staff has issued fake bulletins, has attempted to deceive the public with their wonderful assertions and statistics, or else that they don't know diphtheria when they see it and have classed all cases of sore throat coming under their observation as true diphtheria. It is quite likely, when the personnel of the health department's medical corps is considered, that the latter explanation is in good part the correct one.

But to return to the New York discussion. Dr. Brennan's admirable paper was extensively considered by a number of eminent physicians. Of those speaking to the subject Dr. Biggs, of the New York health office, was outspoken in his approval of the remedy and quoted largely from the statistics of those who introduced it in Europe. He was especially extravagant in his claims that it had produced an extraordinary reduction in the general death rate in Paris and other European cities, and that it was an immunizing agent of immense value, affording protection for thirty days He voiced a remarkable utterance, however, which is almost shocking in its boldness and equally rank from the clinician's viewpoint, from which this and similar questions will have to be decided, after all. It was to the effect that it seemed to him that the strongest evidence, up to quite recently, at any rate, had been afforded not so much from clinical observation as from the results of experimental work. There had not been a pathologist of repute who had not accepted, provisionally if not wholly, the conclusions as to the specific curative value of the remedy. It seemed to him difficult to understand how a scientific man could study the experimental work that had been done regarding diphtheria and the production of diphtheria antitoxin and not arrive at the conclusion that it has a specific curative influence. The burden of proof lies with the clinician, who must show that antitoxin will not cure, rather than with those who have developed it. There is a degree of violence to sound reasoning here that will almost startle the clinician. He must accept the dictum of the pathologist and adopt that which is offered from the laboratory and must prove to the pathologist that his product is not of value else the odium rests with him. Unfortunately, there is too much of this nonsense running all through medicine today, and it is time such fallacious reasoning was relegated back to the laboratory from which it emanates. It rests with the clinician to prove values, rather than to be compelled to accept the offerings of the pathologist as scientifically correct and to disprove them at the expense of the lives and health of his patients.

In opposition to antitoxin Dr. J. E Winters spoke most earnestly. He called attention to the fact that it had been loudly claimed a year ago that if antitoxin were administered on the first day all would get well, yet the paper showed that ten per cent. of first day cases were lost; that if it were begun on the second day ninety per cent. would recover, yet the paper showed that twenty-five per cent. of those treated on the second day of the disease had died; that sepsis, *per se*, would disappear, yet the paper shows that ten per cent. had died of sepsis; that heart failure in diphtheria would soon be unknown, yet the paper shows that a larger number than formerly succumb to this manifestation of paralysis; that the temperature would subside as if by magic and that the membrane would melt away before our very eyes, yet the author of the paper tells us that the temperature and heart's action are not improved and that he has failed to see any thawing out of the exudate. Dr. Winters cited cases now in Willard Parker Hospital who had had the membrane for twenty-two days. He told that it had been decided in April that adult patients should have their choice between antitoxin and other treatments and that thus an opportunity had been afforded for comparison, and the local manifestations in those not treated by antitoxin were less malignant and their ultimate recovery has been better. Recurrence of exudate has been far less common in those not treated with antitoxin, and sequellæ have not been as common. The death rate reported by the paper shows that in one hundred and one cases occurring in children under two years of age there was a death rate of above seventy per cent., or nearly four per cent. higher at the very time the disease is most dangerous, so that it has nothing to offer in this type of case. With no little sarcasm he referred to Dr.

Biggs' remarkable position in the following appropriate language: "But from what we have been told tonight why should we discuss the death rate of diphtheria from a clinical standpoint? Whether there is a death rate of five per cent. or fifty per cent. under the antitoxin treatment antitoxin remains, according to laboratory results, a specific, and we must, therefore, accept the dictum of the pathologist and the laboratory worker."

In concluding his remarks, which showed wide study and research, and a remarkable familiarity with the data before the profession, Dr. Winters referred to the opinions of many physicians who had been witnesses of the effects of the treatment for months past and arrayed a rather remarkable volume of adverse opinion well worthy of reproduction:

"One of the most cogent reasons against the antitoxin treatment of diphtheria is the attitude of those who are living in hospitals and watching its results, who formerly were earnest advocates of the treatment, and who, after a large experience, have from conviction become opposed to it. Dr. Cortheron, a London graduate who afterward studied in Paris under Roux and subsequently took charge of a diphtheria hospital in London, a most earnest and enthusiastic advocate of the antitoxin treatment, after watching its effects for a few months went to the medical superintendent and asked if they were obliged to continue injecting the antitoxin, saying that it certainly did no good, the children died just the same. Dr. Grant, an Edinburgh student who studied in Paris under Roux and subsequently took charge of a diphtheria hospital in London, his teaching and association having made him a most enthusiastic advocate of antitoxin, told me that his experience with it had convinced him of its uselessnes and of its injuriousness in certain directions. In Philadelphia, Dr. William M. Welch, of the Municipal Hospital, who has injected over 300 patients, stated to me on Sunday last that if he were left to act independently and from his own convictions he would never inject another patient. Dr. Bemis, who was for three years in the Municipal Hospital before the introduction of the antitoxin treatment, and who had a great predilection for antitoxin at the outset of the treatment, after eight months of its treatment became opposed to it. Dr. Warmuth and Dr. Tyler, of the Municipal Hospital in Philadelphia, who were believers in it, are now opposed to it. Dr. Steinsieck, of North Brother Island Hospital, New York, stated to me yesterday that he had never seen antitoxin do the least good in any case in the Island Hospital; that one child who had been sent to him from the Willard Parker Hospital he was sure had died from the effects of the antitoxin. One child whom he injected was dangerously ill from the effects of the antitoxin for several weeks, but finally made a sufficient recovery to be sent home, but he believed it would always suffer from a nervous affection which was the outcome of the treatment. Dr. Bradley and Dr. Farrell, of the North Brother Island Hospital, who were once believers in the antitoxin, are now opposed to it. At the Willard Parker Hospital Dr. Bryant, of Boston, once most enthusiastic for antitoxin, is now opposed to it. Dr. Hardin, of Washington, came to the Willard Parker Hospital firm in his belief in the value of antitoxin. After five months' service he has become most decidedly opposed to it. Dr. Levy, of Richmond, Va., came to the Willard Parker Hospital a thorough believer in antitoxin. After watching its effects in this hospital he is opposed to it. Dr. Levy is at the present time seriously ill with diphtheria, and was offered antitoxin for the treatment of his diphtheria and refused it. Dr. Warmuth, of the Municipal Hospital in Philadelphia, had diphtheria in September and refused to have antitoxin used on himself. Dr. Welch, of Philadelphia, in answer to the question, said he would not have antitoxin used on himself if he had diphtheria, and that if his children had diphtheria of any type he would not allow them to be injected with antitoxin. Dr. Steinsieck, of North Brother Island, says he would not have antitoxin used on himself; that recently he has thought it all over as to what he would do in case his children had diphtheria and that he has decided he would not have them injected with antitoxin, no matter how severe or what the form of the disease might be In view of this evidence from physicians who have lived day and night for months with diphtheria patients under the antitoxin treatment, can you, gentlemen, take the responsibility of using antitoxin on your patients?"

Other speakers told of the larger number of admissions as diphtheria under bacterial diagnosis, and thus showed that whatever of reduction in the death rate there appeared to be is in good part due to the admission of many mild cases which had heretofore passed as simple cases not requiring special treatments. It was again shown that in first day cases generally the death rate was less than in later stages, and that the argument that antitoxin produced good results when given early applied with equal force to all other efforts to aid the cure of the disease.

The MEDICAL CENTURY feels that it owes no apology to its readers for going thus extensively into the consideration of this subject. We want the truth. We have felt that the Chicago health office has been toying with an edged tool, and that it has greatly exceeded its authority in attempting so vigorously to force antitoxin upon the profession and people. The same is true in regard to the action of the New York health office, though to lesser degree. The testimony of those who have been administering and watching the effects of antitoxin must be acknowledged as having value, and no harm, only good, can come from carefully weighing all the testimony, pro and con.

It may truthfully be said there is at best but little improvement in this treatment over others the old school has practiced for years, and it may safely be assumed that what appears to be its greater virtue is a negative one—that the death rate has been slightly lowered by the suspension of heroic measures formerly in vogue, and that the greatest apparent reduction lies, in deed and in truth, in the reporting as diphtheria of many cases that are only pseudo-diphtheria, or, worse yet, folliculous tonsillitis and other non-malignant throat diseases. We can afford to wait before engaging in the mad chase after this latest ignus fatus of the old school. Meanwhile we can also well afford to practice a cleaner, better and more accurate homeopathy than has been the rule in recent years, carefully noting results and collating statistics for comparison with antitoxin and all other lines of treatment instituted by "our friends the enemy."

COLLEGE SEGMENTATION IN CHICAGO.

It is not to be gainsaid that there may have been instances and that there may be instances in the future in which college segmentation may have worked and may yet work to the good of the profession. Abuses creep into college circles as well as into other organizations, and revolution, overthrow and reform are sometimed called upon to settle important problems. In Cleveland, under the autocratic domination of a single man, or, perhaps, a few men, there seemed to be nothing left but to divide and form a new college. In Chicago, when the Chicago Homeopathic College was organized there seemed to be real need of such a movement. It was demanded by every consideration of self-respect and independence of spirit upon the part of those who engaged in it, and the gratifying success which has attended the new college clearly demonstrated that the movement was wise. When these instances are cited, however, the ground has been covered and here segmentation should have stopped. Further than this, as the frictions which caused the division referred to subsided the two colleges should have come together, and to their credit be it said this thought prevailed for a long time and more than once union seemed to be imminent. It would still prove a benefit to the profession to have these old colleges united. There are excellent teachers and clinicians in each, but there are the weaker vessels also. Union would bring together the strong men of both and the less efficient could be dropped or placed in minor positions. A union of the finances of the two would place one good college on an excellent footing and make it so independent that it could demand reasonable fees, those demanded in Eastern colleges, for instance, the result being that great financial burdens would be lifted and the best thought and effort of the teaching force of Chicago could be directed in its proper channel. Furthermore, the financial support thus secured would enable such a college to equip itself as thoroughly as the best medical colleges of the East, a desideratum very much needed at this moment. For while the colleges named are no worse off than many prominent old school colleges it is perfectly safe to say that neither is as well equipped as it should be or as its faculty would like to have it be.

But what of the other colleges in Chicago! Is there no need for their existence? Absolutely none —with a slight qualification. The organization of Hering Medical College was the direct outgrowth of a culpable degree of carelessness in the materia medica and therapeutic departments of the college from which it was an offspring, in the presentation of correct homeopathy. By this it is not meant to suggest, even feebly, that that institution was or was not an exemplar of high attenuationism. It is meant simply to suggest that there was too much physiological materia medica, too little symptomological materia medica; too much antipathic prescribing; too much unscientific alternation of remedies; too much reference to antipyretics, to quinine and whisky and other hap-hazard methods, and altogether too little painstaking exemplification of the true homeopathic method of selection of the remedy. The inductive method of Hahnemann had been largely forgotten. Generalization rather than specialization had become a habit, if not, indeed, quite the rule. Hence those who were perfectly conscientious in their belief that homeopathy as they understood it was being neglected, had nothing left but to form a new college or suspend their efforts to instil in the mind of the coming physician the true homeopathic philosophy. Had the college from which Hering segmented done its duty, as it is believed it is now trying better to do, there would have been no need for a Hering College; and if the homeopathic colleges all over the country will but do their duty in this particular there will never be a need for a college claiming to teach and exemplify pure homeopathy. If there is to be a homeopathy at all it should be a clean, exact homeopathy. If there is merit in the inductive method of Hahnemann it should be righteously clung to and exhibited upon every possible occasion. That there is a Hering College is more the fault of the college from which it sprung than from any overleaping college ambition upon the part of its organizers.

Of the National Homeopathic College but little need be said. It does not claim to represent any principle not represented in the two old colleges, consequently there is absolutely no justification for its existence. It is plodding along, accomplishing a little good work and a little poor work, but in no sense is it a representative of a better teaching in any department of professional work than the Hahnemann College or the Chicago Homeopathic. It should close its doors, take down its sign and send its students to colleges better equipped in every essential particular. No unkindness is meant in voicing this opinion. It is one which will meet with almost universal approval, and in no way can the faculty of that college more certainly win for themselves the plaudits of the profession than by shutting up shop and honestly acknowledging that there is not a special need for the existence of their college.

Of the latest venture but little need be said. Dunham College represents nothing not represented at Hering, except, perhaps, the extreme notions of one or two or three members of its faculty on the subject of nosodical antidoting of symptoms. Claiming to be the exemplar of a strictly pure article of homeopathy it falls far short of Hering College in this particular. As a matter of fact it was founded upon disappointment, chagrin and revenge, and has no good reason for existing and claiming the support of the medical profession of Chicago and the United States.

This particularization has been indulged in not in a spirit of captious criticism toward any or all of the colleges reviewed. It is well known that the editor of this journal is connected with one whose existence has no excuse except the failure of the college from which it segmented, at the time of the segmentation, to teach the inductive method of Hahnemann as it should be taught, and as it is now understood that college is teaching it to some degree, and it will hardly be claimed that it has not been considered with the same frankness with which others have been discussed. The time has come when a spade should be called a spade. We have occasion to know that the state board of health, the profession of Illinois, the leaders in homeopathy throughout the whole country, and even the people of Chicago who have kept track of this college segmentation are becoming disgusted and disposed to take the matter seriously. The colleges of Chicago owe something to the profession from whom they claim support and whose flag they fly. There is no more need for five homeopathic colleges in Chicago than for the same number in New York, Boston, Philadelphia or St. Louis. We are the object of severe criticism, of ridicule, of condemnation, and justly so. It is high time we should reason together and view this subject from the standpoint of common sense. One really strong and prosperous medical college in Chicago would be worth more to us than our half dozen segments. Why should not the college men come together, select the best teaching material from all, pool their financial issues upon a fair and equitable basis and build up for homeopathy such an institution as shall excel in every respect and as shall command the unqualified support and admiration of their own and an opposing profession?

It is the purpose to take a purely impersonal viewpoint of this matter and it is hoped the college men of Chicago will do likewise. We should weigh well the opinions of our colleagues and the profession at large—this done college segmentation in Chicago will cease and union will follow.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. H. S. Pyle has removed from Fisher, Ill., to Champaign, Ill.

Dr. C. P. Holden, formerly of Windsor, Vt., has located at Melrose, Mass.

Dr. B. A. Sawtelle has removed from Enfield, Mass., to Holliston, of that state.

Dr. H. H. Chase of Duluth, Minn., has been quite ill with typhoid fever but is now convalescent.

The medical department of the Vanderbilt University has removed into a new building erected at a cost of $70,000.

Dr. L. P. Munger has bought the practice of Dr. Harley N. Baker at Hart, Mich., and is now located at that point.

Dr. Cora Smith-Eaton, formerly of Grand Forks, N. D., has removed to Minneapolis. Dr. Smith-Eaton has offices in the Medical Block.

Dr. Evaline S. Bailey, of San Diego, fell from her wheel recently while making a night call and received a thorough shaking up and a broken arm.

The *New Orleans Medical and Surgical Journal*, we are informed, will change hands very shortly. The special nature of the change has not been given out.

The twenty-eighth annual meeting of the Homeopathic Medical Society of the State of Kansas will be held in Library Hall, Topeka, Kansas, May 6, 7 and 8 next.

Dr. Wesley A. Dunn is the father of a ten-pound boy. Congratulations are in order and the doctor is keeping special office hours to accommodate congratulators.

The Journal of Diagnosis and Climatology, in its January number, boomed the meeting of the World's Congress of Medical Climatology held at San Antonio, Texas, last month.

Dr. T. J. Crowe, formerly associated with Dr. W. F. Thatcher at Dallas, Texas, is now located in the National Exchange bank building, that city, with hours from 10 to 12 and 2 to 4.

Homeopathy has scored somewhat of a triumph in Naples, Italy, Dr. Cigliano of that city having secured a lecture room in the University at Naples, where he will lecture on homeopathy.

A home for consumptives has recently been opened in Denver by capitalists, who have thought to give the climate of Colorado a fair test under favorable circumstances in cases of incipient and local tuberculosis.

Dr. F. L. Snell of Kalamazoo, Mich., is having serious trouble with his eyes, being almost wholly unable to use them. We feel sure that the friends of the doctor join us in expressing regret at his misfortune.

The graduating exercises of the Rochester Training School for Nurses were held in the Administration building of the Rochester Hospital on the evening of Tuesday, February 25th, eight young ladies receiving their degree.

Dr. C. Gurnee Fellows now has charge of the business affairs of the *Clinique*, and while he has succeeded a capable journalist in the person of Dr. J. P. Cobb we yet predict a satisfactory régime under Dr. Fellows' management.

Mr. E. W. Runyon, Ph. G., of the pushing and successful firm of Boericke, Runyon & Ernesty, made the Medical Century office a pleasant call a few days since. Mr. Runyon was en route to San Francisco from New York.

"The Homeopathic Text-book of Surgery by Drs. C. E. Fisher and Macdonald, has just been received. It is a very large and handsome volume, and it appears full to overflowing of good things."—*Pacific Coast Journal of Homeopathy.*

"It has arrived—Fisher's Homeopathic Text-Book of Surgery. Have you seen it? If you have not, visit some of your neighborly colleagues and examine this new book."—*The American Homeopathist.* When you have examined it you will buy it follows.

Prof. Fox of the McGill University, Montreal, has succeded by means of the new photographic process in finding a bullet imbedded in the leg of a man who had been discharged from a hospital with the wound completely closed over the ball, which was deeply imbedded.

The New Jersey homeopathic profession are very actively at work in their efforts to secure a state insane asylum. It would seem that the asylums are very much overcrowded, the per cent. of cures being so small as not to decrease the number of inmates materially from year to year.

Dr. C. T. Hood, of the Chicago Homeopathic College, delivered a popular lecture at his college to a mixed professional and lay audience, on Friday, Febrrary 14th, titled "Hypnotism in Every Day Life." The lecture was pronounced interesting and profitable by those who attended.

We are in receipt of a pamphlet entitled, "Electricity, Woman's Benefactor," by Edmund A. Murphy, A. M., M. D., president of the Louisiana State Board of Medical Examiners. Dr. Murphy is extremely felicitous in his treatment of the chosen subject and the pamphlet an unusually readable one.

Halsey Brothers Company, Chicago, have issued a very complete prices current whereby their patrons may become acquainted with the latest figures on homeopathic medicines and supplies, as well as of many articles commonly handled by the trade. It is the most complete prices current ever issued by this firm and the latest before the profession.

Dr. F. Park Lewis, Buffalo, visited Washington recently to attend the formal opening of the Psychophysical laboratory just established by Prof. Gates, in which it is expected an unusual work will be accomplished in the study of drug action on the cell which may upset many preconceived notions in medicine. Dr. Lewis is deeply interested in studies of this nature.

The *Homeopathic Guide*, Louisville, began with its January number the last quarter of its first year. Dr. Allison Clokey has now taken sole management of the *Guide's* affairs, Drs. Coon, Monroe and Troutman having resigned. We trust that with the influx of homeopathic prosperity which the past year has chronicled for Louisville the *Guide* may ride on the crest of the wave.

Dr. J. E. Lowes of Dayton, Ohio, has been appointed surgeon-general of the state militia with the rank of brigadier general, a deserved compliment to a loyal son of Ohio and a successful homeopathic practitioner. Dr. Lowes graduated at the Cleveland Homeopathic Hospital College, class of 1868. Gov. Bushnell deserves the gratitude of our profession for this appointment.

Dr. T. C. White, one of the oldest homeopathic physicians of Rochester, is president of the medical and surgical staff of the Homeopathic Hospital. He is ably seconded by Dr. Lee, vice president, as, indeed, by the entire corps. Harmony and good fellowship prevails to an unusual degree, with the result that the profession there is indeed a happy medical and surgical family, taken as a whole.

Dr. Benjamin F. Bailey, Lincoln, Nebraska, chairman of the section of pedology, American Institute of Homeopathy, recently spent a couple of days in Louisville with Dr. Allison Clokey, the secretary of his section. Dr. Bailey was Dr. Clokey's guest while in Louisville and the two representatives of the pedological section laid their heads together to work out an interesting program for the Detroit meeting.

Rochester's new ambulance corps rendered forty-six services in January. Of the cases served seven were taken to the City Hospital, two to St. Mary's, six were transferred, two refused to be cared for, and twenty-nine were taken to the Homeopathic Hospital. It is to be inferred from this that the Homeopathic Hospital is several times as popular in Rochester as all the other hospitals of that city combined, which is, in fact, the case.

Dr. W. A. Dunn, secretary of the Illinois Homeopathic Medical Association, has issued his preliminary letter with postal card enclosed asking for the titles of papers to be presented to the State Society meeting at Ottawa the second week in May. The members of the association should indicate at once the section or bureau upon which they wish to work, and should give to the secretary the titles of their papers at the earliest possible moment.

The Century's editorials on the subject of "Unoccupied Fields" is already bringing forth fruit. Dr. S. R. Stone of Rhinelander, Wisconsin, writes that he understands that Lima, Ohio, and Sault Ste. Marie, Michigan, are without homeopaths. Prospecting physicians will make note of these points. Cheboygan, Michigan, a town of about 5,000, is also without a homeopath and would probably extend a liberal support to an enterprising and competent physician.

The Pacific Coast Journal has the following to say of the double-ender which the Medical Century has undertaken: "Dr. C. E. Fisher, in order to make the Medical Century equal to any journal published, will hereafter issue it from both New York and Chicago, the business office being in Chicago. The doctor will personally supervise the work of both offices, and will by so doing very much enlarge the field of usefulness of the Century. It is a bold undertaking but it will surely succeed."

Dr. B. F. Bailey, of Lincoln, Nebraska, spent a day or two in Louisville the early part of this month as the guest of Dr. Allison Clokey, in the interests of the work of the American Institute of Homeopathy, section of Pedology. Dr. Bailey is chairman and Dr. Clokey secretary of the section on diseases of children, and are putting forth unusual efforts toward inaugurating a program which shall prove to be one of the most interesting and practical to the Detroit meeting. They are to be highly commended for their zeal in this direction.

Dr. Mary Ewing of Evansville, Wisconsin, has occupied the position of county physician for her county for a period of nearly two years. So far we know but two women physicians occupying this position in the United States, of whom Dr. Ewing is one. In a recent communication to the CENTURY Dr. Ewing writes that "Living in a town with no homeopath and several unfriendly allopaths I find it necessary to take a great many journals in order to keep up, but the MEDICAL CENTURY is the one I could not well do without."

The *American Homeopathist* has again placed the MEDICAL CENTURY under grateful obligations for an exceedingly courteous notice bearing upon the opening of its New York office. The *North American Journal of Homeopathy* and the *Medical Record*, of New York, have likewise treated us graciously in this connection. Surely it is pleasant for the journalistic brethren to dwell together in unity. Perhaps the *Visitor* and one or two more of Chicago's minor publications might draw a lesson in broad mindedness and fraternal fellowship from the journals just mentioned.

Several of Missouri's medical colleges were disciplined recently by the state board of health for failure to promptly comply with the demands of that body in reporting their students and their compliance with the requirements demanded by the board. As a result representatives of the colleges met the board at St. Louis on the fourth of last month and purged themselves of contempt before that body, by explaining their motives and announcing their loyalty to the powers that be. Among those represented at the conference was the Kansas City Homeopathic College, which has the satisfaction of knowing that its students met the requirements of the state board of health better than those of any other college. The Eclectic College also made a good showing. Of St. Louis' nine medical colleges—just think of it, nine medical colleges in St. Louis—ninety-one first year students had to be dropped because not sufficiently well qualified in preliminary education to begin medical college work. Nearly two hundred matriculants at the medical colleges of Missouri were remanded back to the plow and anvil as not qualified to enter upon the study of medicine, the board demanding a diploma from a college or a first grade teacher's certificate from all matriculants. This is the way to elevate the standard of the profession, a step in the right direction, a beginning at the beginning rather than an ending at the ending. The Kansas City Homeopathic College is congratulated that its matriculates came off so well.

A high compliment has been paid the Text Book of Surgery in a recent letter from Prof. J. C. Wood, of Cleveland, the author of Wood's Gynecology and a competent critic along surgical and gynecological lines. "I have taken time to look over the new 'Surgery' very carefully before writing you, for I wished to give you my honest opinion about it. While there never yet has been produced a work that could not be improved upon, yet you deserve a world of credit for the creation of the present volume on Surgery. It is an honor alike to yourself and your co-laborers and the homeopathic profession. I am especially pleased with the originality of presentation all the way through. It is magnificently illustrated. No one who has not been 'through the mill' can form any conception of the wear and tear in a work of this kind. I congratulate you most earnestly upon your success and believe the homeopathic profession will show a substantial appreciation of your efforts by subscribing in large numbers for the 'Surgery.'" This is the consensus of opinion of the profession in regard to the volume. It is thoroughly a magnificent production, and while, as suggested, it may not be altogether perfect, yet after all it affords a foundation for the building of a surgical literature which shall ever be a credit to homeopathy. Such defects as the book may present are mainly mechanical and of minor import. Its real worth lies in the conciseness and practicality of its surgical descriptions. If the work had been written by a single author its various sections could not dovetail better than they have done. This fact is largely dependent upon the care exercised by the editors in revising and pruning the manuscripts submitted, though it is also to be noted that the co-authors, with one or two exceptions, grasped with wonderful comprehensibility the scope of the book and the literary planning embodied in it. It is firmly believed that as the profession becomes acquainted with the new volume it will acount it the place that is claimed for it, that of "The Crowning Volume of the Homeopathic Library."

NEW YORK NEWS-NOTES.

Dr. and Mrs. George W. Shelton are off for a brief winter visit to the Bahamas.

For the two weeks ending February 11th New York reported 601 cases of diphtheria with seventy deaths.

Dr. Stephen Hasbrouck has moved from Westchester to New York and is now located at 116 W. 133d street.

A son was born to Dr. and Mrs. Paul Allen on Sunday, February 2d. The grandfather, Dr. T. F. Allen, bears his honors with becoming humility.

Clarence E. Beebe, M. D., has resigned the post of surgeon to the Ophthalmic Hospital, New York. Dr. Beebe's health had become impaired, hence his resignation.

The New York Ophthalmic Hospital has made an appeal for funds. It reports an average of one hundred and sixty-seven cases treated each day, and an aggregate of more than three hundred thousand since it opened.

A bill has been introduced into the New York Senate by Mr. Lexow authorizing the commissioners of the sinking fund to lease land at the foot of East 16th street to the hospital for scarlet fever and diphtheria patients.

Dr. D. D. Stevens of 170 West 54th street, New York, suffered a violent attaack of pleuro-pneumonia last month, his life being despaired of for a time. He withstood the storm, however, and is now convalescing rapidly.

Dr. St. Clair Smith, Dr. Wm. Tod Helmuth, Dr. W. A. Dewey, Dr. Hamlin and several other local physicians have been suffering from severe colds, or slight attacks of the grip, as these catarrhal affections are now fashionably termed.

Dr. H. M. Dearborn is developing an unusually instructive skin clinic at the New York College and also at the Metropolitan Post Graduate School, and is rapidly becoming recognized as the most competent authority in this specialty in the profession of the East.

The students of the New York Homeopathic Medical College were promptly favored by a demonstration of the Röntgen X rays and their properties. Both Prof. Friedburg, the chemist, and Prof. King, the electro-therapeutist, gave exhibitions of the apparatus and the all-penetrating rays.

The new Medical Hospital of the New York Homeopathic Medical College and Hospital is completed, and its decoration and furnishing are being rapidly pushed. Wards and rooms are being equipped by several friends of the hospital, among whom are Mr. Elias C. Benedict, Mrs. Wm. Tod Helmuth, Mrs. August Richaud, Mrs. Kunhardt, Mrs. Wendt and Miss Brown.

Dr. St. Clair Smith, 8 East 38th st., was called to Hot Springs, North Carolina, the early part of the month to see a patient suffering from appendicitis. Dr. Smith has seen a large number of cases of appendicitis and has come to rely almost exclusively upon medical treatment. Out of more than one hundred seen he has called upon surgical help in but three instances.

The New York *Medical Record* for February 15 contains an unusually clear reproduction of a photograph taken by Prof. Röntgen, showing the bones of the hand and fingers. If the new method will bring up interior structures as clearly as this illustration seems to suggest there can be no doubt but that ere long the Röntgen method will be in general use as a diagnostic measure.

Dr. Wm. Tod Helmuth. Jr., recently made an emergency shoulder-joint amputation at Flower Hospital in the case of a young man in whom spreading trumatic gangrene followed a crushing injury received by his being caught in the belt of a large flywheel and being wretchedly crushed during two complete revolutions. An excellent recovery and a sightly and useful stump resulted.

To the three large old school colleges in New York have been given by the Commissioners of Charities and Correction charge of all appointments to the city hospitals. Meanwhile an effort is being made to bring all these appointments under the head of civil service rules. We may quietly wonder to what extent a real civil service reform would result in an extension of homeopathy in all the public hospitals.

The resignation of the able and enthusiastic Professor of Laryngology, Dr. Clarence E. Beebe, from that chair in the New York Homeopathic Medical College, was followed by several changes in other departments. Dr. Malcolm Leal was chosen to succeed Dr. Beebe. Dr. Leal's former chair of Hygiene and Sanitary Science will be filled by Dr. Charles McDowell, hitherto professor of Physiology.

Dr. Eric Vondergoltz, a recent convert from the old school, is carrying on a very successful gynecological clinic at the Metropolitan Post Graduate School, in which he often succeeds most satisfactorily in exemplyfying the action of the indicated remedy. There are too few careful homeopathic prescribers these days, and it is, therefore, unusually refreshing to find a recent convert teaching us old homeopaths how to use our own remedies with precision and success.

The New York papers recently contained a notice of misfeasance upon the part of the internes of Bellevue hospital, whom, it is claimed, neglected a patient while under the influence of whiskey taken as an antidote to an overdose of cocaine. He suffered severe bodily injuries, including the blacking of both eys and the fracture of his nose. The case is being investigated and it is not unlikely that it may result in the dismissal of members of the house staff of the hospital.

The marriage of Miss Isabella Frances Powell to Dr. Clarence Sumner Elebash of 118 East 19th street, was celebrated on Tuesday evening, February 4th, in St. Luke's Protestant Episcopal church in Brooklyn. The bride belongs to a well known Brooklyn family, and the wedding was a brilliant social event. A large reception with an elaborate supper at the Pouch Mansion followed the ceremony. Among the ushers were Drs. Joseph Collins and Robert T. Morris.

The reception given at the Orange County Club by retiring President Dr. Chas. J. Jones, at the Albany meeting of the New York State Society, was one of the most enjoyable it has ever been the pleasure of the members to attend. It partook of the nature of a commers, the utmost good fellowship prevailed, the music was excellent, the refreshments more so and the inimitable story telling of Hon. James L. Green, of Brooklyn, was best of all. President Jones fairly won the laurel as a host.

A number of the students of the Women's Medical College and Hospital, New York, attended Prof. Helmuth's surgical clinic on Thursday, February 20th. They were cordially welcomed by Prof. Helmuth, who said he was always glad to see them and hoped they would feel free to come as often as they might desire. He at the same time warned the students of the New York Homeopathic College that the women of the country were after the men right vigorously, and that it is necessary that the stronger sex should bestir themselves as never before if they would not be outrun.

At a recent meeting of the State Homeopathic Society the following officers were elected for the ensuing year: President, Dr. E. H. Wolcott, Rochester; first vice-president, Dr. Geo. E. Shelton, New York; second vice-president, Dr. Irving Townsend, New York; third vice-president, Dr. A. R. Wright, Buffalo; secretary, Dr. John L. Moffatt, Brooklyn; treasurer, Dr. Chas. Deady, New York. The medical examiners nominated to the board of regents for the ensuing year are Drs. McWetmore, Butler, Greenleaf and Garnsey, and the committee appointed to name examiners for next year are Drs. Schley, Jones, Lee, Hasbrouck and one or two others whose names are not now recalled.

The staff of the new Medical Hospital in New York has been appointed, and organized on February 5th, electing Dr. J. W. Dowling as Medical Director. The appointments are as follows:

Consulting Staff.—Dr. F. H. Boynton, Dr. W. H. King, Dr. H. M. Houghton, Dr. J. T. O'Connor.

Attending Physicians.—Dr. T. F. Allen, Dr. St. Clair Smith, Dr. J. M. Schley, Dr. G. G. Shelton, Dr. H. M. Dearborn, Dr. J. W. Dowling, Dr. E. H. Porter, Dr. C. S. Macy, Dr. E. Baruch. Children's Ward—Dr. Martin Deschere; assistant, Dr. F. W. Hamlin. Maternity Ward—Dr. L. L. Danforth; assistant. Dr. G. P. Holden.

Assistant Attending Physicians.—Dr. F. M. Wall, Dr. G. F. Laidlaw, Dr. J. P. Seward, Dr. Paul Allen.

A special course in practical clinical construction is being given weekly at the Metropolitan Hospital, formerly called Ward's Island Hospital, by the corps of surgeons and physicians in charge. Drs. Egbert Guernsey, A. K. Hills, A. L. Root, A. R. McMichael, J.W. Dowling and W. F. Honan hold general and special medical clinics, Dr. Dearborn conducts the skin clinic, Dr. O'Conner has the neurological department, Dr. Teets takes charge of the throat and nose, Dr. Bukk Carleton conducts the genito-urinary clinic and Drs. E. Carleton, C. L. Bagg, C. W. Cornell and W. G. Fralick conduct the surgical clinics. The students of the New York Homeopathic College attend these clinics in classes, and practitioners residing in and out of the city are cordially welcomed.

Medico-politics and State legislative matters so largely dominate the mid-winter meeting of the New York State Society that but little inducement is offered the general practitioner who goes to such meetings for the good he acquires from the professional program and discussions to attend. The meeting of last month was an abject failure from the professional viewpoint, but it is not to be denied that excellent legislative work was accomplished, that the medico-politicians enjoyed the full limit of their prerogatives, and that everybody had a jolly good time. 'Tis a pity, however, that even the mid-winter meeting cannot be made to bring forth good fruit from the practical professional viewpoint. And it might easily be made to do so if the profession would have it that way. The attendance would certainly be larger, and the interest greater if a strictly professional programme was carried out to the letter for those who go for the good they gain from medical gatherings. New York should do better at her mid-winter meeting.

During the recent session of the New York meeting a public hearing was granted representative members of the homeopathic profession by the finance committee of the senate in relation to the Collins Farm Insane Hospital. Those who addressed the committee in behalf of the appropriation for which to erect buildings upon the farm were Drs. Porter, Butler, Lewis, Couch and Helmuth, and Mr. Blackman, a member of the board of trustees. Dr. J. M. Lee, of Rochester, was especially active in behalf of the appropriation and had a number of conferences, together with Dr. Helmuth and others, with the commission of lunacy and other interested bodies and individuals. The degree of energy manifested in this relation by the legislative committee was exceedingly commendable and is sure to meet with satisfactory results. The present economic policies of the state administration threatened to seriously retard the progress of the committee at one time, but it is believed this has been surmounted and that an appropriation will follow without unnecessary delay.

A committee of physicians representing various medical colleges of the State of New York met a committee of the state board of medical examiners at the Fifth Avenue hotel on Saturday, February 15, and presented arguments for and against a change in the present medical law as it relates to college students. A number of the colleges believe it to be but fair that an examination for a license to practice medicine in this State shall be divided and that students be allowed to pass upon various branches while these are yet fresh in mind, as they pass from one class to another. Objection has been raised to this course on the grounds that the examining boards are not examining boards *per se*, but rather licensing boards, and that they have nothing to do with the student until he comes up for his application for a license to practice medicine, which cannot be, of course, until after he has graduated. Among those who attended the conference was Dr. Phœbe J. B. Wait, dean of the New York College and Hospital for Women, who insisted that medical colleges with graded courses should not be treated differently from other educational institutions with graded courses. The regents reserved their decision after hearing the arguments for and against a division of examination.

The new medical hospital connected with the New York Homeopathic College and Flower Surgical Hospital is about completed and is soliciting aid for furnishing and equipping purposes. Dr. Helmuth has secured the furnishing of one of the large wards and four private rooms; one of the trustees has signified his willingness to furnish the room, a member of the faculty, through patients, has paid in money enough to furnish three other rooms, while the maternity ward and the equipment of the operating room has been secured by still another member of the faculty. The children's ward will be furnished by members of the Ladies' Guild. There still remain to be furnished a number of rooms on the second and third floors, all the domestics' and nurses' apartments of the fourth floor, one entire ward, medicine room and medicines, physician's rooms, offices, kitchen and dining room, all of which will have to be supplied with suitable furniture and equipments. Boericke, Runyon and Ernesty have donated a liberal supply of medicines and medical supplies for the medicine room, and other pharmacists have signified willingness to do likewise. It is the intention to complete the furnishing at once, and to this end the medical committee having the hospital affairs in charge have issued a neat circular letter asking for assistance, which should be and doubtless will be forthcoming promptly. In a great city like New York, especially known the world over as a hospital city, there should be little trouble in securing all the funds necessary for the purposes outlined. Our physicians should remember the text, "Ask and ye shall receive." If nothing is explained to our patrons and nothing asked from them for hospital purposes how may we expect them to donate that which is so much required in all enterprises of this character?

The attendance upon the New York State Homeopathic Society at Albany on the 11th and 12th of February comprised a considerable number of the best known men in the profession from New York to Buffalo. New York sent Drs. Helmuth, Doughty, Wilcox, Shelton, Danforth, Dearborn, Porter, Schley, Roberts, Townsend, Shepherd, Laidlaw, Deady, Pearsall, Bonyton, Calish, King and Bishop. From Brooklyn there were Drs. Hasbrouck, Willis, Moffatt, McFarland, Schenck, Butler and E. Rodney Fiske. Drs. F. Park Lewis, and DeWitt G. Wilcox represented Buffalo. Rochester sent Drs. J. M. Lee and E. H. Wolcott. The entire Albany profession was present at the meeting, those who were especially active being Drs. Jones, Cox, Gorham, Huntington, VanLoon, Harold, Nead, Robinson, Millbank and Rider. Dr. Deuel attended from Chittenango; Dr. Roberts from New Rochelle; Dr. Hartman from Clyde; Dr. Talcott from Middletown; Dr. Greenleaf from Glen Mary; Dr. Garnsey from Gloverville; Dr. Slaught from Warsaw; Drs. Candee and Keller from Syracuse; Dr. Couch from Fredonia; Dr. Peterson from Waterloo; Dr. Benson from Troy; Dr. Walker from West Henrietta; Dr. Cook from Henderson; Dr. Waldo from Troy; Dr. White from Amsterdam; Dr. Getman from Oneonta; Dr. Coburn from Troy; Dr. Royal from Balston Spa; Dr. Follett from Seneca Falls; Dr. Lewis from Cambridge; Dr. VanDenberg from Ft. Edwards; Dr. Smith from Pleasantville. Among the visitors present were Dr. H. M. Paine, Dr. Amos Givens and the editor of this journal.

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Gynecology.

AN INSTRUCTIVE ROCHESTER CLINIC.

BY C. E. FISHER, M. D., CHICAGO.

It was the pleasure of the author of this paper to spend a few days in Rochester during the last week of January and to enjoy an unusually interesting series of operations at the Rochester Hospital by Dr. J. M. Lee. It is not remembered that at any previous clinic in the same length of time has there been witnessed a more interesting or difficult series of cases than tested the abilities of the operator upon this occasion, and in presenting them to the readers of the CENTURY it is the conviction that the general practitioner who leans toward gynecology, and perhaps the surgeon-gynecologist, will derive no little satisfaction and gain some points of practical value in their consideration.

Case I: Ovarian Epilepsy.—This patient was a married woman of twenty-eight years. She had borne two children. She began menstruating at twelve, was never regular, though the menstruation was usually profuse and painful; had hardly known what it was to enjoy good health since the setting-in of the menstrual flow, and last fall flowed almost constantly for as long as six weeks at a time. Later in the fall the flow was checked and now the periods are somewhat delayed beyond their usual time. The patient describes herself as suffering from "queer feelings" in the head. There is a suicidal tendency at this time, but,after the menstrual nisus she repents of her tendency in this direction and grieves that the thought has been entertained. She is the subject of long-standing leucorrhea, and has had attacks of nervousness which have been described by various physicians as "ovarian epilepsy" about the time of the menstrual period and during it. She complains of languor, headache, indifference to her household duties and the pleasures of life, is excessively nervous, easily rendered hysterical and has positive epileptiform seizures as the menstruation approaches and during her attacks of dysmenorrhea. Her family history is negative but her own life from start to the present time is indicative of neurotic habit. There is pelvic pain and soreness, tenderness upon deep pressure in the lower pelvic region, weakness of the legs, with some trembling and general nervousness. The diagnosis was clearly that of ovarian epilepsy, and since this patient had already borne children and her general health has not been improved under painstaking treatment vaginal hysterectomy had been considered by her physician and her consent to have the uterus and ovaries removed was freely given.

OPERATION—The patient was etherized, the pubes shaved, and, with the vulva, was rendered aseptic by thorough scrubbing with soap and water with subsequent washing with bi-chloride solution and, finally, a free application of iodoformized ether. The incision was an unusual one for vaginal hysterectomy, the operation not differing in any essential particular from the ordinary vaginal hysterectomy in which the ligaments are ligated in sections, the interesting feature in the case being the deftness of the operator in bringing down the ovary and tube on the left side, where they were deeply imbedded in plastic exudate with firm adhesions. The hemorrage was readily controlled by the use of hemostatic forceps and the application of hot sterilized gauze applied in quantity to secure local pressure for a few minutes. The subsequent course of the case was uneventful, drainage being secured by the application of iodoformed gauze per vaginam. An uneventful recovery followed.

Case II: Intestinal Adhesions; Varicocele of the Pampimiform Plexus; Hematoma and Cystic Ovaries.—This case required an abdominal section for the removal of the tubes, ovaries and also, and very important, the release of the sigmoid flexure of the colon, which was firmly bound down by plastic exudate.

The patient was a woman aged thirty-two, unmarried. She began menstruating at sixteen, was regular as to time but the flow was always scanty and attended by severe dysmenorrhea. There is also a continual discharge of serum, worse during the past two or three years, and for two months her menstrual flow has been but faintly tinged in color. Besides being scanty it has been exceedingly painful, attended by severe backache and occipital headache, which is always greatly aggravated at the time of menstruation. There is also pain and tenderness in the ovarian region on both sides, anorexia, nausea and vomiting—the latter symptom occurring about ten days before the menstruation and improving after the same has discontinued. The patient has been subjected to diarrhea for the past month or six weeks, her bowels moving from six to ten times a day. There is history of carcinoma on the paternal side and phthisis on the maternal side.

OPERATION.—A celiotomy was performed for the removal of the tubes and ovaries and the release of the sigmoid by the breaking up of the adhesions. The uterus was firmly bound down and the ovaries were deeply imbedded in a mass of plastic exudate. The left one was especially held, along with its tube, by firm adhesions which involved the sigmoid, necessitating extra care upon the part of the operator in order to avoid injury to the intestines and colon as these were severed. A number of sheep-gut ligatures were required to staunch the blood from adhesive bands, and the subsequent free application of hot water and pressure by packing for the purpose of staunching the flow from capillary and venous hemorrhage was demanded.

Those who have seen Dr. Lee operate in similar cases will appreciate the value of this clinic, while those who have not been so fortunate can hardly understand the difficulty attending upon the various necessary procedures, and, at the same time, the deftness and skill exhibited. This clinic was an exceedingly interesting and instructive one throughout. It is impossible to properly record it upon paper. The uterus was removed entire, and the vaginal stump treated for purposes of capillary drainage, this being accomplished by iodoformed gauze, abdominal drainage being persisted in for thirty-six hours by means of a glass tube. Notwithstanding the unusual difficulty attending the removal of the diseased structures the patient made a prompt and satisfactory recovery without unusual occurrence.

Case III: Degenerated Extra-Uterine Pregnancy; Pelvic Cellulitis; Pyosalpinx; Appendicitis; Ovarian Abscess.—The complications diagnosed in this case will go to convince even the best informed surgeons that the subject offered unusual difficulties to the operator. This case was absolutely the most difficult and unpromising it has ever been my fortune to observe. The subject was a woman forty-one years of age who had been married twenty-one years but who had not been pregnant to her knowledge. Her menstruation had always been regular and usually lasted six days. The flow had not been painful until six or seven years ago and had usually been of normal character.

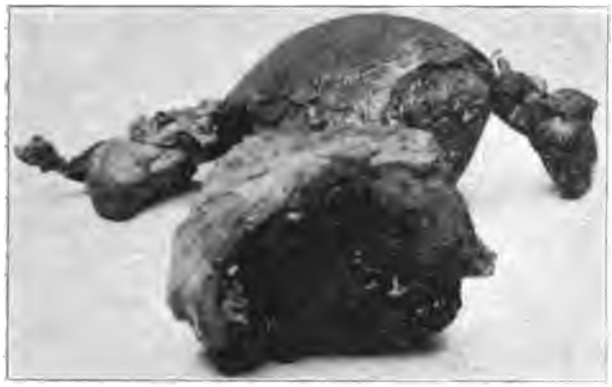
A year ago last September she was taken severely ill with violent pains in the lower abdomen. Upon the left side there was a raised, dark, tender body, which gradually subsided but did not wholly disappear until the following spring. She was two months in a hospital and then went home, to slowly improve. She had had three similar but shorter attacks, the first six years ago. She dates her trouble back fourteen years, when she at one time thought she was pregnant. Preparations were being made for her confinement later, baby clothing was being prepared, a nurse had been secured and other arrangements perfected for the eventual arrival of the expected heir. When more than half way through what was presumed to be a pregnancy she had, while lying in bed in the night, a sensation of something giving away within. There were no symptoms of collapse, however, and from that time on the symptoms of pregnancy began to disappear. Since the first of the year she has been suffering severely and a week ago was compelled to go to bed. She entered the hospital on January 17 with a temperature of 102.3. Under treatment this has subsided until the temperature has been registering 100½ daily for some days. Two members of her family are at present in advanced phthisis, and fifteen years ago the patient had a sharp hemorrhage from the lungs. On January 25 exploratory aspiration was made per vaginam and about two drachms of clear fluid was withdrawn.

This patient is of large frame and has evidently been a woman of strength and vigor. Her present condition is unfavorable, in that she has been vomiting for two or three days, unable to retain nourishment, the bowels have been locked, the temperature has been increasing, the tongue is heavily furred, the breath offensive and the indications all lean toward a fatal issue.

OPERATION.—An abdominal incision was made in the median line without clearly defined intention as to exactly what course would be pursued. Upon opening the peritoneum a pus sac was divided which discharged a half pint or more of offensive pus. The patient was turned upon her side and this sac was thoroughly cleansed, sterilized gauze pads being insinuated in order to wall off the abdominal cavity and avoid infection. The patient was placed in the position for vaginal hysterectomy and the uterus freed from its vaginal attachment, the uterine arteries and lower segments of the broad ligaments being ligatured and separated from the organ. This being accomplished the patient was returned to the dorsal position and the abdominal operation resumed: It was with unusual difficulty that the uterus, tubes and ovaries were removed. The right tube had been ruptured and there was a fungoid growth protruding from the site of the rupture and right cornua of the uterus, presenting the appearance of a degenerated placenta. A portion of the tube was still intact and enormously distended with pus. The left tube was also greatly enlarged and infiltrated. The appendix was more than twice its normal size and imbedded in plastic exudate, necessitating its removal. The right ovary showed degeneration and an abscess the size of a walnut. The uterus and bladder were adherent, and lying between them, to the right of the median line, was a pus pocket more than an inch wide and one and a half inches long. There was general pelvic cellulitis, with pus in almost every recess of the pelvis. Fringes of the omentum were in a state of degeneration and a knuckle of intestine was acutely bent upon itself producing a positive intestinal obstruction.

The condition was deplorable and the degeneration so extensive that it seemed almost beyond reason to hope for even a reaction from the operative procedures. But notwithstanding the unusual difficulties attending upon this case Dr. Lee succeeded in removing everything in sight that was removable, and in curetting away from the abdominal and pelvic walls masses of degenerated cellular, muscular and adipose tissue until a fairly satisfactory condition had been secured. The operation lasted more than an hour and toward its close the patient showed signs of collapse, necessitating rapid work. As may be imagined, it was unusually difficult to obtain a satisfactory toilet of the peritoneum, but by the free use of sterilized water and gauze packing a fairly satisfactory result was obtained and the patient put to bed, with abdominal drainage secured by a glass tube and vaginal drainage by iodoformed gauze. The patient rallied well but her recovery was retarded by a pronounced case of suppurative peritonitis, the details of which are not yet at hand. Contrary to general expectation, this desperate case succeeded in making a fairly satisfactory recovery and three weeks after the operation was pronounced out of danger.

Case IV: Carcinoma of the Uterus.—The patient, Mrs. W., aged forty-six, began menstruating at about thirteen years. She was always regular, though her menstruations were painful and the quantity only moderate. She has enjoyed a fairly satisfactory degree of health until recently, except for an occasional attack of gastralgia, from which she is now relieved. About five or six weeks ago she first suffered a great deal of pain and soreness across the lower abdomen, usually worse at the time of her menstruation. She had had leucorrhea at times and had always been severely constipated. For some months past she has had constant discharge, rather bloody in character and of offensive odor, but less at the approach of the menstrual period. Digital examination reveals a carcinomatous mass involving almost the entire cervix (see cut). Upon the outer margin it is hard and resisting and upon inserting the finger within the os a distinct crepitus is felt and the mass readily crumbles under pressure.



CARCINOMA OF THE CERVIX—LEE.

OPERATION.—After thorough preparation of the patient by the usual means she was placed in the position for vaginal hysterectomy and the vagina thoroughly bichlorided. The cervix was grasped with vulsella and brought down as well as possible, these tearing through the necrosing tissues when considerable force was put upon them. With the Volkmann spoon thorough curetting of the carcinomatous structure was performed prior to the performance of abdominal hysterectomy, it being impossible to remove the organ per vaginam because of the fragility of the tissues and the firmness of the adhesions on the right side. An abdominal incision was made in the median line and the uterus quickly exposed. A cork screw was inserted in the fundus and the organ was drawn well up in the abdominal wound. The ligaments of either side were ligated from above downward, a procedure devised by Dr. Lee, and about an inch of the vagina was included in the amputation. By this procedure all possibility of leaving any portion of the diseased structure was removed. The ligament on the right side was contracted and infiltrated, was removed from the uterus with difficulty, and unusual care was exercised not to leave any diseased tissue within the pelvis. It was utterly impossible to remove the uterus by the vaginal route; its fixation was general, the tubes and ovaries having been involved in an inflammatory process entirely separate and distinct from the carcinomatous degeneration of the cervix.

The unusual feature of this operation was the readiness with which the operator removed an organ from above that could not be removed from below because of its general fixidity. As will be seen by referring to the illustration the cervix was fully as large as the fundus, the uterus presenting the appearance of a dumb-bell.

Case V: Adherent Uterus; Adherent and Diseased Tubes and Ovaries. — This patient was a single woman aged twenty-three years. She began menstruating at about fifteen but was never very regular, the flow being scanty until within the past few years, in which time it has been just the reverse, very profuse, and very painful. She has never been very strong, and within the past twelve months has suffered severely with backache, headache, and constant uterine leucorrhea, the discharge presenting the appearance of pus. She has been troubled a great deal with pain in the left side, worse at the time of her menstruation. The leucorrhea, this left side pain, the backache and the tenderness of the womb have been very greatly aggravated for more than a year. She is severely constipated, not well nourished, excessively nervous, despondent, and suffers from disordered digestion. The general state of her health has been so bad that her physician has advised an exploratory operation, it being his opinion that removal of the uterus, tubes and ovaries will be demanded. The patient has readily given her hearty consent because of having been such a sufferer and because of having despaired of recovery.

OPERATION.—Vaginal hysterectomy was attempted in the usual manner, the uterine arteries and the lower segment of the ligaments being ligatured. It was found, however, that the uterus, tubes and ovaries were so firmly adherent above that it was impossible to bring them down into the vagina, whereupon the vaginal wound was packed, the abdomen was opened, and after an unusual amount of difficulty the ovaries and tubes were fairly dug from a bed of plastic adhesions. The uterus was enlarged and adherent in almost every direction, so that it was with difficulty that it could be brought into the abdominal wound by means of a corkscrew inserted in the fundus. This was eventually accomplished, however, and the ligaments were separated from the organ by being tied off in sections from above downward. More than a half an inch of the vagina was included in the amputation. During the operation smart hemorrhages occurred a number of times from bleeding points which had to be torsionized and ligated. The toilet of the abdomen was completed with difficulty because of the hemorrhagic oozing which occurred from the site of fibrino-plastic adhesions, this necessitating free packing with hot sterilized gauze. The hemorrhage being controlled, the abdominal wound was closed in the usual manner, a glass drain being inserted at the lower angle and retained in situ for thirty-six hours. Several drachms of bloody serum were drawn off at intervals of about two hours, and when the oozing finally ceased the tube was removed and the wound closed. The patient made an uninterrupted recovery.

Comments.—This series of clinics at Dr. Lee's afforded an exceedingly instructive entertainment. The natural deftness of the operator attracted favorable attention, but his chief success lies in the thoroughness of his operative procedures, his careful attention to the minutest detail, and his manifest determination to allow nothing to interfere with the performance of all that he undertakes in operative way. It will have been noted that in three of the cases cited it was found necessary to combine the vaginal and abdominal methods of hysterectomy before removal of the diseased organs could be accomplished. In two of them the adhesions were so extensive and firm that most operators would have desisted and have been satisfied with the removal of the ovaries and tubes alone. In one of the cases the sigmoid flexure of the colon was so bound down that a great amount of the nervous irritation from which the patient was suffering was unquestionably from this cause, and eventually obstruction would have occurred at this site had not the colon received attention. Ordinarily it would have been overlooked. In Case III, the most desperate of them all, intestinal obstruction was present and stercoraceous vomiting would surely have followed within twenty-four or thirty-six hours but for the relief given by the operation.

If there be a criticism to offer in regard to the methods adopted in the surgical department of the Rochester Homeopathic Hospital it is that perhaps more attention than is necessary is devoted to the use of chemical antiseptics. But Dr. Lee's rule is to err on what he considers the right side, and his results would seem to fully justify his practice. "Nothing succeeds like success."

INSANITY FOLLOWING CHILDBIRTH.

PATIENT CONFINED IN THE KANKAKEE INSANE ASYLUM, ILLINOIS, SIX YEARS, CLASSED AS HOPELESSLY INSANE, CURED BY VAGINAL HYSTERECTOMY.

BY E. STILLMAN BAILEY, M. D., CHICAGO.

This patient was referred to me by Dr. J. M. Foster, of Englewood. Mrs. ——, aged thirty-four; married when twenty-two years old. She had always enjoyed good health and had had more than ordinary advantages in education. Was refined, accomplished, and of a very pleasant disposition and character. She was happily married, and when nearly through her second period of gestation began to show signs of mental aberration. Following the birth of her baby she had hallucinations, growing more and more noticeable. She received treatment at a private asylum for one year and upon mania developing was committed for a period of six and one-half years at our State Insane Asylum, where she was classed as hopelessly insane. This diagnosis was made by an experienced gynecologist of this city and also by several neurologists. All her immediate attendants were convinced of her hopeless condition. Her husband was tireless in his efforts to make her comfortable and to have her restored to reason. He insisted that the operation be attempted even though there was only the one chance in the thousand, as I told him.

Two points settled the question concerning the operation for hysterectomy. (1) The generative organs seemed at first to be the central and exciting lesion. (2) It was a puerperal cause and it was a menstrual cycle that gave distinct and positive aggravation. This latter condition was noted by the ward nurses; the mental condition of the patient was always worse at the menstrual epoch. She had several times been released on parole but after a few days at most it was always found necessary to cause her return. She had suicidal and homicidal mania.

The authorities at the asylum were opposed to operative procedures at our hospital and the aid of the governor of the state had to be invoked to permit the removal of the patient. Accompanied by an asylum attendant she was admitted to the Hahnemann Hospital, February 3, 1895. Three days afterward, assisted by Drs. Chislett, Clapp and Foster, I removed the uterus, tubes and ovaries by the vaginal method. The cervix to the internal os was diseased, then there being an extreme degree of induration an epithelioma was suspected; otherwise the parts seemed normal.

The subsequent report of Dr. Halphide, microscopist to the hospital, was that the cervix was not cancerous.

The recovery was prompt and without incident. For eleven days we had good reason to believe she was going to be helped mentally. Irrational speeches followed soon after this and a week later the night nurse was just quick enough to restrain her from throwing herself out of the third story window.

March 3, just one month after the operation, she was returned to the asylum. After the time for the second menstrual period the mental symptoms showed marked improvment and five months after the operation, with the entire approval of the asylum authorities, at the request of the patient she was discharged. September 10 her husband said to me, "My wife has been home several weeks and is perfectly well. She shows the same sweet and lovable disposition as in her younger days and is perfectly happy in her home, is devoted to her child and is interested in music and socially as formerly, She visits, shops, and has refurnished her house with great care and taste, and unhesitatingly refers to her years at the asylum as the time when she was sick. In all of these ways as I watch her I see nothing to make me doubt that her recovery is complete."

Dr. Foster, December, 1895, says, "From all appearances and in every way that I can judge she is her old self again. Just now she is in the Eastern cities visiting friends and here her critics agree that the mental condition is free from any hint of insanity."

January 8, 1896. This patient called at my office. She has grown much stouter, weight has increased forty pounds; health was faultless. She showed no sign of her former insanity. The next day Miss Boyd, her nurse at the hospital, visited her at my request, to see if she could find in her any of the little evidences of mental bias. Her report was that she did not see a single trace of her former action or talk.

It is now a year since the operation and I feel perfectly justified in claiming a cure in this case, while the satisfaction at the patient's home is unbounded.

3034 Michigan Avenue.

Institutes of Medicine.

THE ESSENTIAL PRINCIPLES OF MEDICAL SCIENCE.

BY J. D. BUCK, M. D., CINCINNATI.

SECOND PAPER.

There can be no such thing as the supernatural, nor any extra-cosmic God. The immanence of divinity in nature is the higher form of force in matter; not "blind force" in "dead" or "brute" matter, but eternal life in universal matter. If man, according to physical evolution, is an "improved animal," according to spiritual evolution he is a "Fallen God." Human evolution is three-fold, physical, mental and spiritual; and in man these three forms are simultaneous and co-ordinate. To more than briefly outline such an evolution would require volumes.

The whole of this evolution in man and nature is orderly and progressive, cyclic and harmonious. Definite principles evolve on separate planes. A certain definite mode of motion is induced by a certain principle manifesting on a certain plane, and the various planes of nature in the whole order of evolution are related to each other by a co-ordinate series of vibrations, illustrated by the tones in music, or the colors of the spectrum. The "wave of evolution," therefore, passes from plane to plane. This is the outcome of the original endowment, as every plane, principle and vibration, and every form of matter, are emanations from and differentiations of the root substance, the One. Hence we have "Unity in diversity and diversity in unity," and in all things harmony, law and order.

Man is a concrete manifestation of the powers and potencies, substance and form of eternal nature. On reaching the human plane the cycle of creation returns upon itself. Man is an epitome of nature. He is endowed with self-consciousness; that is, he has evolved to a consciousness of consciousness itself. It is this stage of his evolution that separates him *de facto* from the animal plane. If evolution be symbolized as a spiral, then a section of that spiral is an inclined plane. From the point of self-consciousness the real evolution of mind begins. Below that point both consciousness and mind are on the plane of sensation, feeling, appetite and desire (kama) *i. e.*, sentiment; and with the dawn of self-consciousness the Ego steps on the first rung of the human ladder to commence the struggle for self mastery.

Having thus briefly outlined the conditions (not the process) of evolution we may now briefly consider the evolution of man as related to the general evolution of nature.

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Man is an incomplete being, still undergoing evolution. According to the general scheme of evolution the Monad has manifested on the elementary, the mineral, the vegetable and the animal planes before reaching the human. These early cycles are, for us, not only practically immeasurable but almost unthinkable. It has been estimated that 18,000,000 of years have passed since man first on this earth stepped on the plane of self-consciousness. His progress has been cyclic, and not by any means a straight-forward climbing. Races and civilizations have come and gone. In certain directions the highest races today are doubtless in advance of earlier races, but in other directions we are behind those of Egypt and old India. If we include the whole of the population of, say, America, the average is not very encouraging as to evolutionary progress for eighteen millions of years! Among all races may be found individuals and groups of individuals far in advance of their race. But with the great bulk of humanity, including barbarous and savage races, the outlook is not only discouraging but evolution only a fanciful dream. The seat of the most ancient and advanced civilizations, like Egypt, is over-run by barbarians. Civilization and barbarism seem to chase each other over the habitable globe, and humanity as a whole seems to be no nearer perfection today than it was ten thousand years ago. If, however, we conceive that man evolves *pari-passu* with the earth he inhabits, and include as "humanity" every human being that has ever inhabited this earth, and that each is continually involved in the evolution of his race, the more advanced always leading and incarnating in the more civilized races, and, finally, that the destiny of the whole race is to reach perfection — then evolution has indeed a meaning, and the cyclic changes of nations and races mean only the conditions for individual progress and experience.

It would be meaningless to refer to evolution as the key to the development and progress of man, if that same evolution were shown both logically and practically to be an absurdity. We can only comprehend the real nature of man in conjunction with the process by which he is evolved; for evolution is only the drawing out, step by step, of latent qualities and possibilities. These are his heritage, his divine birth-right, and evolution the process by which, through a varied experience, they are realized. We have found self-consciousness to be the quality by which man is separated from all lower life. Let us see if in conjunction with this and the process of evolution we can determine what constitutes the real man. Our theory of evolution will help to determine the nature of man, and, again, our knowledge of the nature of man will unfold the process of evolution. Step by step we must check each by the other.

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The evolution of man proceeds simultaneously on three planes; the spiritual, the mental, and the physical. There is a conscious center in man that co-ordinates this three-fold organization. It is the middle term, the plane of thought and self-consciousness, whose special organ is the human brain. The real man is, therefore, the thinker. Hence the saying, "All that I am is the result of what I have thought." Or, as Sir William Thompson puts it, "On earth there is nothing great but man: in man there is nothing great but mind." Modern science practically identifies man with the physical body, and deduces consciousness and mind as properties of matter due to aggregation and association—matter being "dead," "brutal" or "inert." Evolution is thus conceived to be a mechanico-physical process. This is like identifying the workman with the tools and appliances of his handicraft. But apparent mechanical perfection is no measure of function or power. Science cannot detect the result of culture and education, though it assumes complexity as the result of evolution. The brain-weight of an imbecile transcends that of a Webster. The mechanism is marvelously perfect in either case. It is not in mere organ and structure, but in use and in ability to use that constitutes the difference among men. When the thinker has once reached the human plane it is use that perfects the structure, quite as much as structure that admits of use.

The thinker evolves the structure and the structure more and more involves the thinker. Man has a three-fold nature, the animal, the human, and the divine, corresponding to the three planes on which his evolution proceeds. The physical is animal; the human, mental; and the divine, spiritual.

If it be urged that these are only "names," I admit it, and that we know as much of the one as of the other. The relations of one to the other can, however, be accurately determined.

We have, then, to consider the relations of the thinker to the body it inhabits. As the thinker is neither altogether body, mind nor spirit, though partaking of the nature and functioning on the plane of each. It coördinates the animal plane below and the spiritual above with the mental through self-conscious experience. A moment's reflection will show that our habitual form of thought and expression justifies these distinctions. We say "my body," "my head," "my thought," "my will, desire, emotion," and the like. Thus by the use of the personal pronoun and the possessive case we distinguish between the Ego and all else. The body and its functions, thus, are not the man, but the vehicle of the Ego or thinker through which he gains experience manifests life and mind, and coördinates results.

It will be found expedient for purposes of study, to recognize the existence of certain principles and planes in nature, even though these may not be at once accurately defined. To illustrate this we may imagine an algebraical series, such x^0, x^1, x^2, x^3, etc. Here we see that each of the succeeding terms in the series varies according to its index or power. On account of the difference of the index only the terms of the series appear different from one another; but we see that the base, x, remains all along constant. Now if we suppose the indices, viz, 1, 2, 3, etc. to vanish, we see that all the terms become one and the same, since x^0 will always be the same as unity. (According to the formula $x^0 = 1$.)

This series and the principle involved may serve to illustrate the planes and principles to which I have referred, and their relation to unity, and to each other in the series. The constant x may represent the one underlying, universal potency or principle, and x^1, x^2, x^3, etc., would represent the same principle or potency evolved to a different plane.

In an orderly series each expression not only bears a definite relation to all the others, but is capable of being converted into them. The unity is basic; the plane incidental and transitional. Prof. Crooks has already appealed to this metaphysical method to account for the origin of the elements, and Tesla has demonstrated the effect on strong currents of electricity of simple change of vibration. So that I am strictly within the lines of science. If the elements are conceived as derived from one original substance, the great apparent variety, existing on the gaseous, the liquid, or the solid planes, is incidental, while the vibration that determines the plane is characteristic. On the same general character are the substances, planes, and relations in the constitution of man. Hence the category,—physical, mental, and spiritual,—is fully justified by analogy, the spiritual, or highest representing unity, or x^0 in our series.

This classification of planes and principles may, at first glance, seem to the anatomist rather fanciful but when we come to consider mind, and the various states and planes of consciousness, they will be found not only useful but indispensable. The various parts of the human body have been long classified into tissues, organs, and systems. Here the classification is relatively exact and the boundaries fairly well defined; and yet even here a slight lesion or a congenital defect, or perverted nutrition may cause these demaractions to disappear entirely. We have, moreover, solids, semi-solids, fluids, and invisible gaseous substances, and the body is an alembic in which all these are continually changing form and being transposed. A vital transubstantiation occurs. Tissues are resolved into elements to be again transformed into new combinations. The organic chemistry of the laboratory is barely a reflex of this vital chemistry of the body. Until we can duplicate the exact conditions we can do no more than approximate results. Outside the organic structure apprehended by microscopy and morphology there is the physical grouping of elements. The cells are molecular and the molecules atomic and there is an interpenetration of the more solid by the fluidic and of the fluidic by the more subtle or gaseous. Out of this exceedingly complex and apparently confused mass science has evolved order and system, though by no means to the last analysis.

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Underlying and permeating all these cellular, molecular, atomic and invisible substances, is the universal Life-Principle, latent in all matter and manifesting in an infinite variety of forms. It is the eternal motion in primeval substance or the mover of all—the x^0 in our algebraical series. We must remember that definite and rhythmic vibrations not only determine color and sound but are also the creator of all forms in nature. The transition from one plane to another and the creaton of form incident thereto is beautifully illustrated in crystallization. In order that there may be molecular, cellular and corporate life in the human body the Life-Principle must vibrate throughout the entire structure, and in each individual element and aggregation bear a definite and harmonious relation to all others and to the body as a whole and, even beyond this, to the bodily environment. These movements, relations and rhythms are co-ordinate and progressive differentiations of the original substance with its primary motion from which evolution everywhere proceeds. Aggregation and association result in the manifestation of higher forms of life, but they do not create either life or consciousness. The form and the degree of manifestation change continually, but life itself is basic and eternal.

Just as we may recognize this all-pervading life-principle, seeking expression in infinite variety of forms, so also we must recognize as accompanying it, cosmic ideation the pattern, or the "idea" of things; the infinity of modes toward which evolution tends. Hence the substance, the energy and the form of life are universal and eternal. Evolution is an endless progression toward higher and more complete expression, and the wave of evolution ebbs and flows and runs in cycles. These modes and principles are innate in nature and they are all epitomized in man.

Hygiene.

THE BICYCLE AND WOMEN.

BY PHŒBE J. B. WAIT, M. D., NEW YORK.

Something over two years ago, with a prejudice born of ignorance, I began an investigation of the effects of the use of the bicycle upon women and soon found myself as ardent an advocate as before I had been an opponent of the dainty little machine.

Women were interviewed who, from being confirmed invalids, not able to walk around a city block, and incapacitated from doing either mental or physical work, had, after adopting the cycle, gradually gained in health and strength until they were able to ride twenty or more miles in a day and were once more classed as well women. This did not seem so marvelous where invalidism had resulted from neurasthenia, pure and simple, and where the remedy most needed was something to awaken the slumbering nerve centers; but when patients suffered from pelvic disorders, with displacements, subinvolution, leucorrhea with the well-known headaches, backache and heartache, was not the cycle a second sewing machine or even a more dangerous invention to steal away the residue of health from the young women of our land? Strange to say, one or two patients were found for whom the bicycle had wrought a cure in these very troubles and whose testimony as to the efficacy of its use could not be doubted.

This was enough, and I found myself weakening where once there had seemed to be no place for doubt.

It is the old story over again, "We first endure, then pity, then embrace." I began to think of it in connection with my own practice and sometimes consented for a patient to try the wheel, "with great caution," feeling that behind a consent reluctantly given if evil results the patient could really blame herself more than the doctor, or if only negative results were shown without improvement, still as a foolish mother yields to over-persuasion and gives candy where she ought not "for the sake of peace," in much the same way had my consent been obtained, really amounting to little less than shirking a responsibility which belongs entirely to the doctor, never to the patient. It does not take long to see light if one will but open the eyes, and the eyes once open all the delights of light and color are experienced; so as the scales fell from off my eyes it was easy to see the value which this wonderful device might become in the emancipation of women.

In apostolic days the lame and paralytic walked, the dumb spake and lepers were cleansed by miraculous interposition. In the nineteenth century similar results are seen to be produced quite naturally through the interposition of the wonderful bicycle. Whatever stirs the blood to its fountain head, whatever gives the proper exercise to the entire body without unnecessary fatigue, whatever fills the lungs with the clean, pure air of heaven, whatever recreation causes one to forget one's self entirely, whatever bring about a reform in dress which shall divorce surplus garments and long, heavy skirts, whatever causes the skin and the lungs, those two great conservators of health, to do their full share in eliminating worn material from the body, will help to determine the conditions referred to, and all of these are brought about through a proper use of the bicycle. There comes with it also a condition of bodily equipoise which gives a suppleness to the spinal column and a training to the muscles of the trunk such as nothing else has ever done, while the garments absolutely necessary for women to wear in riding the wheel are hastening the dawn of a millennium to all the daughters of Eve. Women are learning that six or eight inches off from the bottom of the skirt gives a comfort, a cleanness and an independence in walking which they cannot long afford to do without when not on the wheel, while the warm easy sensible bloomers underneath fulfills every demand from both hygienic and esthetic standpoints—the suit being made complete by the addition of that most practical article, the close fitting gaiter over the foot and ankle.

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There is no way known whereby a person can run while sitting except by the intervention of the bicycle, but by its use just that anomaly is accomplished. If one runs the weight of the body has to be supported and carried along, to the great fatigue of the runner, the violent shaking of the trunk and, in the clothing usually worn by women, a possible utter demoralization of the pelvic organs. With the wheel, the lungs are evenly and fully filled, the blood tingles to the terminus of the last capillary, a comfortable running gait is kept up while the body is smoothly and rapidly carried over the ground without the loss of breath or strength, without danger to the pelvic organs, and with a sense of exhilaration by which the girl becomes again a child and the woman again a girl. While the body sits firm and erect upon the saddle the leg is, with each revolution of the pedal, put down straight in a line corresponding to a vertical line dropped from the shoulder, so that the rider practically stands erect first on one foot and then on the other while being carried along.

The muscles of the leg are trained and strengthened while those of the body learn to hold themselves properly without the aid of cushioned back, chair or couch, while she who happily devotes her spare hours to the wheel drinks in "the wine of life," experiencing the utmost exhilaration where formerly women's spare hours were chiefly given to idleness in pent up rooms, or worse, in straining the eyes over drawn work or kensington, to the great injury of the eyes and the threatened if not the absolute destruction of the entire nervous system.

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It seems not too much to assert that the growing general use of the cycle among women is doing more towards hastening her emancipation than any one factor in that much to be desired consummation. We have read of the "bicycle eye," the "bicycle face," etc., implying that riding produces some nervous conditions apparent in the face or eyes—and there may be danger from daring excesses in this, as in any other sport; but in my advocacy of the wheel for women I do not for a moment consider the practice of "scorching" or doing "century rides," as no well poised woman would engage in such unwomanly attempts to be smart; moreover, exercise upon the wheel, like any other bodily exercise, should not be indulged in to the extent of fatigue before breakfast in the morning, nor should attempts be made to climb hills, by those who are not complete masters of the art of riding; such attempts tend to bring reproach upon the wheel when the fault lies entirely in lack of judgment of the rider.

The popular prejudice against a woman walking the street in her bicycle costume has developed the ingenuity of manufacturers, and a skirt has been patented which can be arranged interchangeably as a short cycling divided or a long walking skirt. This may fill a present want, but the time cannot be far away when one need not feel the necessity of changing her garments to walk home after a ride upon the wheel, nor in that good time will it be deemed indelicate for a woman to wear the cycle suit or its modification at her business or her daily work wherever she may be. Nothing but good could follow its universal adoption, unless we may except the falling off of the doctor's fees.

There is a sturdy independence which cycling begets in women without in the least infringing native modesty, which is one of the greatest charms of riding, and we can but feel that the end of the century with all of its advantages has no other so potent a factor for the general good of women as the wheel.

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From reports of diseases cured or benefited through cycling one could fill out a circular like those which are popular with proprietary medicines. It is enough, however, for the limits of this paper to suggest that since the blood is the great stimulant of the nerves and the nerves control all the functions of the body wherever defective nutrition may be apparent the stimulus of pure blood and vital nerve force are needed to restore proper nutritive conditions, and for every such case the bicycle ought to be valuable. One has only to glance at the newspapers to observe that one of the stock items in facetiæ columns is ridiculing the use of the wheel by either stout or elderly women; but a woman is neither less nor more a woman if she be stout or if she be no longer young, and whatever is of advantage to young or slender women may be equally so to those who are older and heavier. It is therefore gratifying to observe that many who have passed the days of young womanhood are not sufficiently moved by the newspaper funny columns to prevent them from riding.

One absurd criticism which is afloat upon the use of the cycle for women ought possibly to be spoken of in this connection, viz., that the saddle engenders an unnatural irritation which tends towards or which may result in immoral practices; but since we have not been able to secure any evidence to verify this uncanny statement we believe that it has no foundation in fact. The report must have originated in the fertile brain of some disgruntled opponent of women riders and be kept alive through similar channels. While rowing, swimming, tennis and golf may each be of value to women if properly indulged in there are in each easy and almost certain chances that even slight over-indulgence may lead to very disastrous consequences physically which renders them prohibitive in a large degree, while in cycling all the good which might be derived from either or all of these, due to muscular exercise in the fresh air, can be had without any of their dangers. It is important for us as intelligent women, interested in whatever is of value to our sex, to weigh carefully new suggestions for the hygienic improvement of women, not forgetting that old and young may alike share their benefits. Still more as physicians, carrying the responsibilities which go with that profession, should we investigate the comparative good or ill, physically, of the various modern forms of recreation and, proving all things, in the language of scripture "hold fast only that which is good."

Practice of Medicine.

GONORRHEA,

BY S. R. STONE, M. D., RHINELANDER, WISCONSIN.

The article on chronic prostatic urethritis by Dr. J. W. Means in the December 15th number of the Century inspires me to submit something on gonorrhea and its homeopathic treatment.

Dr. Means' treatment savors somewhat of "old school" methods.

Judging by reports of both profession and patients I am led to believe the average physician dislikes to treat these venereal troubles, because he does not meet with the desired success. This is all wrong, for the physician should be able to cope with these unfortunate troubles.

When a case of gonorrhea presents in the first stage I find *Aconite* effective, not in the tincture, but in the 30x. But it is seldom we see a case before the discharge makes its appearance. In these cases I give, according to indications, *Cannabis, Sepia, Capsicum, Cantharis,* 3x and 200x, a dose every three hours, also have the patient use an injection of hot water or hydrozone, one part to ten of water, three times daily. When the strangury is severe and the patient sensitive I prescribe an injection of *Apis,* gr. xxx, aqua ℥ ij, and always prohibit the use of liquors, tea and coffee. Five to ten days generally suffices for results.

In gleet I look for stricture; if found it should be dilated day by day with sounds. As to remedies, *Hydrastis,* 3x and 200x, alternately, four times daily is very satisfactory. If the discharge does not yield to this I prescribe: ℞, Flx *Hydrastis,* ℥ j, aqua, dist. ℥ v. In some cases add *Ferri. sulph.,* 2 gr. to the ounce of solution to be injected.

I remember a case of prostatic urethritis which came under my care a few years ago. It was of several years standing, patient thoroughly discouraged, had suffered much of many doctors. His symptoms called for *Cantharis* and he had it in the 200x only. *Sulphur, Natrum phosphoricum* and *Arsenicum,* 200x, were used before the case was cured, but he was cured. He had been troubled with spermatorrhea also. Mild injections were used.

I am often called upon to treat orchitis caused by an injection recommended by a druggist or friend. One of the surest and quickest ways of causing this trouble is to use an astringent injection during the inflammatory stage of gonorrhea.

The homeopathist has the advantage in these cases. *Pulsatilla, Belladonna, Gelsemium, Hamamelis,* and *Spongia* are the principal remedies. I always apply a generous tincture of *Hamamelis* to the scrotum, and have never had any but good results.

I treat gonorrhea in the female in a similar manner to that pursued with the male; am very particular to have patients use frequent and abundant douches of an antiseptic solution. The main point is to prevent the uterus from becoming affected.

KLINIKAL KODAKINGS.

The fidgety nervousness of chorea points to the spider poisons.

An injection of half a tumbler of iced water is said to be an excellent remedy for piles.

To avoid the blister of the usual mustard plaster make it with the white of an egg instead of with water.

Symphoricarpus racemosa has been proven an excellent remedy in the nausea and vomiting of pregnancy.

The injection of anti-toxine serum into rabbits produces a cloudy swelling of the kidneys, or acute nephritis.

Epilepsy characterized by a continual state of excitement of the sexual organs has a good remedy in *Solanum carol.*

Glycosuria is a possible sequence upon the inhalation of slight amounts of illuminating gas which leak into houses.

The extract of the pituitary gland is now the fad for acromegally; formerly the thyroid served for this purpose.

Bovista 30th has been prescribed with success in goitre where there was palpitation of the heart, vertigo, headache and shortness of breath.

Tea smoking, long known in Russia and eastern countries, has made its appearance in England and America. Its effects are very deleterious.

Nitro-glycerine is recommended for sciatica. A prominent allopathic authority claims that it will cure fifty per cent. of all cases if used early.

Orange peal *ad libitum* is quoted as excellent in cases of scorbutus which have been subjected to treatment under the mistaken diagnosis of rachitis.

For painful dentition in commencing teething, where there are much dribbling, fretfulness and a dread of downward motion, *Borax* is essentially applicable.

Sepia and *Lilium* have been prescribed with success in prolapsus uteri, the first being given chiefly upon the indication of leuchorrea and the second for the co-existent ovarian pain.

To control hemorrhage after removing a tonsil exert direct pressure upon the bleeding part with a piece of sponge or absorbent cotton placed over the wound and held there securely by the fingers.

A French surgeon has recently removed the entire left lobe of the liver. The result was satisfactory according to the reports, as complete healing occurred on the ninety-sixth day.

Asthma which has looseness of the bowels at each attack suggests *Natrum sulphuricum* upon that characteristic alone. It has cases accredited to it where *Arsenicum* and *Antimonium tartaricum* had failed.

Stannum iodide is finding a favor as a remedy for pulmonary affections. It is quoted as giving very marked relief even when in advanced stages. Its characteristics are copious, viscid expectoration and incessant cough.

Blood letting in pneumonia is again advocated. "It stood the test of a thousand years," says an exchange. But how did it stand it? The answer to this question is carved on the granite of thousands of ancient tombstones.

In the last stage of hip-joint disease *Calcarea carbonica, Silicea, Calcarea phosphorica, Sulphur* and *Asafetida,* make up a list from some one of which good may be expected, the prescription to be determined by the individuality of the case.

Graphites, sixth, every night for a week, cured a case of eczema where there was a deeply fissured, itching eruption on each wrist, and circumscribed patch of moist eczema on the scalp, behind the ears and in the bends of the extremities.

For the whining of infective fevers *Apis* is given a good name. This whining symptom may accompany smallpox, seeming indeed to be rather of the individual than the disease, another testimony to the effect that it is bad homeopathy to prescribe for names rather than people.

A case of *Aconite* poisoning is reported as cured by one drop of *Glonoin,* 1-200, the dose being repeated after three minutes. In this case the patient was found to all appearances dead, but after the administration of the two drops of *Glonoine* the jaws relaxed and the dead man came to life satisfactorily.

Cypripedium is successful in combatting the sudden wide-awakeness sometimes met with in infants or young children, who abruptly awaken after a few hours sleep and remain awake for hours. *Nux vomica* should also be thought of in this connection, especially when the wakefulness comes on about two or three A. M.

The British Royal Commission on tuberculosis has concluded that the tubercular test of cattle is not completely reliable, though they testify as to its value. Another British medical authority has reported two cases of tuberculosis following tattooing, the tattooer, who was a consumptive woman having used her saliva as a vehicle for the coloring matter.

The city physician of Rochester recently discovered a child of a poor family ill of diphtheria. There were four other children in the family and the physician thought he had good cause for alarm as to the spread of the disease when he found that a pan of dough had been put in the diphtheritic patient's bed to rise, one quilt serving for both boy and dough.

Appendicitis.—In an article in the *Medical Record,* Dr. Willy Myer answers the question, "When shall we operate for appendicitis?" as follows:

1. In cases of diffuse perforative appendicitis, at once, within the first twelve hours.
2. In acute appendicitis, when the pulse goes up to 116 or 120 and stays there, it is an indication for an operation.
3. In mild attacks or after severe attacks the appendix should be removed, for once inflamed it should always be considered a diseased organ.

Chronic bronchitis finds an excellent remedy in *Stibium arsenicosum.* It is reported to have cured a case of six years' duration where there was great emaciation, the pulse 115, the temperature 103; and severe night sweats and incessant cough added to the seriousness of the condition. Its special characteristics are great rattling in the chest, restlessness and scant expectoration.

A case of descemetitis is reported to have been cured by *Kali bichromicum* in the third trituration. This case presented redness of the right eye, brightness of the lid and lachrymation. *Kali bichromicum* removed the spots from the cornea and relieved the other symptoms. It is said to be an excellent remedy when there is no active inflammatory process in addition to the descemetitis.

Tenacetum is a simillimum of epilepsy. It is recommended in drop doses of fluid extract of tansy on sugar, four times a day. An interesting proof of this drug for this disease was an accidental one. A woman took a couple of drachms of wild tansey to produce abortion. It failed, but she suffered from convulsions, frothing at the mouth, clenched hands, exhaustion and coma during the entire period of pregnancy.

Picric acid is highly recommended in neurasthenia increased from slight effort. It is also to be thought of in sub-acute and chronic nephritis accompanied by acne and boils on the nape of the neck and behind the ears. *Ferrum picratum* is commended in all stubborn affections in the organs of hearing. *Calcarea pricrata* has done good work for those affected with boils, abscesses and carbuncles. The group above shows a close union and intercurrency of applicability.

Some of the special features of *Ledum* have been aptly put together as follows: Varicella on the chest and upper arms, peeling off in five days; red, itching pimples on the back, bruised feeling below the left scapula and cramp-like pains in the short ribs and over the hips; pains in the loin after sitting; painful stitch in the shoulder when lifting the arm; swelling tensive, pricking pain when walking, obstinate swelling of the foot, pressure in the left shoulder joint, tremor of the hands, heat and burning in the limbs, restless dreams, slight sweat all over when waking; gloomy moral symptoms.

Friction and pressure are potent factors for the proper treatment of cicatrices. By rightly employing these agents the red surfaces of scars may be brought to the appearance of the normal skin. With a small scar the ends of two or three fingers are placed upon it with the hand at an angle of thirty degrees, and the surface is vibrated upon the tissue beneath, all motion being between the integuments and the deeper tissues and the surface of the scar itself being kept free from friction. By this treatment the integument may be restored and the tactile sensibility as well; but hair will never grow on scar tissue.

Plumbum metallicum has a wide range in chronic constipation, fitting "all sorts and conditions of men." To illustrate, the sixth trituration effected a cure in a woman aged 50, married, no children, who had been for fifteen years a sufferer from constant constipation. She was sparely built, with a tongue coated with whitish-yellow fur and she complained constantly of headache. Two days after commencing the *Plumbum metallicum* treatment the bowels acted naturally and after three weeks her headaches were gone and her tongue clean. The other case was a patient aged twenty-five, florid complexion, slight spinal curvature with occasional headaches. *Plumbum metallicum*, sixth, was also the remedy here.

Materia Medica.

MATERIA MEDICA DEPARTMENT.

Conducted by W. A. Dewey, M. D., New York.

MATERIA MEDICA MELANGE.

BY W. A. DEWEY, M. D., 170 W. 51, NEW YORK.

Murcurious Corrosivus.—This remedy in the 24th decimal dilution, will kill filaments of spyrogyra; so says a German scientist, Carl von Naegeli.

Baryta Carbonica.—Diminution of sexual desire and great weakness o' the genital organs in persons addicted to excessive use of intoxicating drinks.

Opium.—In cases of general torpidity, where inactivity is characteristic of their whole condition both mentally and physically, where this cannot be traced to any disease, *Opium* 3 to 6 seems to act as a general energizer.—Bayes

Argentum Nitricum.—Left side facial neuralgia, face swollen with great heat and burning. Left sided infra orbital neuralgia.

Picric Acid.—This is a useful remedy, peripheral nervous disturbances such as occur as a result of retroflexion of the uterus. There is a feeling of burning and weakness in the lower back Tearing in the lumbar region. The legs are heavy and weak with membress crawling and pains, often, too, frontal headache, In uterine complaints it often may come in as an intercurrent or finishing remedy. There is a general tendency to coldness especially of the extremities, in fact the whole organism seems in every way below par.

Apis 12.—Dull pains in region of both ovaries, especially on beginning to walk and on bending. Lessened by lying on the right side. Pulsations, bearing-down pains in back and constant urging to urinate. *Apis* 12 gave great improvement.—*Berl. Zeit.*

Atropiae Sulphurica 6x.—In pure nervous pains in the stomach as well as in those pains brought on by ulceration of the stomach is this remedy useful. There is aggravation during meals and immediately after eating, and by pressure on the stomach; tongue is quoted white and the red papillæ are prominent.—*Pop. Zeit.*

Natrum Muriaticum 3–6.—In pain in the stomach of a pressing kind with feeling of heat, bloating and increased acidity with aggravation of the troubles by eating and drinking, as well as by emotional disturbances, an important indication for *Natrum* is pulsation in the epigastrium. This distinguishes it from stomach remedies belonging to the same category, such as *Calcarea carbonica*, *Natrum carbonicum*, *Magnesia carbonica*, *Magnesium muriaticum*, etc.

Aloe.—Aloe is a very useful remedy in the incontinence of urine in the aged; with each act he feels as if he must have a small stool, there is a bearing-down sensation and the prostate is enlarged.

Iodoform in Tubercular Meningitis.—In the recent issue of the *North American Journal of Homeopathy* the late Dr. Wm. S. Miner reported some remarkable cases of tubercular meningitis which were cured by *Iodoform*. Taking his cue from Dr. Eugene Martel, who reported in the *Revue Internationale* several years ago a number of cases cured by *Iodoform*, used by the inunction method. Dr. Miner used the remedy internally, in the 6x trituration, as well as inunctions into the shaved scalp of iodoform, 1 drachm, to the ounce of vaseline. The inunctions seemed to be more productive of good than the internal administration of the remedy. The rubbing in of the iodoform seemed to produce a soothing effect on the cases and the convulsions ceased rapidly and convalescence occurred. The cases reported were ordinary cases of the trouble and cases where death seemed certain iodoform produces symptoms similar to meningitis, a rapid pulse and high fever.

MATERIA MEDICA CONFERENCE.

The impression seems to have obtained that the Materia Medica Conference, which is to be held in Detroit, June 16 and 17, in connection with the American Institute of Homœopathy, is the only one that will ever be held, and after that there is nothing more to be done; and some of our materia medicacists are bemoaning the fact that their names do not appear on the programme.

The committee on this conference appointed by the Institute has formulated a line of work which will extend through several conferences. The first will deal with two or three fundamental questions, the next with some of the more practical questions relating to our materia medica, and so on.

In selecting the essayists and disputants of the three topics chosen for this conference many difficulties arose. Not only did the committee endeavor to put the right man in the right place, but it did not exhaust all its ammunition, keeping some in reserve for future conferences, and especially for that of next year. Therefore it would seem proper if those who are disappointed, if such there be, would enter into the present conference with zest and help to make it a success. The greater the success of the coming conference the greater will be their triumph in the day when the questions which they are especially qualified to present and discuss, shall come up.

The five minute discussions of each of these topics promise to be a special feature. There will be time enough for some twelve or fifteen to speak upon each subject for five minutes. There are some sixteeen hundred members in the Institute and the committee cannot be expected to know just who are interested in materia medica or especially qualified to discuss certain topics, and this five minute discussion is the place to come forward and announce yourselves. Send your names in to the secretary, together with the name of the topic you wish to discuss. This should be done at once. These five minute allotments will soon all be assigned.

Associations.

AMERICAN INSTITUTE OF HOMEOPATHY. ANNOUNCEMENT OF LOCAL COMMITTEE OF ARRANGEMENTS.

Almost immediately following the adjournment of the American Institute at Newport steps were taken by the local committee of arrangements to prepare for the next meeting to be held in Detroit. The local committee was made to include all members of the Institute in our state, together with many representative members of the profession throughout the state who are not members of the Institute. From these sub-committees were appointed to take charge of the various portions of the work, all of which are now actively engaged in the performance of their duties. The chairmen of the sub-committees are: hall, Dr. Harold Wilson; hotels, Dr. W. M. Bailey; reception, Dr. C. C. Miller; entertainment, Dr. M. J. Spranger; finance, Dr. R. C. Olin; press, Dr. S. H. Knight; exhibits, Dr. R. M. Richards; printing, Dr. Virginia T. Smith; lady visitors, Dr. E. Louise Orleman; railroads and excursions, Dr. H. C. Brigham.

The work of some of the committees is already far advanced, that of others less so, because of its character.

The hall committee were very fortunate in securing Harmonic Hall for the place of meeting. It possesses the following points of merit: It is new, handsome, commodious, well-lighted, central, and yet undisturbed by noise; it supplies an audience room seating one thousand two hundred people, has a stage accommodating one hundred to two hundred more, a sectional meeting room seating three hundred, rooms for all the committees and officers of the society, postoffice, bureau of information and registration, Meissen, etc., with other conveniences that the Institute has rarely if ever enjoyed. For this reason it is contemplated having the "headquarters" in the hall instead of at some hotel as heretofore. The building has been engaged for the entire week so that it will be at the disposal of the Institute constantly both day and evening.

Three well-appointed hotels in the heart of the city, the most distant being only a few blocks from the place of meeting and reached directly by electric street cars, will be at the disposal of the guests and will accommodate all who attend. Rates from range $2.00 to $4.00 per day. The three hotels mentioned are the Cadillac, Russell House, and the St. Claire, and rank in size in about the order named, all being first-class in every respect. In addition to these are several public and private hotels contiguous to the hall, in which much lower rates prevail.

Few cities are better situated to provide entertainment for conventions of any sort than is Detroit, and the various committees will see that their guests do not lack in this respect.

The railroad and excursion committee will, in conjunction with the transportation committee of the Institute, arrange to offer members and visitors delightful lake trips, coming to or going from the meeting, or from Detroit and return after the session. Lake travel is at its best in June—the water is placid, steamers and resort hotels are not over-crowded, fishing and hunting are unexcelled, and the scenery of our northern lake region is in all its glory. Tourist rates will be arranged for, and no more delightful outing can be conceived of, while at the same time our friends of the East, South, and West may form some conception of the magnitude of the commerce of our great inland seas and the wealth of our forests and mines.

Detroit is such an ideal convention city, so centrally situated, so contiguous to and easily reached from Boston, New York, Philadelphia, Pittsburgh, Baltimore, Washington, Buffalo, Cleveland, Cincinnati, St. Louis, Chicago, Milwaukee, St. Paul, Minneapolis, and even Denver, that Eastern city in the West, that the attendance should exceed that of any previous one. "Coming events cast their shadows before," and judging from these, it will do so. Moreover the unusual and important character of the scientific work outlined for this meeting, involving as it does the celebration of the Centennial of Homeopathy, merits the attendance and co-operation of every homeopath in the country, from the Atlantic to the Pacific. Michigan, in behalf of our great national representative society, extends a cordial invitation and welcome to all.

D. A. MacLachlan, M. D., Chairman.
No. 6 Adams Ave. W., Detroit.

NEW YORK HOMEOPATHIC PEDOLOGICAL SOCIETY.

REPORTED BY J. PERRY SEWARD, M. D., NEW YORK.

At its February meeting on the 19th inst., at the residence of Dr. Martin Deschere, rheumatism in children was the main topic for discussion by the members. The other papers were read.

Paullinia Sorb. in Diarrhea.—This was the title of a valuable contribution to the materia medica of pedology by Dr. Joseph F. Land. It detailed a case of diarrhea in a girl eight years old who was subject to frequent attacks of loose movements. When first seen she had suffered from the present attack for three or four days, and had received enough home and proprietary remedies to thoroughly complicate the case. After giving as indicated *Colocynthis, Dulcamara, Veratrum album, Arsenicum* and *Phosphoric acid,* without benefit, the stools were observed to be bloody, with bright green flakes intermixed. On that indication *Paullinia sorb.* 3x was prescribed. Marked and immediate improvement followed, and the patient was soon discharged cured. Dr. Land could not recall any marked odor.

Rheumatism in Children.-Dr. Floyd P. Sheldon's paper on this subject urged the importance of recognizing this affection in infants and children, on account of its relation to chorea and cardiac disease. The influence of heredity was discussed, and it was claimed that, unlike syphilis, only the tendency to rheumatism is transmitted. The change of location of the pain from joint to joint is an important symptom in the diagnosis. Also a history of chorea or a rheumatic heredity.

Dr. Land said that he saw a case that day in which he doubted between a diagnosis of rheumatism or injury. A scrofulous child, whose two brothers had died of phthisis, was suffering from a swelling of the ankle. Although the child had had a fall a few days previous the moderate amount of swelling and the lack of edema seemed like rheumatism.

Dr. M. Deschere remarked that there are certainly many cases of this disease, acute and chronic, and they are more dangerous in children than adults from heart complications. It is never seen in infants at the breast. Dr. Deschere is positive that a very close relation exists between chorea and rheumatism. A marked case was that of a plump child of seven years, with good heredity, in whom an acute chorea after two weeks passed into articular rheumatism of all the joints but the feet. Cardiac trouble resulted with death from dropsy in six months. Another boy with rheumatic heredity was cured of an aggravated attack of chorea in three weeks with *Veratrum viride* 30. Suppurative tonsillitis, quinsy, is of rheumatic nature, and at puberty and early adult life quinsy is often followed by rheumatism. Diagnosis from Barlow's disease, which is scurvy implanted on rachitis, may be difficult. In both there are swelling, redness, fever, and extreme tenderness, making motion of the limb almost impossible. It is well to note that Barlow's disease usually attacks the long bones, causing an effusion of blood between bone and periosteum. Rheumatoid arthritis may follow scarlet fever, but not rheumatism proper.

Dr. J. M. Holloway described a case in a boy of eleven, which came on so suddenly that he had to drag himself home over the ground by his arms. Delirium for five weeks followed.

Dr. E. S. Munson described two cases of hemophilia accompanied by joint affection, swelling and pain.

Dr. F. M. Wall told of a case he had observed, in which chorea of two years standing was following by a severe attack of inflamatory rheumatism, and that by disease of the initial valve. The chorea ceased on the appearance of the rheumatism.

Dr. G. W. Roberts suggested that Dr. Land's case might prove to be tuberculosis of the joint. Its history and location on one side only of the ankle point to that disease. If so the foot would be extended in the equinus position from spasm of the muscles. Dr. Roberts combatted the view taken by the essayist that syphilis was directly inherited. He believes that syphilis can only be acquired by infection, whether intra-uterine or not.

Cases in which the mother of a syphilitic infant by a syphilitic father is herself untainted he considers unauthenticated, and points to the fact that the mother suckling such a child is always protected against infection with the disease.

Dr. Roland du Jardin was elected to membership, and Drs. T. F. Allen and Wm. Tod Helmuth were nominated for honorary membership.

NEW YORK HOMEOPATHIC MATERIA MEDICA SOCIETY.

A letter from J. C. Mitra, a lay practitioner of Calcutta, requesting the proving of some Indian drugs which the writer promised to furnish, was first read and discussed by the society at its February meeting. It was concluded to ask for particulars regarding the names of the drugs, their botanical histories and clinical properties before making any definite promises as to provings.

Clinical Verifications.—Verifications of *Camphor* 3x in post-operative shock, and *Palladium* 3x in retroflexion were read by Dr. W. G. Fralick. Dr. M. Deschere offered verifications of *Carbolic acid* 30th in uterine displacement, *Oxalic acid* 30th in gastralgia, and *Arnica* 6th in typhoid fever.

Dr. M. Baruch presented verifications of *Antimonium crudum* 200th, *Causticum* 30th, and *Calcarea carbonica* 6th in warts, and *Thuja* 3x in condylomata.

Prunus Virginiana in Bronchial Cough.—A paper with the above title was read by Dr. G. F. Laidlaw. He said that *Prunus*, the wild cherry bark, had been long a home remedy for cough and malarial fever. He had found in it a remedy for persistent coughs acquired in the winter, < at night and on lying down, and it was a remedy to be depended upon. He had tried *Conium*, *Hyoscyamus*, *Rumex* and *Arsenicum*, prescribed upon the aggravation on lying down, but with a disappointing lack of results. The reason for that aggravation is obscure. Some consider it due to displacement of the liver, or to mucus flowing into neighboring bronchial tubes. A satisfactory explanation would be a boon. But for a cough so caused, or for a spasmodic or asthmatic cough, attacks of wheezing and whistling in the trachea and large bronchi *Prunus* had proved reliable. It will not cure the cough of phthisis, or one due to a cardiac lesion or to a constitutional tendency. In the cough following the grippe it is useful, but not in the acute cases. Though the popular preparation is the infusion, Dr. Laidlaw prefers to use *Prunin*, the concentrated preparation of Keith. He uses two grains every two hours. It is well to precede its administration by an alkali to neutralize lactic acid if it is present in the stomach. The acid would otherwise coagulate and destroy the active principle of the drug. Vichy or seltzer are convenient alkalies to use.

Dr. Deschere said that he had been able to discover but two references to *Prunus* in his journals. It is then advised for cough associated with heart disease. *Hyoscyamus* and *Sanguinaria* should be remembered for cough worse on lying down.

HOMEOPATHY'S APPROACHING CENTENNIAL.

The committee on the centennial of homeopathy, Dr. Pemberton Dudley, chairman, made its final report at the Newport meeting of the American Institute. This report was so thoughtful and so well considered that it met the unanimous and instant approval of the Institute. It speaks for itself and I shall, therefore, quote largely from it, but I may add that the Institute was aroused to an intensely earnest interest and hoped that the recommendations offered would be acted upon by the profession. Certainly no more favorable time could be selected to advance the interest of homeopathy than the present. If in each center the homeopathic physicians would get together and organize to carry out some of these suggestions of the report, great results would follow.

The report says in part: The American Institute of Homeopathy could hardly feel much enthusiasm in any celebration which had for its object the mere glorification of a man, even though that man were Hahnemann. Still less, probably, would she care to employ such an occasion for the purpose of paying empty compliments to her own members living or dead. Least of all could this Institute have any patience with the thought of a mere jubilant "hurrah," whose influence should end with the last sputter of its expiring fireworks. For any such celebration we have neither the time, the talent, nor the inclination.

In our commemoration of the event of 1796, we should have before us, as its principal object, the promotion of the cause which was then inaugurated. In other words, the celebration should be in strict harmony with the "objects" for which this Institute was organized, as expressed in the opening article of its Constitution. In carrying out these objects, we suggest and recommend that the celebration shall be directed to the following specific purposes, namely:

(a) To pay honor to the character, genius, and labor of Hahnemann, and to the work of his discovery.

(b) To establish memorials of the man and of his discovery.

(c) To re-examine the law of similars in the light of modern knowledge and science.

(d) To employ the occasion as a means and opportunity for further extending the knowledge and influence of homeopathy, and for imparting a new impetus to its development.

The central thought of the celebration should be the discovery promulgated in 1796—the law of similars. Public and professional attention should be drawn as strongly as possible to this particular subject as the distinctive and essential "truth" of homeopathy, while other truths taught by Hahnemann and held by his followers should, for the time being, occupy a secondary place. This sharp distinction should be made for the purpose of forcing public and professional recognition of the real and essential question at issue between the two methods of medical practice.

In the view of your committee the celebration should not be restricted to the national society, but in certain ways should be coextensive with our country, and its influence maintained throughout the centennial year.

We recommend that, so far as the Institute is directly concerned, the arrangements and details of the celebration should be in charge of a committee consisting of the executive committee of the years 1895 and 1896, acting conjointly.

We also recommend that the duties of the said joint committee should include the following:

(a) The committee should prepare a circular, giving an outline of the proposed celebration, including all the recommendations adopted by the Institute in relation thereto, and send copies thereof, not later than December 15, 1895, to all the homeopathic journals published in the United States, requesting its publication in the first issue of 1896 together with editorial comment upon the subject, and also requesting each journal to publish, during the year, such further favorable comment as its editor might deem expedient.

(b) The committee should recommend in said circular that each state and local society provide a celebration of its own, of such a character as to draw public attention to the centennial of homeopathy and the important results of Hahnemann's law of cure.

(c) Also that the friends of each homeopathic hospital in the United States should, during the year, endow at least one bed in perpetuity, to be so designated and inscribed as to constitute a permanent memorial of the centennial, and of the event which it celebrates.

(d) Also that each city and large town, not already provided with a homeopathic hospital, should during the year inaugurate a movement to secure such an institution.

In addition the Institute should, in accordance with the suggestion of the report, celebrate the centennial of homeopathy by a public meeting when the address "The Hahnemann Oration" shall be delivered by the president.

Three centennial addresses on the Law of Similars will also be delivered as follows:

1. The Rational Basis of the Law of Similars.
2. The Experimental Demonstration of the Law of Similars.
3. The Clinical Superiority and Efficacy of the Law of Similars.

It will be seen that this celebration will lend increased interest to the Detroit meeting. By interesting local newspapers in the matter and making public the needs of the Hahnemann Monument Committee much needed aid may be had. This report, so timely and so suggestive, will, I trust, be acted upon by your readers and receive your cordial support.

E. H. Porter, M. D.
General Secretary, American Institute of Homeopathy.

BOSTON HOMEOPATHIC MEDICAL SOCIETY—MARCH MEETING.

REPORTED BY H. O. SPALDING, "THE CLUNY."

Scientific Session.—The scientific session was made of unusual interest by Dr. Packard's report of five surgical cases and the exhibition of their pathological specimens. These cases were, one of appendicitis, an ovariotomy, a case of unilateral goitre (which is unusual in this country), a cystic tumor originating from both ovaries, which, with the uterus had to be removed, and a double proliferating papilloma of the ovary. This last case was undoubtedly the result of infection by the husband who had had an attack of gonorrhea twelve years previous. After these cases had been reported the room was darkened and colored pictures of the microscopical appearance of the papillary cyst, showing the structure of the papilloma, and of the fluid from the cyst, were thrown upon a screen by a stereopticon.

Dr. Earl, chairman of the section of gynecology and obstetrics, took charge of the meeting and the work of that section was entered upon.

Electrical Douche in the Treatment of Leucorrhea.—Dr. Lucy Appleton presented a short but very interesting paper on the treatment of leucorrhea by means of the electrical douche. After a short introduction concerning the disease, or symptom, as the doctor preferred to call it, the description of the treatment was taken up. The water for the douche is a saline, three to four tablespoonfuls of common salt to three quarts of hot water. This fluid is introduced into the vagina through a hard rubber nozzle. As the water passes through the nozzle it comes in contact with the negative pole of an electric circuit and thus becomes charged and a conductor of electricity. A shield with an escape-tube fits on this nozzle and over the entrance to the vagina. A moist sponge is placed upon the abdomen and connected with the positive pole. A galvanic current of about ten miliamperes is applied for ten minutes. If the pain is very severe after the treatment the passage of an induced current through the tissues soon gives complete relief. If the inflammation or leucorrhea be of a specific origin the water used for the douche may be medicated. Dr. Appleton has found this method very successful as far as she has been able to test it, for after a few treatments the patient feels much better and the tissues are firmer. Its application is not confined to leucorrhea, but has proved successful in mitigating ovarian pains and stopping pruritis, even though the cause remained. The speaker thinks the cause of its efficacy lies in the facts that the electrical current is germicidal and the muscular contractions occasioned bring a fresh supply of arterial blood to the tissues.

Dr. G. R. Southwick, who was to present the next paper, "A Case of Albuminuria in Pregnancy," was unable to be present, so this was omitted.

Treatment of Gonorrhea in Women, With Report of a Case.—This paper, by Noble H. Hill, M. D., who found it impossible to be present, was read by Dr. Earl. The treatment used in the case in point was that of dilation and curettement, followed by peroxide of hydrogen in the vagina.

The discussion evoked was lengthy and participated in by a large number. Attention was centered mainly with the recital of cases on gonorrheal infection in men and the consequences which it entailed upon innocent women whom these men marry, even though the discharge and symptoms of the disease have long before disappeared. Among those who took part were Dr. Packard, Dr. N. W. Emerson, Dr. Winn, all of whom spoke of it from the surgeon's standpoint; Dr. Coffin, who favored the instruction of young school boys in the full meaning and results of such diseases; Dr. Sutherland, who spoke of its well-nigh incurability; Dr. Powers, Dr. Batchelder, and a number of others, including Dr. Boothby, who made a motion that a committee of five be appointed to consider the matter and to take steps toward presenting to the profession and community, if deemed best, the importance of the subject, and to perfect a way of working in the future. This motion was seconded and passed.

Uterine Fibroid as Complicating Pregnancy and Labor, with the Report of a Case.—Dr. George H. Earl presented the closing paper of the evening on "Uterine Fibroid, as Complicating Pregnancy and Labor, with the Report of a Case." The case in hand was one which had exceeded the full term by some time with unusual enlargement of the abdomen, yet no labor pains appeared. After various attempts to induce pains for several days the child, living, was extracted with forceps. The placenta remained and had to be extracted by entering the hand into the uterus, and then it was that the presence of the fibroid was demonstrated. The woman had the symptoms of septicemia, except for a good temperature, but finally made a fair recovery and is now enjoying well nigh perfect health.

Miscellaneous Business.—After this paper Dr. Peck of Providence, R. I., who happened to be present, was called upon, and in the course of his remarks said that, as chairman of the committee on foreign correspondence of the American Institute, he wished to get statistics and facts concerning the results of homeopathy since the time of Hahnemann. It is his intention to have them collected and put in a form for ready reference by physicians.

The following physicians were elected to membership: Mary R. Lakeman, Salem; Clarence P. Holden, Melrose; Charles G. D. Mack, East Boston; Amelia Burroughs, Boston; Marion H. Lewis, Boston.

The chairman of this section for the ensuing year is Dr. Winfield Smith.

Correspondence.

LOCATIONS IN THE PROVINCE OF QUEBEC.

Medical Century: In response to your editorial request I send you a list of the points in the Province of Quebec having no homeopathic practitioners, and giving population with approximate income earned by leading allopath. I may say that there is an extensive field in this province, but as homeopathy, outside of Montreal, is practically an unknown quantity the practices must be constructed by hard and patient work.

That this can be done by the right men I may illustrate by the case of Dr. A. R. Griffith, who four years ago started in Point St. Charles, a suburb of Montreal. He has today a practice that would be classed good, even in Chicago. The legal fees here are $1 for office, $2 for ordinary visits, but these rates must be employed with discretion according to the patient's circumstances. Net incomes are large because expenses are small.

Of the three Chicago men who started here in June last one left after three months. The other two are steadily gaining ground. I would warn men against crowding into Montreal, for it will be some years before the city can be educated up to support more than the twelve men now here.

To get the license to practice homeopathy in this province is not an easy thing. The following regulations of the College of Homeopathic Physicians and Surgeons indicate the requirements:

PRELIMINARY OR MATRICULATION EXAMINATION.

1. Every candidate for the license of the college must pass a satisfactory examination before the examiners of the board on the following subjects:

Reading,
English Grammar,
English Literature,
Geography (modern),
Algebra,
Physics,
Botany,
Drawing,
Orthography and Orthœpy,
Composition,
English History,
Arithmetic,
Geometry,
Chemistry,
Latin, French.

MEDICAL CURRICULUM.

1. Every person who desires to be examined by the said board touching his qualifications to practice physic, surgery and midwifery, or either of them according to the doctrines and teachings of homeopathy, shall give notice in writing to the registrar of the association, and must show that he is not less than twenty-one years of age, and that he has followed medical studies for not less than four years under the care of one or more duly qualified practitioners.

2. Of these four years three six-months sessions must be passed in attendance upon lectures at a university, college or incorporated school of medicine recognized by the board. A certificate of study from a licensed physician will also be required.

3. Every student must present officially attested proof that he has satisfactorily pursued the following curriculum:

1. Anatomy, General and Descriptive.	Two Courses of Six Months.
2. Anatomy, Practical.	
3. Physiology.	
4. Surgery.	
5. Theory and Practice of Medicine.	
6. Obstetrics.	
7. Chemistry.	
8. Homeopathic Materia Medica and Therapeutics.	
9. General Pathology.	
10. Clinical Medicine.	
11. Clinical Surgery.	
1. Medical Jurisprudence.	One Course Six Months.
1. Botany.	One Course of Three Months.
2. Hygiene.	
3. Practical Chemistry.	
4. Practical Histology.	
5. Practical Physiology.	
6. Practical Pathology. Six Post Mortems.	
7. Practical Microscopy.	
General Hospital, work in hospital of not less than fifty beds.	Eighteen Months.
Obstetric work, Six Cases.	Six Months.

Candidates should fill out their papers accordingly and have needed certificates. These or copies should be sent before March 25th of each year to the registrar, College of Homeopathic Physicians and Surgeons, Dr. Alex. R. Griffith, 535 Wellington Street, Montreal.

If the college accepts them candidates will be notified to appear for examination on a fixed date in April. The names of those passing successfully are sent to the secretary of the chartered Montreal Homeopathic Association, the body authorized by act of parliament to control homeopathic affairs in the province of Quebec.

The names are then forwarded to the lieutenant-governor, who issues a government license.

Addititional information as to fees, etc., may be obtained from the registrar.

	Pop.	Homeo.	Pos. income
Montreal	400,000	12	$2,000 to 30,000
Valleyfield	10,000	0	8,000
Chambly	5,000	0	4,000
Sherbrooke	11,000	0	7,000
Lennoxville	3,000	0	3,000
Three Rivers	10,000	0	4,000
Quebec	60,000	1	8,000
Lachute	7,000	0	5,000
Lachine	5,000	0	4,000
St. Hyacinthe	10,000	0	4,000
St. Johns	6,000	0	4,000
Rimouski	6,000	0	3,000
Farnham	3,000	0	4,000
Hull	12,000	0	7,000
Longuist	5,000	0	5,000

I do not mean for a moment that the money figures are nearly correct; they are merely an indication of the possibilities. But certainly in towns like St. Johns, Quebec, Chambly, Richmond, Granby, Valleyfield, Hull and Sherbrooke first-class homeopaths ought to do better and save more money than in Montreal.

Yours very truly,

H. M. Patton, M. D.

Sec'y Montreal Homeopathic Association.

THE HAHNEMANN MONUMENT.

Editor Medical Century:—The near approach of Hahnemann's birthday has suggested a general movement along the line in the interest of the Hahnemann monument. We have come to realize that this is a centennial year of great importance. One hundred years ago in a paper in *Hufland's Journal* Hahnemann announced "A New Principle for Ascertaining the Curative Powers of Drugs." This was the first public announcement of the new art of medicine, and included also a declaration of the foundation principle in medicine that "likes should be treated by likes."

What better time could be selected for doing honor to the name of Hahnemann and exemplifying our belief in the principles which he set forth, principles which all the world will yet be willing to admit were the cause of a mighty revolution in the whole science of medicine. The little paper in *Hufland's Journal* was the first gun fired in this revolution, and that was a hundred years ago.

The homeopathic profession has put forth an organized effort looking to the recognition of Hahnemann and these principles. It is plainly its duty, as it should be its pleasure, to see that this undertaking is carried on to success. Let every homeopathic physician hurry forward his contribution so that on this anniversary occasion of Hahneman's birthday the sum total will be raised to finish this great memorial. Old school journals are exhibiting much illy-concealed displeasure at the fact that the homeopathic profession have been able to rear the greatest monument that this country has ever raised to a man of science. While this is true we must not forget that the fund has not all been secured, and that no homeopathic physician can afford to be unrepresented in so grand a scheme.

The nearly completed models make it certain that this monument will be without a peer at our National Capital, but it must be borne in mind that it cannot be completed, to stand to the glory of Hahneman and his followers, unless the profession with one accord contribute to this end.

The general treasurer of the fund, Dr. Henry M. Smith, 288 St. Nicholas avenue, New York, will gladly acknowledge contributions as fast as received. A list of these contributions must soon be published and the name of no homeopathic physician should be missing. There should be no delay. The money is needed at once.

J. H. McClelland, M. D.

Chairman Monument Committee American Institute of Homeopathy.

The Medical Century is meeting with gratifying success in its efforts to establish itself more firmly with the profession and medical advertisers of the East. It has not, however, given up its Chicago office and home, nor is it so intended. It was born, bred and nurtured in Chicago, and no matter how warmly some small souls would welcome its departure from the Western field it has no intention of so departing. The intention was clearly expressed in the issue of January 1 to establish an Eastern as well as a Western home, and this determination will be consummated, in fact, is now being consummated with satisfactory results. All effort to write the Century out of the Chicago field will prove unavailing. Interested parties will please make a note of this suggestion.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - Editor.

New York and Chicago, March 15, 1896.

THE PASSING OF ACETANILID.

Among the recent antifebrifuges in use in old school practice, and all too largely employed by members of our profession who have wandered away from the straight and narrow path of similia similibus curenter into the broad and easier-going highway of hap-hazard medicine, acetanilid stands at the head of the list. But, fortunately for the human family, and as an additional evidence of the uselessness and worse than uselessness of medication prescribed according to other than our scientific principle of drug application, this remedy is sure to be relegated to the pharmaceutical junk-shop as a dangerous agent.

In presenting to his profession the claims of a new antipyretic known as apolysin, and in drawing his comparisons between this agent and phenacatin, antipyrine and antifebrin, and also in comparing it with numerous proprietary American antipyretics the base of all of which is acetanilid, Dr. Louis Fischer of New York has collated and published a large number of conclusions in regard to the dangerousness of phenacatin and its congenors which must be convincing to all who give attention to the subject.

Henoch, in his admirable volume, in speaking of the treatment of pneumonia, dwells upon the depressing action of antipyrin and antifebrin on the general nervous system, and particularly upon the heart, calling especial attention to the fact that as antipyretics act for but a brief period of time the danger of their use lies in the constant repeating of the dose, each adding to already existing cardiac irritation and weakness.

Krönig, of Germany, relates experience with a patient seventeen years of age to whom had been administered a dose of fifteen grains of phenacatin, whose lips were blue, whose pulse was feeble and intermittent, respiration thirty-two, the urine chocolate colored, the body yellowish colored, and in whom a general cyanotic condition of the lips, ears, hands and feet followed. Dogs to whom the drug has been given show interference with the respiration, sleeplessness, vomiting, blueness of the mucous membranes of the mouth and blood changes. Experiments made on healthy individuals reveal dizziness, trembling of the limbs, interference with locomotion and headache as the result of one gram, or fifteen grains, of this drug—a strong hint to the homeopathic therapeutist.

Von Jaksch observed cynonosis, profuse sweating and symptoms of collapse in children to whom had been given one and a half to three grains; Cattani found a toxic hematuria and nephritis to follow upon the administration of ninety grains during the day, while Frankel reports having seen serious effects follow upon the administration of seven and one-half grains and also reports the death of a seventeen-year-old actress following upon the administration of fifteen grains.

Another observer, Gerhardt, records symptoms of collapse and general bad effects from phenacatin, antifebrin, antipyrin and phenocoll in rheumatism. Antifebrin is reported by Drache to produce a dangerous action upon the heart, it lowering the blood pressure and causing malaise and collapse. Copious perspiration from vaso-motor paralysis has also been observed to follow from the administration of this remedy, and in many cases it produced nausea, vomiting and general depression.

It is reported by Dr. Fischer that in Germany remedies of this class cannot be obtained without a prescription from a physician yet, unfortunately, in the United States almost every drug store is dispensing home-made remedies the basis of which is acetanilid, and in many instances which are made up of phenacatin, antipyrin, phenolid or other coal-tar derivatives almost exclusively.

There can be no question but that during the existence of la grippe a few years ago, shortly after the introduction of the coal-tar agents, innumerable cases of sudden heart-failure and collapse occurred. La grippe was charged with many deaths from such causes, yet there can be no doubt, according to the resume just given, and other data to be found throughout the old school literature of today, that to these drugs rather than to the disease *per se* belongs a large share of the fatality. Even though one of the most common causes of death in la grippe is cardiac paralysis and consequent heart failure yet it has been indisputably shown that antipyretics generally, and especially those of the class described, produce these results all too commonly and, therefore, should be used with the utmost caution, if, indeed, they be used at all.

To the careless homeopath there should be a most positive warning in the quoted opinions and results given. The homeopath who "believes in anything which will cure," he who "selects the best from all schools and is not bound by any narrow rule or law," and who follows in the wake of the old school in their never-ending experimental gyrations after alleged cures for this, that or the other disease, according to theories which seem at superficial glance to have plausibility, should take warning from the history of acetanilid. More deaths than one from its administration by alleged homeopaths might easily be run to earth were a careful and impersonal investigation instituted, whereas, we not only do not need to rely upon these or any other febrifuges other than our proven remedies and nature's limpid draught. And according to thoroughly competent old school authorities in employing them we endanger the lives of our patients and unquestionably increase the death rate of the human family.

Let acetanilid pass; we need it not, never have needed it. should never have used it, and should congratulate ourselves upon the fact that those who offered it to us and seduced some of our number from the straight and narrow way have now brought to our attention the serious fact that they have offered us and the medical world an agent capable of much more harm than good. In *staccato voce*, "Let acetanilid pass!"

A VALUABLE OPINION ON LEGISLATION.

In these days when the medical profession has all but gone mad upon the subject of medical legislation and supervising control of itself it is refreshing to find a really conservative journal voicing a doubt of the infallibility of the form of legislation now most in fashion. The *Hahnemannian Monthly*, a journal universally recognized as one of the ablest of homeopathy's periodicals, a journal issued in an examining board state and likely to understand the value of the examining board plan of control, has recently spoken upon the subject, its utterances being of the kind which will surely carry conviction to those members of the profession whose opinions are not irrevocably grounded in the examining board plan. Listen to what it has to say upon this subject in its issue for February 1st:

> "* * * The ostensible purposes of the establishment of these boards were to elevate the standard of medical education and to protect the public from incompetent practitioners. Now, at first sight, these two purposes seem so nearly allied that it would appear an easy matter by one and the same means to accomplish them both. A little thought will prove that this is far from being the case. We all know that practical therapeutic skill is by no means co-extensive with theoretical knowledge. The vast advances made in the completeness and thoroughness of medical science within the last decade has not been marked by a corresponding advance in the successful treatment of disease. The purely superficial doctrine of asepsis and antisepsis does not come into consideration here at all, since internal medication based upon it has, in most instances, eventually proved a delusion and a snare. To raise the standard of medical education by means of an examination would require this latter to be thorough and largely theoretical, since the practical applications of the principles of medicine, although the most important, must always form the least extensive of the branches taught. Therapeusis is the apex of a pyramid the base of which is the whole broad field of medical science. An examination to test the firmness and strength of this foundation surely cannot be condensed within the scope of five questions in each branch.
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> "To test the fitness of the graduate to practice medicine, and thus to protect the poor defenceless public from incompetent practitioners, an examination conducted on quite different lines is required. Here, too, five questions in each branch are manifestly inadequate. When, then, it is sought to accomplish the double purpose, the alleged *raison d'etre* of the boards, by submitting five questions of each subject of the curriculum the absurd futility of the attempt becomes painfully manifest. Neither the architecture nor the excellence of the "modern conveniences" of a mansion can be determined by examining specimen bricks.
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> "A comparison between the examinations which here in the states blessed (?) with examining boards alone entitle to practice medicine with those conducted in England and on the Continent must strike any one acquainted with the length and thoroughness of these latter as a splendid example of American humor. The grotesqueness of the comparison becomes resplendent when the personnel of the various boards is scrutinized, and when the true in wardness of many of the appointments and removals is known.
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> "We feel confident that ere long we will witness a reaction against the material panaceas so persistently presented and so ruthlessly rejected. This, too, is a sort of coal-tar product, which will have to be materially altered before it will be found efficacious in the evils for the correction of which it has been introduced. In spite of laudatory notices and 'unsolicited testimonials' the after-effects of this mode of treatment will soon become manifest, and sound reason and sober judgment will again assert themselves."

It is not often the MEDICAL CENTURY occupies so much of its editorial columns with quotations from another journal. But it is not easily possible to say what the *Hahnemannian Monthly* has said in this relation in better words. The examining board plan of control has been adopted in Pennsylvania. Each school has its own board. The *Hahnemannian Monthly* is the acknowledged mouthpiece of the Pennsylvania profession, and while, perhaps, it essays in this instance to speak only for itself, it surely would not voice the sentiments it has uttered were it likely the examining board were giving satisfaction to the profession of its state, for, after all, no matter how independent journalists may wish to be they are not often found setting their judgment up against that of all their fellows and doggedly persisting in proclaiming good bad and bad good. It may be safely counted that careful observers are being assured in Pennsylvania that something more far-reaching, something which goes more directly to the root of the evil of an inferior standard of medical knowledge, is required to affect the dual function of raising the standard and protecting the people from mountebanks and ignoramuses.

The convictions of this journal become more firmly grounded as time goes on that the best and surest way to elevate the standard of the medical profession is to begin at the beginning instead of ending at the finish. No student should be admitted upon our college rolls who has not a thoroughly good general education. It is not too much to insist that the possession of a college degree is requisite to such entrance. Then, the utmost care should be exercised that no one is advanced from one class to another unless fully qualified in the studies of the classes he is leaving. Each step taken should be guarded most jealously. And at the finish of his college course the graduate of today should be reviewed most thoroughly from beginning to ending of his college studies that it may be demonstrated that he not only knew each step as it was taken but that at the ending of his college career he is ready to meet all the requirements of freshman, sophomore, junior and senior alike.

This means most careful, conscientious and thorough work upon the part of the faculties of our colleges. From their dereliction and haphazardness has arisen all of this distrust, this craze for state examinations. The value of the medical diploma has been called in doubt because of the carelessness of college men in issuing it. Once an evidence of qualification, something to be proud of, it has in recent years become more an evidence of attendance upon medical lectures, only, in all too many instances. Hence the cry for power to go behind the returns.

Every move that tends to elevate the standard of the student as he enters medical college, every means that tends to qualify him more thoroughly as he goes through college, and every means that tends to prove his fitness as he comes up for his final examinations and to claim his degree are hailed with satisfaction as the essentials to a higher order of medical education. Examining boards may do something in this line, but in the very nature of things they can only confirm what has gone before them, at their best, while at their worst they not only often throw down the qualified practitioner but in numerous instances pass the incompetent man who may, perchance, stumble upon the very ground covered by them in his cram for their examination.

Faithful, persistent, intelligent college work is the *sine qua non,* and to secure this all the moral and if necessary the legal efforts of the medical profession and the State should be directed toward the colleges. This journal does not believe our college men the knaves they have been made out to be in many instances by the friends of the examining board plan of control, yet it is fully convinced that the American Institute of Homeopathy and the American Medical Association can do no better service for the professions they respectively stand than to insist upon uniform requirements for all the colleges under their supervision, uniform fees, uniform courses of study and uniform requirements for graduation. These objects attained we will be rid of much objectional timber, only a good quality of material will be able to get as far along as the final examination, and there will be absolutely no justification in the demand for the medico-political machinery of the State as a regulator and inquisitor of the medical profession.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. Lucy M. Shephard, recently associated with Dr. Sarah J. Millsop, Bowling Green, has located at Henderson, Kentucky.

Dr. C. Gurnee Fellows, now business manager of the *Clinique,* visited his former home, New Orleans, during Mardi Gras times.

Dr. S. Ruby of Riverside, California, has been elected health officer of that city and also occupies the post of major and surgeon to the Third Regiment, California Brigade, of the uniformed rank of Knights of Pythias.

Is it any wonder Hahnemann College, Chicago, has been so much of a success? During the nineteen years of the life of its Clinical Society but two meetings have failed to be held at the proper date. Such devotion as this will make any institution a success.

Dr. Herbert Bennett, an interne at Hahnemann Medical College, Chicago, died from acute sepsis last month. While conducting a post-mortem examination he pricked his finger and within forty-eight hours was dead. Cardiac paralysis was the immediate cause of his decease.

The *Clinique,* Chicago, has instituted an editorial department in which its well known editor, Dr. Ludlam, will hereafter voice his sentiments from time to time as the spirit shall move him. The *Clinique* has always been a clean and practical journal under Dr. Ludlam's management, and it may be depended upon that it will so continue so long as he is at the helm. The new department will lend additional value and interest to the journal named.

Illinoisans should not forget that the state society will meet in Ottawa on the 12th, 13th and 14th of May. Drs. Bascom and Downs are stirring things for a good meeting, and the officers of the association, Dr. J. J. Thompson, president, and Dr. Wesley A. Dunn, secretary, are also bestirring themselves and the working hosts that a profitable session shall result. The next meeting should be made a red letter one in our history. Let us all attend.

The local committee at Detroit have under consideration a series of excursions on the Great Lakes following the American Institute meeting. Among those being considered is a trip from Buffalo and Cleveland to Detroit, and subsequently from that city via Mackinac, and Sault Ste. Marie, Duluth and Chicago. In June the lakes are placid, the steamers and resorts are not crowded, and everything is at its best. If an arrangement that contemplates non-interference with the scientific work of the Institute and reasonable steamship and hotel rates can be effected it would doubtless result in the enjoyment by a large number of members of the profession from over the country of this most delightful lake voyage.

BUFFALO BUDGET.

During the late visit of the editor of the CENTURY to our city Dr. F. Park Lewis tendered him an informal reception at his residence on Franklin street, at which there were present Drs. A. R. Wright, C. S. Albertson, Geo. R. Stearns, F. D. Lewis, F. Park Lewis, Monroe Manges, Chas. Mosier, DeWitt G. Wilcox and B. J. Maycock. Drs. Lewis and Fisher were "boys together" at Pulte Medical College twenty years ago.

The Buffalo profession recognizes in the Western New York Homeopathic Medical Society a most excellent and satisfactory local association, which in good part takes the place of a city or county society. The meetings of this body are held here and at Rochester, and occasionally at other points, and to our mind are fully equal to the annual meetings of the New York State Society, while far ahead of the semi-annual meetings of that body in professional interests.

The Buffalo Homeopathic Hospital is not as pretentious an institution as our hospitals in some other cities, and because of the fact that our profession is divided in its hospital endeavors it is not enjoying an unusual degree of prosperity. It occupies a large residence building and has about thirty-five beds. The city pays five dollars per week for each city patient taken care of in the institute. Buffalo is divided into various medical districts, three of which are under charge of homeopathic commissioners or inspectors. Drs. Geo. Stearns, E. A. Fisher and Geo. Lewis have charge of this work. The hospital property is valued at about $15,000.

The Lexington Heights Hospital, under charge of Dr. DeWitt G. Wilcox and a medical and surgical staff, is enjoying a reasonable degree of prosperity at the present moment. It has been previously described in the MEDICAL CENTURY. The Lexington Heights Hospital is largely the result of Dr. Wilcox's personal efforts, though he has been warmly supported by a number of members of Buffalo's profession. He owns a majority of the stock of the institution and devotes largely of his time and attention to it. The majority of cases receiving treatment here are surgical in character.

CLEVELAND CHATTER.

Dr. DeForrest Baker has a startled look about his face, which is the worst thing that can be said of him. He is genial, thorough, a favorite with the classes of the University, and always wide awake. He tells a good after-dinner story, sometimes, they say.

Hudson D. Bishop, M. D., of Prospect street, is the indefatigable secretary of the Cleveland Homeopathic Society. Since his acceptance of the office the society has made some wonderful progress. He is not a believer in postal cards for stirring up the membership.

Dr. J. E. Rowland is one of Dr. Meredith's pupils, and took the latter's country practice. He is a faithful attendant upon the Cleveland Homeopathic Society, takes part in all its discussions, and is a promising professor of materia medica in the Cleveland University.

The Mosgrove bill still hangs in the balance. One or at most two of the local papers are giving it the marble heart; for what reason no one seems to know since the bill hurts no sure-enough doctor anywhere. It is hoped to get it out of the senate soon. [Later —It has become a law.]

Dr. W. George Meredith is another of the newer members of Cleveland's profession who cannot be left out of "Cleveland's Chatter." He began his career in the country, did well, moved into the city, and now thanks no special man or woman for his opulent practice. Surgery is rather a hobby with Dr. Meredith.

When the CENTURY wants to see a modern Antinuous—a handsome man—call up by 'phone our Dr. W. E. Wells. Pretty soon he will have to take Phyto-lean and something else besides to take that rubicundity out of his gleaming cheeks. Dr. Wells makes a good speech at medical meetings, and is a good operator along orificial lines.

Talking about bright and enthusiastic members, we can't overlook our woman doctor, Dr. Martha A. Canfield, out on Streator ave. Of course you have heard of her. She is always at the front in everything that pertains to medical progress. The Doctor ran for school board member last year and though she wasn't elected she did well in the race. Dr. Canfield is a first-rate surgeon with a good practice.

It's a pretty hard feat to get Dr. E. H. Jewitt to leave the quiet and comfort of his Cedar Avenue home to attend any kind of a meeting that isn't prefaced or followed by a banquet. He is different in that regard from the rest of us doctors—I mean in that he likes a good square meal. Dr. Jewitt has a handsome and well-lighted office in the remodelled Case building, and teaches obstetrics in the Cleveland Medical College.

One of the busy men of this city, an unassuming man too, notwithstanding his standing altitude, is Dr. G. J. Jones. The CENTURY editor well remembers his inability to get beyond the tyler at the door of entrance. The office was filled with folks waiting. He is a good talker in meeting—never reads a paper—manages always to be on popular side, and, of course, in the right. He has no use for *Chloroform* in obstetrics.

Dr. D. H. Beckwith has recanted. At the last meeting of Cleveland Homeopathic Society he said he was in favor of the Mosgrove bill. And he is making the society a bright and a cheery evening's work. You know he is its president. He won't wait for the sleepy member on the back seat to step up and talk. He calls on him. There's lots of genuine "go" in this president. He always prepares and reads a ray-sumay of homeopathic doings since the last session of the society.

Geo. H. Quay, M. D., who now shares a general reception room with Wood, Dr. J. C.—not the Dr. Wood on the other side of our raging river who wrote latterly a long screed in one of the morning papers fighting the Mosgrove bill and kindly failed to sign his initials—used to be a first-class practioner in the far east end of our city, where he still lives. He was successful, too, but has now gone into the nose and throat specialty, in which he is doing a lucrative practice.

Every now and then only the average homeopathic physician finds an old time patient who has not at some period of his existence employed Dr. L. W. Sapp. Notwithstanding his apparent age Dr. Sapp is still one of the youthful looking men, and it is certain that he takes no water when anything is going on in the city or the city society. He has a fine residence in the Eastern part of the city, with an office on Prospect street, and drives a good horse and a handsome rig.

Our Dr. H. H. Baxter is one of the most modest men in the profession of medicine you ever heard tell about. And you couldn't get him to write a paper for love or money, I verily believe. But stand him on his feet any hour of the day or night and ask him to talk, and pretty soon you will see that bald spot begin to gleam and become irridescent; then look out for the fulminations of Jove! He is the friend of good homeopathy, and he is loaded on remedies; especially, as some say, on *Lycopodium*.

One of the young men of this day and age in this city is the incomparable Miller, W. T. Is now registrar of the Cleveland Medical College and an energetic registrar, too—a hustler by all accounts of his work. Surgery is his stronghold, and he will stand up with any of the larger and presumed brighter lights in that specialty. He is also one of the best posted anatomist in the state, I believe. He is a very social party, too, by the way, and is going to join the American Institute of Homeopathy very soon.

Well, as to Biggar, H. F., of course, what can be said that is not already known? He has been a whole team unto himself for years. Not even his most inveterate enemies will fail to give him the laurel for keeping the old Homeopathic Hospital College alive during its more recent gloomy period and few will dare deprive him of the success which has attended that institution since. It's a pity he could not see his way to continue in it. There's something back of his withdrawal, and from all I can hear it isn't all against Dr. Biggar. He is too valuable a man to be shelved. Shelved? Go to! Watch him a little. A progressive man must needs be aggressive. Albeit Dr. Biggar is perhaps a little too much so.

PHILADELPHIA PELLETS.

Drs. Bissell and Collins, Rochester, were among the recent visitors to Philadelphia and Hahnemann College.

The Hahnemann Institute, the college journal, contains excellent likenesses of Dean Dudley and Registrar Mohr in its February issue.

The total actual attendance upon the college here this winter is two hundred and seventy-one, all of the sterner sex. And a bright looking class we are said to be, too.

A little book on the Practice of Medicine by Dr. Marvin B. Custis of Washington, D. C., is soon to be issued by Boericke & Tafel. It is to be a pocket volume valued at about two dollars.

Hahnemann's Chronic Diseases is nearing completion. It will be a volume of nearly 1,600 pages, and is to sell at $10 to all who are not advance subscribers. Boericke & Tafel are the publishers.

Dr. John E. James, professor of gynecology in Hahnemann College had the misfortune to rupture fibres of the tendo Achillis recently and has been temporarily off duty in consequence of his injury.

A son of Dr. Charles G. Raue is attending college this winter, developing his gynecological tendencies, especially. A son of the late Prof. Farrington is also among the matriculates of Hahnemann College at the present time.

The *Homeopathic Recorder* has entered upon its eleventh year. While it is best known as Boericke & Tafel's trade journal it has no superior as a defender of the homeopathy of the patriarchs, and has presented to the profession a great deal of acceptable homeopathic reading matter during its ten years of life. Long may the *Recorder* live to record homeopathic progress and history.

Boericke & Tafel as well as other book dealers of this city report good sales of homeopathic works this winter, the recent favorite, the Homeopathic Text-Book of Surgery, taking the lead. The new edition of Hahnemann's Chronic Diseases also promises a large sale. The steady growth in our literature would seem to indicate a healthy feeling in the profession as to the future of homeopathy.

The *Homeopathic Recorder* for February 15th reports the removal of the editor of the MEDICAL CENTURY to New York. [Mistake. The CENTURY has established a business and reportorial home in New York, and the editor will spend a portion of his time in that city, perhaps eventually removing there. But as yet his home is in Chicago. The journal is being issued from both cities and it hopes soon to have a Pacific Coast edition, also.—Editor MEDICAL CENTURY.]

A special feature of the work of Hahnemann Medical College is its daily dispensary clinics. These are attended by an average of about four hundred patients per day. As they arrive they are assigned their places in the sub-clinic to which they belong, and here the college classes in sections have opportunity to be brought in immediate contact with every kind of case. The surgical, the gynecological, the chest, the genito-urinary, the eye and the skin clinics are especially full and interesting. Hahneman College is giving clinical teaching in fact as well as in name, its dispensary clinics being fully as full and practical as any in this country or Europe.

Dr. W. B. Van Lennep has been giving the class at Hahnemann College an unusually instructive and entertaining course of lectures in surgery this session. Dr. James, who has heretofore occupied the senior chair in this department, is now professor of gynecology, in place of Dr. Betts, resigned. In both departments the sub-clinics are unusually full and instructive. The entire clinical teaching force are earnest and thorough in their endeavors to make their respective departments valuable and enjoyable, the result being that never before in the history of Hahnemann Medical College have the students been as highly favored by good clinical instruction as this year.

The new dean of Hahnemann College, Dr. Pemberton Dudley, is breaking in to his work and will soon have the college interests thoroughly analyzed and understood. It will be exceedingly difficult for any one, even Dr. Dudley, to follow successfully in the footsteps of Dr. Thomas, but the new dean bears his new honor gracefully, is making a study of the needs of the office, is being heartily supported by the faculty and friends of the college, and will doubtless make a most useful officer. He is being ably supported by the new registrar, Dr. Mohr, who is exceedingly methodical and thorough in detail work, and who will doubtless make a satisfactory successor to Dr. John E. James.

The Hahnemann Club of Philadelphia is considering a number of important questions in relation to homeopathic policies, a course which might be followed with profit by many of our medical societies. The last one of the subjects taken up was "Present Dangers to Homeopathy." We have not seen the report of the meeting but can easily imagine that it it was the concensus of opinion that the greatest danger to homeopathy at the present time lies in our own indifference to our therapeutic law. Our half-heartedness in this relation is severely censurable. If there be the least good reason for the existence of the homeopathic profession as a separate and distinct organization it lies in the truth of *similia similibus curantur*. Just how careless the most of us are in our application of remedies according to the law at the present moment it is doubtless difficult to say. If the 14,000 homeopathic physicians throughout the United States attempted anything like a strict adherence to their tenet in their daily work homeopathy would be progressing much more rapidly and substantially than now.

At a recent meeting of the board of directors of the Children's Homeopathic Hospital, Philadelphia, Dr. Bushrod W. James was chosen president, Mr. Samuel R. Marshall, vice-president, Mr. Edward H. Binns, treasurer, and Mr. N. B. Kelly, secretary. The medical board is as follows: President, Dr. Joseph M. Reeves; vice-president, Dr. Edward R. Snader; secretary, Dr. L. W. Thompson; also Drs. Jacob Frishmuth, Bushrod W. James, George W. Gardiner and Silas Griffith; consultants, Drs. Thomas C. Williams, M. M. Walker, B. Frank Betts, Aug. Korndoerfer and Joseph Berens; surgeon, Dr. Landreth W. Thompson; consulting surgeons, Drs. John E. James and Charles M. Thomas; pathologist, Dr. Frederic W. Messerve; anesthetists, Drs. James C. Stirk and Charles Becker; resident physicians, H. A. Newbold, chief, and W. C. Hunsicker.

In the out-patient department the following physicians have been appointed in charge of the various clinics: Diseases of the eye, Bushrod W. James and Lewis C. Wessels; assistants, C. E. Segtmeier and Perry Hall Dudley; children's diseases, Joseph M. Reeves and Charles Becker; diseases of women, J. N. Mitchell and J. M. Caley; diseases of the heart and lungs, Edw. R. Snader and J. A. Fischer; diseases of the skin, N. F. Lane; surgery, L. W. Thompson, John McE. Ward and J. C. Miller; diseases of the ear, nose and throat, I. G. Shallcross, J. Q. Griffith and W. H. Lyle; dentist, William M. Ziesel, D. D. S.

BOSTON BUDGET.

Dr. J. W. Hayward has finished his course of lectures on fractures and dislocations at the Medical School.

Dr. Amelia Burroughs, formerly of Omaha, Neb., has removed to Boston and opened an office at 480 Boylston street.

Mrs. J. P. Sutherland lectured recently before the Gregory—the woman's society at the Medical School. Her subject was "Women in Journalism."

Dr. W. H. W. Hinds, Jr., who has settled with his father in Milford, New Hampshire, has recently opened an office in the adjoining town of Wilton.

Mr. L. W. Chapman and Miss L. A. James enter upon their duties as internes at the dispensary, March 1. They take the place of Mr. H. S. Corey and Miss C. E. McGovern, of the senior class.

Dr. H. E. Spalding of "The Cluny," Boston, is on a flying trip to California as medical attendant and companion to one of his wealthy patrons. During his absence Dr. W. B. French and Dr. N. W. Emerson are looking after his practice.

Dr. Levi T. Hayward has removed from 586 Tremont street to 469 Columbus avenue, Boston, where he will give special attention to genito-urinary diseases and rheumatism, along which lines he did considerable work when settled in the West a few years ago.

The work of organization for the Hahnemann Festival has gone vigorously on and committees are getting under headway toward perfecting their various departments and making the affair the success which attends everything in which Dean Talbot has a hand.

The following removals have recently been noted: Dr. B. A. Sawtelle from Endfield to Holliston, Massachusetts, Dr. B. S. Stephenson from Littleton Common to 49 Kirk street, Lowell; Dr. George A. Slocumb of 804 Main street, Worcester, has opened a branch office in Millsbury, Massachusetts.

Dr. Sarah S. Windsor is enjoying a short vacation. She gave the final examination in her course on children's diseases at the Medical School on Wednesday, February 12, but as the work of the year was not fully completed she will give a few additional lectures on her return.

Dr. William G. C. Clark finishes his term of service as interne at the Massachusetts Homeopathic Hospital on April 1, and applicants for that position during the next year met the medical board on March 4 at noon at the hospital. The position was open to any male graduate of the school or member of the senior class.

Dr. N. W. Emerson, Boston, presented to the Massachusetts Homeopathic Hospital an unusually interesting clinic on the morning of February 13, consisting of a number of cases requiring plaster dressings, a case of malignant disease of the cervix, for which vaginal hysterectomy was resorted to, an abdominal exploration in the case presenting an unusually interesting history, two cases of inguinal hernia, a case of extirpation of the breast, three lesser gynecological cases, and a case of hip-joint disease examined under chloroform. Altogether they found a most interesting clinic, particularly because of the variety of subjects presented.

The trustees of the Cullis Home for Consumptives have petitioned the board of aldermen of Boston for permission to erect a new building at the present site of the hospital at Grove Hall, Dorchester district. The petition has met with most vigorous opposition by residents and property holders in that vicinity on the ground that the presence of this hospital with its unfortunate inmates is extremely prejudicial to the general health of the community, and tends to depreciate the value of property thereabouts. Many of the opposers evidently wish the hospital done away with entirely or removed to a desert, and consider it better to have phthisical patients at large throughout the city and its homes than to have them congregated in one place, and there known as such.

During the past year the question of vivisection has been brought before the public with considerable persistence in the daily press of this city. The subject has been argued pro and con with more or less intelligence in communications and editorials. Every little while an interview with a professor in some one of the medical schools, and even with some of the students, would be published and it was sure to be followed by an interview with some prominent anti-vivisectionist or letters from kind-hearted individuals whose lack of knowledge of the scientific value and bearing of experiments on living animals is a thing to be marveled at. In these articles Boston University and Harvard Medical Schools have been the most frequently and severely scored. All this has evidently been a carefully conducted campaign against vivisection and it has had as a natural result the presentation before the legislature of the following bill: "Sec. 1. Any agent or agents of the Massachusetts Society for the Prevention of Cruelty to animals may be present at an experiment on or dissection of any live animal in any school or educational institution in this commonwealth and shall be permitted to witness the same; and the time and place of any such experiment shall, upon request of any such agent, be made known to him by the person having charge of such experiment or dissection." Sec. 2 deals with the punishment for violation of this law at a fine not less than twenty nor more than one hundred dollars. Mr. J. A. Bailey, Jr., representing the Massachusetts Society for the Prevention of Cruelty to Animals presented the above bill February 27. Among the interested parties at the hearing were Pres. Eliot of Harvard, Pres. Capen of Tufts, Dr. Bowditch of Harvard Medical School, Prof. I. T. Talbot and Prof. J. A. Rockwell of Boston University Medical School, and Mr. G. T. Angell, president of the society referred to, who on being questioned, said that the present bill was not to prevent vivisection entirely but merely to insure that it be restrained within the limits of the present law. Mr. Angell confessed that he was unable to decide whether vivisection was necessary and justified or not. Mr. P. G. Peabody, president of the Anti-vivisection Society, asked for the same privilege as the Massachusetts Society for the Prevention of Cruelty to Animals. During the week a long letter was published, in some of the leading journals, in which the scientific bearing and necessity of vivisection in connection with medicine is fully and clearly set forth. The article is signed by leading physicians of the county, among the names being those of Drs. S. Weir Mitchell, William Pepper and J. C. Warren.

The coming "Centennial Festival" of the New England Hahnemann Association is the all absorbing item of interest among the homoepaths of Boston and vicinity. The interest is not confined to the physicians but the many offers of aid and plans from their clientele promise to make the affair a great success. An enthusiastic meeting of organization was held at the Medical School Friday, February 14, which Col. Henry Russell, president of the association, opened with an address in which he reviewed the progress and encouraging signs which have occurred during the past twenty-five years. Hon. E. W. Burdett was the next speaker and after a few remarks on the worthiness of the cause and the need of a higher, more scientific education of physicians introduced a resolution making the dates of the festival from April 6 to 11 at the Boston University Medical School, the purpose of the festival being to raise money for a permanent endowment for this school. The resolution was adopted.

The basis of this festival is to be a fair or bazaar, with fancy tables, flowers and confectionery. But that is not all. It is intended to have different attractions in different rooms of the school building. Although no complete or definite list of attractions has been arranged, the following have been proposed: A food exhibit, which will appeal to a large class of the public who are interested in electric cooking, food adulterations, sterilization and care of milk, etc. One of the leading *fin-de-siecle* fads is physical training, exercise and athletic sports, so this interest will be catered to by demonstrations of Swedish, German, American and other systems of training, by mechanical massage, by muscular and sense tests and other kindred subjects. Cultured and scientific Boston is intensely interested, at present, in the Röntgen shadowgraphs and the possibilities of those weird cathode rays. So fortunately, through the interest of Dr. Gray, plans are on foot for some experiments and exhibitions of the workings of these rays under the charge of Prof. Clapp of the Massachusetts Institute of Technology. If these can be completed it promises to be one of the most interesting features of the festival. Other attractions may be concerts by college glee clubs or mandolin and guitar clubs, living pictures, artistic and humorous, microscopic displays, palmistry, photographs, and dancing for the final evening. During the meetings Dr. Sutherland reported that some friends interested in the dramatic life of the city had offered to give an entertainment for the benefit of the school; several other doctors also gave encouraging reports of offers of aid from their outside friends.

Thus the festival was organized and encouragement and interest enough manifested to warrant the undertaking, so the Executive Committee, consisting of Dr. J. H. Payne, Dr. George B. Rice, Dr. Winthrop T. Talbot and Dr. William F. Wesselhœft, were instructed to go ahead and complete the definite arrangements.

At the suggestion of Mrs. I. T. Talbot a meeting of all ladies interested in the affair was appointed to be held at the Hotel Vendome, Monday, February 17. At this meeting Mrs. H. C. Clapp presided, and active work on the bazaar section of the festival was put under way. Committees from suburban towns were appointed to take charge of the tables while six fancy tables were pledged on the spot—from Natick, East Boston, Brookline, Massachusetts Hospital, Newton and Dorchester. It is expected that many other suburban towns will fall into line within a few days.

WASHINGTON WHISPERINGS.

Dr. Mary A. Brosius has removed her office to 1101 K street, Northwest.

Dr. Ralph Jenkins has opened an Orthopedic Dispensary near Fourteenth and F. streets, Northwest.

Dr. T. L. Macdonald's new offices, No. 1402 Massachusetts avenue, are accounted among the finest and most desirably located in the city.

Dr. Julia Cleves Harrison has been elected surgeon-general of the Daughters of the Revolution, a society which is unusually strong in Washington at this time.

Dr. W. R. King, he of the eye and ear, has been confined to his room for a week or more by rheumatism. He is now convalescing, and feels better, physically and otherwise.

Dr. L. B. Swormstedt was elected clinical assistant to Surgeon Macdonald at the annual meeting of the medical and surgical staff of the National Homeopathic Hospital on the 21st ultimo.

Dr. F. A. Gardner, 1016 Fourteenth street, is so overwhelmed with practice that he has been compelled to decline to take new patrons upon his lists. Happy man; overworked physician.

Dr. Richard Kingsman has recently completed a commodious residence, especially adapted to the necessities of his practice, at No. 709 East Capitol street. It is in every respect a perfect doctor's house.

Dr. Fisher, of the MEDICAL CENTURY, dropped in upon us one day last month but was off on the next train for Chicago. He arranged for a regular correspondence from Dr. Kingsman while here, so the CENTURY may expect to hear from the national capital from time to time.

Dr. H. Reed Hawley's private sanitarium, Nos. 2520 and 2522 Thirteenth street, Northwest, is designed for the use of the profession who may have patients who do not care to go to public hospitals and who are not situated pleasantly if ill. Medical and surgical cases are alike received, as also confirmed invalids. Contagious cases only are denied admittance.

"All is quiet along the Potomac tonight," medically speaking, and per consequence medical items are scarce. Our professional force is dwelling together in peace and unity. There is not a great deal of sickness in Washington at the present moment, only enough to keep us all fairly busy, and we doctors are waiting for a season of greater activity with our usual patience and good grace.

As chairman of the legislative committee of the Washington Homeopathic Medical Society, Dr. J. B. Gregg Custis is greatly rejoiced at the passage of his favorite measure by Congress. Dr. Custis is now putting forth efforts toward the securement of the site for the Hahnemann monument, a work in which he is especially interested and to which he is devoting largely of his few spare moments.

The sundown college styling itself the Washington Homeopathic Medical College has applied to Congress for a charter, which would seem to imply that its present constitution is not over sound. There is not a member of the Washington Homeopathic Medical Society connected with this institution. It is known among the profession here as a bastard, a child they refuse absolutely to own or acknowledge. All its instruction is delivered after nightfall.

The National Homeopathic Hospital had the most successful year in its history last year. Hon. John Dalzell, "Private Dalzell" if you will, is president of the board of trustees and takes a lively interest in the hospital's welfare. The medical and surgical staff embraces a number of Washington's best known physicians, all of whom labor faithfully for the good of the hospital. Peace, harmony and brotherly love, the three necessary graces in hospital life, prevail to a most satisfactory degree.

The house of representatives has just passed the bill proposing the regulation of the practice of medicine in the District of Columbia, which was presented to it for consideration and enactment by the joint committee of the Washington Medical Association and the Washington Homeopathic Medical Society. Strenuous objections to the passage of the measure were offered by a number of congressmen, but its friends had been well drilled in the wishes of the medical profession of the district and the bill passed in spite of determined opposition. It provides for the appointment of an examining board by each of the societies interested, who will submit questions to a board of counsellors, who, in turn, will select a given number to be sent back to the examining boards, who will, in turn, submit them to the applicant applying for a license to practice. If he has succeeded in passing the examination with credit he will be granted permission to pursue his vocation. If he should publicly advertise his calling his license will be revoked and he will be punishable by fine.

NEW YORK NEWS-NOTES.

The New York Orthopedic hospital is to be greatly enlarged.

Dr. George G. Shelton has just taken a three weeks trip to the South.

Dr. Wm. F. Honan has just recovered from an illness that confined him for several weeks.

The *Chironian* for February published a very clear half-tone of Pittsburgh's Homeopathic Hospital, one of the finest in the country.

The New York Red Cross Hospital has been incorporated. It is the first and only hospital in the United States that performs red cross work.

Dr. Wm. Tod Helmuth delivered his annual "Sunday Lecture" before the students of the New York Homeopathic College and their friends on Sunday, March 8.

A sale of the library, instruments, drugs, etc., of the late Wm. S. Miner, M. D., was conducted on February 25th by Saunders' Medical Exchange at the doctor's late residence.

Dr. W. W. Christian, until recently resident physician of Hahnemann Hospital, is now acting in the same capacity in the private surgical hospital conducted by Dr. Homer I. Ostrom, at 127 West Forty-seventh street.

Dr. George Parker Holden, late of the house staff of the Flower Surgical Hospital, will hold office hours at 114 West Forty-fourth street, from 3 to 4:30 P. M. Anesthesia and general surgery will receive his special attention.

Dr. Wilfred G. Fralick, of 745 Madison ave., announces that he will hereafter confine his practice exclusively to gynecology and abdominal surgery, and will positively decline to assume charge of cases involving only medical treatment.

Dr. Bukk G. Carlton has widely circulated his paper entitled "A Study of Some Drugs in So-called Derangement of Sexual Functions." Special and general indications for twenty-seven drugs are given in convenient form for reference.

The Alumni Association of the New York Homeopathic Medical College will hold its annual dinner at Delmonico's on the evening of commencement day, April 30. Dr. Porter, of the *North American Journal of Homeopathy*, will act as toast-master.

An attempt to involve Dr. Anna C. R. Stevens in a case of criminal mal-practice was promptly squelched last month. The coroner refused to believe the charge, and the proceedings necessary to entirely exonerate Dr. Stevens caused only a temporary annoyance.

Several medical clinical lectures recently established at the New York Homeopathic Medical College have served to balance the already large facilities for practical teaching in a surgical direction. Surgical clinics are more showy, but medical clinics are of more immediate benefit to a student.

Plans are being actively discussed for the celebration of the Hahnemann centennial by the profession of the city. The occasion is appropriate for an enthusiastic tribute to the founder of our school, such as will attract wide attention to our claims and achievements. All homeopaths will heartily unite in such a celebration.

The Rockland Sanitarium, at Congers, Rockland Lake, N. Y., is to be hereafter devoted entirely to maternity cases. Pierre Laroche, M. D., the proprietor, a graduate of the Hahnemann Medical College of Chicago, class of '89, offers a premium to physicians sending him cases. Two cases entitles the sender to a week's free board at the institution.

The fifth floor of the Metropolitan Life Insurance building, corner 23d st. and Madison avenue, is being fitted up for physicians' offices. This is a new venture for New York but an old one in Western cities. Arrangements are to be made whereby a physician will be communicated with after leaving his office by the person in charge. It should be a popular movement, as the location of the building is most central.

The dental students of the city are in a quandary. The city authorities refuse to supply dissecting material except to candidates for the degree of M. D. On the other hand, their national organization requires a dissecting course in every dental college. The medical colleges cannot assist, for material will not be furnished them if it is to be used by dental students. Legislative interference is to be invoked in their behalf.

The appellate division of the supreme court has decided that one who unlawfully dissects a dead man is liable to the widow of the decedent for damages resulting from his unlawful act. The ruling was in an action for the performance of an autopsy without authority. Justice Patterson maintained that the right of burial is to the possession of the corpse in the same condition it was when death supervened, and not to such a hacked, hewed, and mutilated corpse as some stranger may choose to turn over to an afflicted relative. The invasion or violation of this right furnishes ground for a civil action for damages.

The *Chironian* for February contains a notice of the New Homeopathic Text-Book of Surgery in connection with the presentation to the college library by the Alpha Sigma fraternity of that institution and compliments the work as follows: "The Surgery will not alone be an ornament in our library but a most valuable book to be used by our students; and we know it will be an incentive them to be persistent in their studies and lead them to admire the grand work done by the noble surgeons of the homeopathic school. It stands as a monument to their untiring efforts to remove the apparent reproach placed upon our school by those not charitably inclined to the great law of *similia similibus curantur*. We appreciate the interest manifested by the Alpha Sigma fraternity in their generous and useful gift, and beg them to accept our hearty and sincere thanks for the same, and assure them that such gifts are not easily forgotten." Dr. Helmuth paid the work a high compliment during a clinical lecture recently and told the students he should examine them from the volume and that, therefore, those who did not already have it should arrange to possess themselves of it forthwith.

A bill is before the legislature of the State of New York proposing to abolish the office of coroner. It was prepared by the Medico-Legal Society and received the hearty endorsement of the New York State Medical Association and of the New York State Homeopathic Medical Society. It provides for the appointment by the appellate department of the supreme court of medical examiners and assistant medical examiners, four in each class, two of whom shall be an expert pathologist and an expert chemist. the salaries of the principles are not to exceed $5,000, which is to be paid by the State, while the internes in the different appellate divisions are to pay the assistant examiners. This medical corps is to have all the powers and privileges at present granted unto coroners. Whether this measure shall secure unto the people the relief that is needed in this relation is yet to be seen; but it has been demonstrated times without number that the present coroner's method in large cities, especially where laymen hold the office, is almost a disgrace to our civilization.

The Board of Regents and their State examination, neither over popular with the student body, have achieved a triumph over the trustees of the New York Medical College for Women, and the students are bewailing the result. It happened in this wise: The regents informed the trustees that in time they would obtain control of all educational institutions in the State, and issue their own charter. Accepting this statement, the trustful officers of the college surrendered their old charter and received one from the regents. Too late the trustees discovered that they had relinquished the privilege of giving the degree of Doctor of Medicine except to such students as should pass the state examination. The result, deplored by the students, is that all candidates for a degree, regardless of the location of their future work, must successfully take the examination for a New York State License. This requirement would be perfectly acceptable were there a uniform standard for all states, and were the New York examination that standard. But it is considered a hardship by the students who will go to states demanding no examination, and particularly so by such as hope to practice in states in which an examination of its own is insisted upon and that of the New York board of regents is ignored.

Judge Andrews, of the supreme court, is wrestling with the question of submitting applicants for the position of consulting physicians and surgeons for the different hospitals of New York to competitive examination. The court was asked to compel the commissioners by mandamus to notify the civil service board when vacancies exist in the positions of consulting physicians and surgoons and to appoint such persons as may pass the best examination, and also to require the commissioners to make no personal or political preferences as regards appointments of physicians to these places and to refrain from making any selection whatever except from the entire body of physicians of the city. It would seem that the commissioners of public charities have authorized the College of Physicians and Surgeons, the University Medical College, the Bellevue Hospital Medical College and the Fourth Division of Bellevue Hospital to nominate one-fourth each of the number of consulting physicians and surgeons required for the hospitals under their care. Mr. Hornblower, who was recently rejected by the United States Senate for appointment to the supreme court, appeared for the plaintiffs and made strong argument against personal and political favoritism in this relation. It seems to be a case of the outs against the ins, with the burden of the argument in favor of the profession at large, it being held that all have equal rights and should have equal opportunity to serve upon the hospital staffs of the various public hospitals.

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Neurology.

A CLINICAL STUDY IN NEUROLOGY.

BY N. B. DELAMATER, M. D., CHICAGO.

Functional Chorea.—Hattie R——, fourteen years of age, American, presented to my clinic April 26, 1878. The family history revealed no cause for heredity on either side. During babyhood strong and robust. In young girlhood the ordinary children's diseases, none of them severe, and made good and rapid recovery from all of them with no sequelæ. Has been always rather slight and of a delicate mould but not sickly. There had never been an injury of any kind. School life commenced at six years of age, has been in school constantly since, except about three months last year. Is rather a close student, likes to read—rather solid reading too. I can find no history of worry or mental shock.

About a year ago, without apparent immediate cause, the patient had an attack of general chorea of medium degree, lasting about two months. She was taken from school and given a large amount of outdoor exercise and made a complete recovery so far as the chorea is concerned, but has been more nervous in a general way ever since and has had headache nearly all the time. It is a dull, heavy, frontal ache, accompanied by a good deal of vertigo. She never has the vertigo when sitting perfectly quiet nor when lying down. She wakens in the morning with the headache and it seems to grow gradually better during the day, but it does not entirely leave at any time. No faintness or numbness occurs at any time. About two weeks ago she began to show slight tendency to irregular, uncertain use of right arm and leg, and in a few days some choreic jerking and twitching of right arm and leg. This has not yet become at all severe, but, in conjunction with the headache, is causing the family considerable worry. She has not yet menstruated but has been developing in the breasts, breadth of hips and calf muscles for the last two years.

Physical examination shows no refraction or muscular trouble of the eyes, and there are no abnormal appearances of disc or fundus. The nose and throat are normal. The lungs and heart are perfectly normal. There are no evidences of any trouble in the pelvic cavity. The clitoris is perfectly free. The bowels have always been regular and the rectum is in perfect shape. She is very well nourished generally.

Treatment.—This was diagnosticated as a functional chorea, dependent on delayed puberty. *Pulsatilla* 30th, three doses per day, was prescribed with prompt relief of the choreic symptoms and amelioration of the headaches.

On May 18th I gave the 200th, which was continued till August 16th. After June first there were no headaches and no signs of chorea. The menstrual flow appeared first July 20th, again August 18th, was perfectly normal in all respects, and the medication was discontinued at that time.

Resume.—The special points of interest in this case are the entire absence of any sources of reflex irritation, the well-nourished condition of the patient, and the fact that all the symptoms disappeared before the menstrual flow was established.

In my experience I have rarely found chorea that I could justly ascribe to this source simply. There is almost universally some eye, heart, genital, or rectal source of reflex irritation, or there is decided malnutrition. The reader will observe that while I mention the patient's being kept out of school on account of the chorea a year previous, I have said nothing about school at this time. I did not take her out of school, nor suggest any change in habits or mode of life whatever, and none were made by her family. The reason for not suggesting any collateral treatment and depending on my remedy absolutely was that I found no indication for collateral means. There was nothing to indicate, for instance, that the use of the eyes or study was in any way aggravating the case, for although in school all day and doing quite a little reading out of school hours the headache, her most persistent symptom, grew gradually better during the day. There was no occasion for nutrient means as she was already well nourished, had a good appetite, perfect digestion and perfectly regular movements of the bowels.

I only suggest collaterals as they seem to me to be indicated, and I always prescribe them when they do seem indicated.

The remedy was continued, but the potency changed from the 30th to the 200th, after the patient had shown decided improvement. Just why I changed the potency I do not know, probably upon a mere whim. The remedy was continued long after all symptoms had disappeared, because what I believed to be the fundamental disturbing element still existed, and, in my judgment, had the remedy been discontinued there would have been a return of the symptoms. I continued it till a prompt, regular return of the second menstrual flow, feeling that the remedy would produce just that result, and that by establishing perfectly regular and normal menstruation I would have a patient not only cured of the specific thing for which she consulted me but of a tendency to functional nerve disturbance.

31 Washington Street.

Nicotine Soap, containing 0.7 to 0.9 per cent. of nicotine, is recommended as specific in scabies. It is used in the General Hospital in Bremen against all parasitic diseases.

Practice of Medicine.

THE ESSENTIAL PRINCIPLES OF MEDICAL SCIENCE.

BY J. D. BUCK, M. D., CINCINNATI.

THIRD PAPER.

Some principle or potency is at work in the human species to preserve the human form. The human form begins to evolve from the "mulberry mass," and in the process of gestation every tissue and organ is at last complete and relatively in due proportion to each other and to the whole. This symmetry is also preserved throughout life and has been transmitted generation after generation for almost countless millenniums.

Too little account has been taken of this principle of form, though Weissmann had a conception of it when he postulated his theory of "the eternal cell." Had his theory been more metaphysical he would doubtless have come still nearer the truth. In the modern theory of evolution modifying influences, like natural selection and sex selection and the survival of the fittest through the struggle for existence, have been given great weight, enough, in fact, to long ago have modified man out of existence had there been no counterpoise counteracting all such modifying influences, preserving and perfecting the human form in spite of all such tendencies. Investigation into the physical structure and functions of the body of man has shown that its very existence is a moving panorama and that change and continual transformation are the mode of its existence. The cells and tissues are constantly undergoing change, and yet with all nutritive and formative processes the incoming elements replace the old. Back of all these changes lies the "formative principle," the "Unmoved Mover," yet the pattern of all. It can be neither cellular nor molecular, though definitely related to both. It must, therefore, be atomic and invisible, yet all potent. We are driven to this inference by logical necessity and are justified by analogy. The modulus undeniably exists; its influence is persistent and immutable and manifests as both substance and energy, for these are inseparable. Let us call it the Form-Body.

Writers on physiology have differed as to the real law of waste and repair incident to the exercise of function. It has generally been supposed that for every equivalent of muscular energy, for example, there was a commensurate disintegration of muscular tissue, and so likewise with nerve substance. It is unreasonable to suppose, however, that nature would be so prodigal here and so generally conservative in the adaptation of means to ends, that complex tissues would be built up at so great outlay of time and energy to be dissipated at every mental or muscular impulse, and abstinence from food, no less than diseases of nutrition, proves conclusively that such is not the case. The fat disappears, but the tissues remain.

Moreover, experiment has proved that the problem of diet can be reduced to near the zero point without necessarily affecting mental operations. Indeed, within broad limits mental acuteness and clearness may be then increased, thus disproving the theory as to nerve and brain tissue-waste. Later investigations have suggested that the tissue-cell is a complex mechanism for the evolution and liberation of certain different forms of energy, and that the energy thus dissipated is derived from the food.

While, therefore, there is considerable wear and tear of tissue incident to functional activity, it is by no means commensurate with the force liberated. The form of matter resulting from digestion and metabolism is colloidal and molecular, and this is the plane from which energy is liberated and tissues built. The living cells may be said to lead a somewhat transient existence, to feed upon colloids and to liberate energy, thus epitomizing the organism as a whole. Back of all this is the atomic form-body, undergoing but little change in physical structure from birth to death. In it are the centers of action as the immediate agents of the ego, while the organs of action are the recognized tissues of the physical body. This form-body is not properly the "soul," or the "spirit," though related to both. It is the conservator of the human form. It is the vehicle of thought, will, and desire, and the physical body is its vehicle. It may thus be seen that Weissman's theory of the "eternal cell" is not so far wrong as some seem to imagine. Those, however, who expect to demonstrate its existence under the microscope or the scalpel will be forever disappointed. Man has far more delicate instruments than these; viz, reason and analogy.

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All of the special senses in man are differentiations of the one sense—consciousness. It will now be desirable to show the derivation and relations of the ego and consciousness. The real nature of these in the last analysis will forever escape us, for their roots are veiled in the forever unknowable. We may, however, learn a great deal as to their relations and manifestations. There was doubtless a time when that which we now call man was ethereal and invisible. Man existed potentially in the "fire mist" and the "nebulous mass," and has evolved to his present state of apparent solidity *pari passu* with the earth he inhabits. Our metaphysical analysis need not, however, go beyond the constitution of man as we now find him, and as both modern science and ancient philosophy declare him to have been for many millions of years. The ego, or thinker, is a metaphysical conception, justified by experience and the phenomena of sentiment and intellectual life. As evolution proceeds the seed becomes the plant; and the bud, the blossom and the fruit appear in succession. The potency manifest at each stage or plane of unfolding was latent in the seed. So in a general sense with man. At every plane or stage of his unfolding he manifests new powers and exercises new functions and comes into a new inheritance or environment. Man's nature is both complex and composite, and at the human stage the body evolved from lower nature conjoins with an entity from a higher realm. When the vehicle is ready the tenant appears. We might as well expect the eagle to burrow in the ground like a mole as for the thinker to inhabit the body unsuited to its powers. The three-fold evolution in man, the physical, the mental, and the spiritual, which is now conjoined and co-incident, has not always been so. Body, soul and spirit are separable—are separated at death as they are conjoined at birth. The thinker or ego is the "eternal pilgrim," dwelling in many bodies to gain experience. I am conscious; I think; and I am; *i. e.*, the ego. The ego is a spark of divinity, endowed with or attaining to self-consciousness, progressing through the planes of matter in order to gain experience on every plane. The ancients speak of "the center which is everywhere and the circumference that is nowhere." This is a symbol of evolution. The mathematical point (position without extension) is only an idea. It evolves into a reality. Ideas not only move the world, but the world is idea embodied. By emanation from the great unknown the point becomes a center of evolution at which there wells up the potency latent and concealed—a center of action, substance, energy and motion, combining in the embodiment. A vortex is created, expanding into space, until at last the circumference is defined and the mathematical point has become an atom, a monad, or a man. Segregation takes place only on the lower planes of matter. Then comes the long ascent. The monad climbs up from the mineral to the plant, from plant to animal, and from animal to man. The highest quality is last to evolve and can only appear when a vehicle is ready for it, having established equilibrium on all lower planes. This basic function, this highest quality is consciousness. Substance, energy and life are its three-fold vehicle, and these three are one and inseparable. Consciousness is latent in all matter, and is slowly evolving toward the human plane. The whole of nature is embodied consciousness. In man consciousness reaches a higher plane. The cycle is complete, and consciousness folds upon itself, the center becomes self-conscious, and the human organism becomes the vehicle of the thinker, the self-conscious ego.

* * *

Crude and fragmentary as is the foregoing outline it may serve as a basis of the idea of the evolution of a self-conscious center in man, consistent with all we know of physical evolution. The progress of physical science depends upon the evidence of the senses and correct reasoning. Progress in metaphysical science is but an extension of the former aided by analogy. Let us say, then, that we have the physical body, the form-body, and the ego. Now what is mind?

* * *

The range of man's consciousness is practically unlimited. It embraces the self and the non-self, and as an ultimatum it will discover that these are the same—as self-consciousness must again return or expand into universal consciousness. Everything in nature is the approximate embodiment of an idea, the full realization of which as an ultimatum of evolution will be a divine ideal, or perfect form realized. The ego, or real man, that is evolving in matter has as a phase of its divine inheritance capacity to apprehend these ideals, *i. e.*, to interpret nature. This partial or incomplete apprehension of ideals by man is the power of imagination, the creative attribute of consciousness. This power is modified by experience, hence, imagination plus experience, which involves sensation, feeling, reason, etc., gives rise to knowledge. Opinion is imagination with reasoning (false or true) without adequate experience and is, therefore, more often a synonym for ignorance than knowledge.

The field on which all these changes occur is consciousness. Mind is, therefore, generically the changes in our states of consciousness. Reason is the process by which the ego apprehends and deduces an orderly sequence in these changes in our states of consciousness, or adjusts, according to experience, the imagination with events, facts, phenomena, and principles. The organ of the mind is directly the human brain and indirectly the entire nervous structure of man and still more indirectly the whole physical body. Mind itself, while thus related through the previous mechanism to the physical structure and its material environments, transcends all these and enters the world of ideas. It is, therefore, metaphysical. It passes beyond the physical plane but not beyond the bounds of substance; for it must be remembered that the grossest matter is a precipitate of the most subtle substance. There is, by analogy, a thought-substance, ethereal, refined and sensitive, and this is thrown into definite vibrations and form by the process of thought. All forms in nature, no less than all colors and sounds, are determined by definite vibrations of substance.

Materia Medica.

MATERIA MEDICA DEPARTMENT.

Conducted by W. A. Dewey, M. D., New York.

PLUMBUM METALLICUM—ITS NERVOUS SPHERE.

Mind and Emotions.—We find *Plumbum* useful in a number of mental conditions; it has deliriuim—wild delirium—in which the countenance is distorted and in which there is considerable fear; thus, "fear of being assassinated" is prominent. There is, also, a quiet and melancholic mood.

Melancholia: It will be found useful in melancholia and paretic dementia; melancholia with great anxiety and restlessness—melancholia agitata—will sometimes find its remedy in *Plumbum.* The patient dislikes to talk or work; there are stupidity, slow perception, loss of memory and the symptom that the patient is unable to find the proper word when talking. Amnesia is present. The countenance is pale and cachectic. The remedy also has numerous hallucinations and delusions. Constipation, so characteristic of *Plumbum,* is usually present in melancholia. Maniacal outbursts are sometimes produced by this remedy, with cries and convulsions, insomnia.

Paretic Dementia may call for *Plumbum.* Folsom, in his article on Paretic Dementia in Pepper's System of Medicine, says that "Lead has been known to attack the central nervous system in such a way as to produce an intellectual apathy and muscular weakness, somewhat resembling the early stages of the demented forms of general paralysis but without its ataxic symptoms and its regular progress."

Nervous Phenomena.—*Plumbum* has caused Epilepsy and may be used in this disease when the attack is preceded by a heaviness of the legs and followed by paralysis. In epileptic seizures from sclerosis or tumors of the brain it is especially indicated; consciousness returning very slowly after an attack is another indication. Stupor and debility remain and the face is of an earthy color. It is a remedy more often indicated in the chronic forms.

Sclerosis, cerebral or spinal, will also suggest this remedy. It produces a degeneration of the spinal cord, and of the brain itself, which greatly simulates sclerosis, both pathologically and symptomatologically. It will often suggest itself in multiple or disseminated sclerosis, and here the symptoms that indicate it are tremor followed by paralysis; paralysis of the lower extremities from sclerosis. It also has some eye troubles such as contracted pupils, amaurosis and optic nerve troubles. Dilated pupils also occur.

Posterior spinal sclerosis, or Locomotor Ataxia, may call for *Plumbum.* It has fulgurating pains in the thighs especially, which are worse in the evening and at night, and which are so violent as to make the patient cry out. They are temporarily relieved by pressure.

Loss of sexual power is also found under this remedy. Dr. J. E. Lilienthal suggested the use of phosphate of lead, *Plumbum phosphoricum*, in this disease and reported favorable results from its use.

Progressive Muscular Atrophy finds in *Plumbum* its principal remedy. That the remedy produces true organic changes is evidenced by the fact that it causes muscular atrophy. We sometimes find pains and fibrillary contractions in the atrophied parts. It may be given in any stage of the disease where the general symptoms of the remedy are present.

Poliomyelitis, or acute infantile paralysis, in its later stages presents many symptoms which are to be found under *Plumbum*, and it should not be overlooked here.

Paralysis.—Almost the first symptom that is grandly characteristic of the remedy is the "wrist drop," or paralysis of the extensor muscles of the wrist. In fact, throughout the body *Plumbum* causes a weakening of the extensor rather than the flexor muscles. The paralysis of *Plumbum* tends to extend and the parts atrophy; this is characteristic. It is also useful in paralysis due to sclerosis or fatty degeneration. Paralysis with contracture may also call for it. Bayes remarks that he has "seen no results from *Plumbum* in paralysis of the lower extremities." It perhaps does produce more a weakening of the upper extremities than of the lower.

Hyperesthesia is often a symptom, followed by anesthesia and paralysis.

There is with *Plumbum* more or less of weakening of the pharyngeal muscles, with difficult swallowing.

Ptosis is also produced by *Plumbum*. The tongue is heavy, paralyzed. It also produces a paralytic condition of the diaphragm, inducing difficult and heavy breathing.

Neuralgias: The well-known effect of the drug known as lead colic may be described under this head. This consists of horrible griping pains in the abdomen, with retraction of the abdominal walls; there is also spasm of the recti muscles. The pains radiate in all directions, following the course of the nerves, causing disturbances in the parts supplied by those nerves—such as cramps in the thighs and legs, dyspnea, retracted testicles, etc. The colic of *Plumbum* is somewhat relieved by bending the body forward and drawing up the knees. *Plumbum* causes drawing, pressive pains in the sciatic nerve in the posterior part of the thigh down to the knee, producing difficult walking, followed by great exhaustion. These symptoms will suggest its use in sciatica. Arthritic and neuralgic pains may also occur in the trunk and limbs.

Pedology.

FOUR CASES OF INTUBATION WITH TWO RECOVERIES.

BY A. W. REDDISH, M. D., SIDNEY, OHIO.

Of all the ailments of childhood none is more horrible to contemplate by physicians or parents than that of slow strangulation. The moments we spend in our homes surrounded by our families are the pleasantest and the pleasures we there enjoy the purest pleasures of life. In the midst of these pleasures, generally in the dead of night, unheralded and unseen, a grim spectre stalks to our bedsides and lays his firm and relentless clutch upon the throat of our favorite child while we stand by in dreadful helplessness. But recently a ray of light has illuminated the utter darkness of despair, funneling brightly through an intubating tube, which is now saving many lives formerly sacrificed.

Case I.—The first case I have to report occurred November 26, 1892. Early in the morning a messenger called, saying, "Robert G—— has coughed up the tube, the attending physician is in the country and I fear he will not live until his return."

The history of the case was one of membranous croup; six days before he had been intubated with success, but had coughed up the tube on the second day and again the morning that I was called.

Little Robert was eighteen months old and I found the dyspnea from stenosis gradually increasing. The tube was quickly reinserted, giving instant relief, and remaining in eight days, fourteen days in all. The general symptoms gradually improved. The hoarseness and aphonia were the last symptoms to disappear. Recovery was complete.

Case II.—On March 11, 1895, was called to Mabel F——, aged two and one-half years, who was quite croupy. I prescribed and left. When I made my visit the next morning I found the little tot swinging on the bedroom door, feeling quite well. Toward noon she grew worse and by eventide was in a critical condition. The laryngeal obstruction was almost complete; all the symptoms of a severe fulminant membranous croup had developed. I then performed intubation, but the membrane had passed below and no relief was afforded. She soon ceased fighting and struggling for her breath and passed into that blessed state of stupor and coma which precedes dissolution in these cases and died at four o'clock the next morning.

Case III.—On December 26, 1895, was called to see Edw. G——, a bright little fellow of four years, who had a suspicious patch on his tonsil. I warned the family of the possibility of diphtheria. The patch disappeared on the third day. On December 30th, four days later, I was called again and found the little fellow with a slight touch of croup, which gradually grew worse, the attacks of suffocation became more and more frequent and less easily relieved by emetics, until January 6th, when the suffocation seemed imminent. The father, who loved his son as only a fond parent can, ran with the child in his arms from one room to another, at its constant behests that it might catch its breath. Its pulse was 150, temperature 101 degrees, most of the time it remained normal, face cyanotic. It was clearly a case of membranous croup. At this stage I performed laryngeal intubation, which was accomplished with very little difficulty. Relief was immediate and practically complete. No paroxysms of dyspnea returned, although it was evident that a slight obstruction existed below the tube. The improvement continued, the tube was removed on the eighth day, and the patient was discharged February 3d. Hoarseness and aphonia persisted for a month.

Case IV.—January 7, 1896, I was asked by Dr. Beebe to assist him in intubating Arthur E——, aged five years, who had been suffering from diphtheria for a week or ten days. The larynx had become infected and suffocation was imminent.

The tube was inserted and relieved the stenosis but the general symptoms did not improve.

On the second or third day the tube became obstructed and was pulled out by the thread which had been left attached. Septicemic infection followed and the child died in a few days, though the obstruction never returned. The tube had served its purpose well.

Summary.—Summarising on these cases, I am confident that in all of them, both in the two of my own and in the two I saw in consultation, intubation was too long delayed and that better results would have followed earlier operations. They also illustrate that young children must wear the tube longer than older ones. They also prove the wisdom of leaving the string attached, for one, at least, of the cases would have suffocated before a physician could have been procured if the thread had been removed. And lastly, that better results are obtained in membranous croup than in laryngeal diphtheria; but even in the latter disease intubation may allow an easy death where it cannot cure.

RHEUMATISM IN CHILDREN.

BY C. E. FISHER, M. D., CHICAGO.

General Considerations.—As is the case with many other diseases rheumatism is not confined to child-life, yet it is met with very often in children, rarely before the first four or five years, but quite commonly from that time on, increasing in frequency as age advances until young adult life is reached. It is especially liable to manifest itself in infancy as a sequel to the acute disorders, especially those attended by septic conditions, as malignant scarlet fever, follicular tonsillitis, and, occasionally, diphtheria. It depends upon the non-elimination from the system of the debris resultant upon tissue waste. It is often excited by exposure to draughts of air, sudden exposure to inclement weather, and to low and damp, cold surroundings. It runs in families and its development seems often to depend upon hereditary influences. It has no preference for sex. Its occurrence in children is generally mild, although it may be very violent following the eruptive disorders, especially scarlet fever, and by its migration to the heart and brain may result fatally.

Symptoms and Course.—The symptoms of rheumatism in children are about the same as in adult life. About the first thing complained of is soreness and tenderness in the joints, or soreness of the muscles if the muscular variety prevails. The joint affection is not apt to be severe, and the swelling and redness are less than with adults. The parts most generally affected are the hands, fingers, hips, wrists and shoulders. Usually not more than one or two joints are affected in one illness, although migration from joint to joint or from the joint to the heart may occur as in adults. A very common mistake made in infant life is to confuse rheumatism with coxalgia. It should be remembered that children under six years of age are not likely to have rheumatism except as secondary to scarlet fever. Should the disease develop during infant life it will be attended by high fever, considerable swelling of different joints, with pain and tenderness and, generally, a good deal of redness about the limbs and ligaments of the joints. The temperature is not as high as in acute rheumatism in older people. The inability of young children to express themselves makes it difficult to diagnose the pain of rheumatism when of moderate severity and pyexia. General rheumatic fever will not be difficult, however, of recognition. The pain upon being moved, the signs of inflammation about the joints, and the swelling and tenderness in these localities will differentiate it from other diseases.

Heart complications are much more common than with adults. Endocarditis is especially a frequent complication. It is manifested by increased restlessness, sharp, dry cough, palpitation of the heart, rapid breathing, acute pain, or at least a sense of uneasiness in the cardiac region, and an increase in the temperature, which remains rather higher and more steady than when the joints alone are involved. The second mitral murmur is heard more distinctly than normal at the apex and occasionally in marked cases a gentle murmur will be detected. The pulse is more tense than natural and its beats are irregular. Precordial anxiety excites mental apprehension and restlessness. Difficulty of breathing compels the child to sit up, the dyspnea being increased by the nervous irritation resultant upon the labored respiration.

Pericarditis occurs quite often and is to be differentiated from endocarditis by the presence of the friction sound, more pronounced when effusion has occurred. Sometimes the heart will be quite displaced because of the effusion, in severe cases it becoming necessary to aspirate the liquid from the pericardicum in order to overcome the cardiac anxiety and respiratory depression. I witnessed a case five years ago in which Prof. F. E. Doughty, of New York, incised the chest wall and pericardium, drawing off eight ounces of straw-colored fluid from a child eleven years of age who had suffered a violent attack of acute inflammatory rheumatism following upon scarlet fever. Pericarditis with liquid effusion is quite common in children.

Chorea and rheumatism are frequently intimately associated, or the latter precedes and chorea follows. Indeed, it is now held that chorea is almost invariably engraved upon a rheumatic base. Rheumatic children disposed to chorea are of the irritable, nervous, emotional kind, in whom chorea develops immediately following rheumatism, either with or without heart weakness as a complication.

Occasionally the development of the nervous affection occurs during the height of an attack of rheumatism or as improvement begins. In other cases the symptoms are marked generally by the development of acute chorea.

Rheumatism in child life is often attended by the outcoming of eruptions upon the skin, either erythematous or urticarious. Occasionally purpuric spots are seen and sometimes papular eruptions show themselves during the height of the disease. These are presumed to be due to an acid condition of the blood during acute rheumatism.

Infantile rheumatism occurs more often through sepsis than through any other causes. It is especially prone to follow tonsillitis and scarlet fever. Post-tonsillar rheumatism is much more common than is generally supposed. Often the association and connection are apt to be lost, rheumatic cases occurring two or three weeks after an attack of tonsillitis and being very likely to be attributed to other causes; whereas, most often they are of septic origin, the sepsis developing in the tonsil crypts. When the disease follows scarlet fever it is very apt to find its origin at this same site. Rheumatism may also follow upon hepatitis.

Diagnosis.—The diagnosis of rheumatism is naturally much more difficult in children than in adults. There are more causes of joint disease in children than in adult life. Idiopathic rheumatism may be confused with coxalgia, the epiphyseal inflammation of rickets or syphilis, and septic synovitis following upon scarlet fever. The long bones in the vicinity of the joints are also the seat of severe pains that occur through hemorrhage into their marrow in scurvy. From the latter rheumatism will be differentiated by the general scorbutic condition of the child, as the cylindrical swelling of its thigh, or thighs, and the spongy, bleeding condition of its gums. Furthermore, acute scurvy presents a higher temperature than does rheumatism. The syphilitic state in children will show not only upon the joints, but by the teeth and the syphilides, especially the copper-colored eruption on the chest. The tubercular joint-disease of child life has its ante-natal tubercular habit, and scarlatinal synovitis is differentiated by the fact that it attacks single joints and considerable effusion quickly occurs, whereas rheumatism is likely to attack different joints, especially the smaller ones, as of the fingers and wrists. Coxalgia traces to the tubercular diathesis. The deformity at the hip manifests itself early, and is not likely to be attended by the heart complications going with rheumatism.

Prognosis.—Children rarely die of rheumatism *per se*, but should endocarditis be severe vegetations may occur upon the mitral valves until insufficiency follows and the child eventually succumbs to heart complications. Should the meninges be attacked in acute rheumatism congestion of the brain and violent convulsions may induce a fatal issue. More often rheumatism is severe because of permanent impairment of the heart, leading to secondary development of organic heart disease. Infants are born with endocarditis, the result of rheumatism in the mother, and in after years of child-life or in early adult-life the lesion may become sufficiently serious to give deep concern.

Treatment.—Unusual care should be exercised in treating acute rheumatism or post-scarlatinal or post-tonsillar rheumatism in children. The alkaline treatments and the heart depressing remedies so common to the old school practice are apt to affect the cardiac organs seriously, even disastrously.

In a general way a milk diet is very appropriate to rheumatic children. Whether a lactic acid state be the cause of rheumatism or the result, the digestion of milk develops this acid and it seems to have a salutary effect upon the rheumatic child. On the contrary, a meat diet tends to materially aggravate the symptoms; it is believed, in fact, that the overuse of meat in early life is often the cause of rheumatism.

The clothing of a child disposed to rheumatism should be warm. Flannel should be worn next the skin day and night. Avoidance of unnecessary exposure to inclement weather and draughts of cold, damp air should be practiced, and upper sleeping rooms are to be preferred.

A few well-selected remedies will generally meet the indications in ordinary cases.

ACONITE.—Should the attack come on as an acute manifestation, attended by fever, restlessness, pain, heat and swelling about the joints, *Aconite* will be found very useful, but it is only beneficial in the beginning of the acute articular form of the disease. The pain is very severe, the restlessness intense, the fever very acute and the anguish pronounced. If *Aconite* is needed it will give relief in a few hours; if this does not soon obtain it is a waste of time to continue it.

BELLADONNA.—*Belladonna* will not often be needed, but is occasionally useful where the inflammation about the joints is extensive and the color is deep red, almost erysipelatous in hue. Occasionally this remedy will be found indicated because of the suddenness and violence of the paroxysms of pain. Pain occurring paroxysmally, with great intensity, will often be successfully met by *Belladonna*. It is not especially adapted to the removal of the rheumatic condition, but I have found it very beneficial in relieving the manifestations just described, especially if the joints affected are of the right side.

BRYONIA.—The *Bryonia* case is characterized by intense local inflammation. The parts are hot and look dark or bright red. The joints are exceptionally painful, and although motion of them is exceedingly agonizing the patient is impelled to move in spite of the fact that it increases the suffering.

CACTUS.—This remedy is adapted to rheumatic affections of the heart, with sensation of constriction. Patient cannot lie down; must sit up to breathe. Sharp, lancinating pains in the cardiac region.

COLCHICUM.—*Colchicum* is better adapted to the sub-acute variety that has taken deep hold upon the patient. It will not often be needed in the first stages. It is especially useful in rheumatism of the fibrous tissues and periosteum, as also for the ligaments of the joints. It is to be thought of when the heart shows to be affected, the sensation being as though it were squeezed in a vize or compressed.

DULCAMARA.—*Dulcamara* is beneficial in pseudo-rheumatism—the rheumatoid pains of the muscles and joints arising from the taking of cold during the prevalence of damp raw weather.

KALI BICHROMICUM.—I have found *Kali bichromicum* very beneficial in cases of rheumatism occurring in changeable weather; from sudden cold spells following upon heated spells. Rheumatism affecting the smaller joints especially.

KALMIA LATIFOLIA.—*Kalmia* is excellent in severe rheumatic pains not attended by fever or inflammation. It is especially applicable in pericarditis and endocarditis, the pains about the heart being so sharp as to cause the patient to gasp for breath.

LEDUM PALUSTRA.—*Ledum* is peculiarly characteristic of rheumatism commencing in the joints of the lower extremities and extending upward, involving finally all the joints of the body, or at least the larger ones. I have observed this upward extension a number of times.

LITHIUM CARBONICUM.—This remedy is suited to cases involving the valves of the heart. (Palpitation and shocks about the heart.) *Lithium* corrects cases with some swelling and tenderness about the joints, especially the small joints. Painfulness of the feet, especially the soles of the feet and small joints, with sensation of burning therein.

MERCURIUS.—*Mercurius vivus* will often afford prompt relief in children who suffer from rheumatic pains at night and who perspire easily during sleep and pain. The tongue is coated white and is swollen.

PHYTOLACCA.—*Phytolacca* is helpful in the rheumatism of syphilis, and when the pains are in the joints; also when affecting the shoulders and arms, and when rapidly changing from one part of the body to another.

PULSATILLA.—*Pulsatilla* is one of the very best remedies in the treatment of rheumatism in children, associated, as is so often the case, with gastric derangement. The tongue is heavily coated and the breath is offensive; there is lack of appetite and sometimes nausea and vomiting. Rheumatism caused by or following upon disturbance of the stomach and liver. Rapid migration from joint to joint, especially from one side to the other, calls loudly for *Pulsatilla*.

RHUS TOX.—*Rhus* is especially indicated in rheumatism occurring from exposure to damp, cold, raw weather. It affects chiefly the muscular and fibrous tissues. The joints are stiff and shiny, red and swollen. Exposure to the air causes unusual suffering. Affected joints must be kept warm and dry. If of the sub-acute variety soreness and stiffness is overcome by motion.

Besides these remedies *Cimicifuga, Arnica, Causticum, Calcarea carbonica, Lycopodium, Rhus radicans,* and *Apis* will be called for in individual cases.

The alkaline system of treatment, consisting of the administration of *Salicylate of soda,* and of *Salicylate of lithia,* as well, or *Salicylate acid* not combined with any other drug, are much favored by the old school and may sometimes be found palliative in violent joint sufferings. I have never had occasion, however, to administer them, and after having watched their use in the hands of others am not disposed to believe they are as helpful as *Bryonia, Rhus tox., Colchicum,* the *Kalis* and other true and tried homeopathic remedies.

In sub-acute and chronic varieties of infantile rheumatism, as with adults also, I have learned to give of the higher attenuations, even up to the one-thousandth. In the more acute varieties I have administered the lower, rarely above the thirtieth and often as low as the third.

Rheumatic iritis will call for *Belladonna, Rhus, Gelsemium* and other general rheumatic remedies. It should be borne in mind that rheumatism involving the iris, the pupil must be distended by midriatics in order to prevent adhesions. Rheumatism of strictly venereal origin will require anti-venereal treatment—*Nitric acid, Thuja, Phytolacca, Iodine* and perhaps *Syphilinum* and *Medorrhinum* being especially applicable.

Associations.

HOMEOPATHIC MEDICAL SOCIETY OF NEW YORK COUNTY.

REPORTED BY J. PERRY SEWARD, M. D., NEW YORK.

The Dispensary Question.—A crowded meeting of the representative men and women of the profession was called out on March 12th by the announcement that the special committee on the abuses of medical charities would report. The address of the retiring president, Dr. Sidney F. Wilcox, at the January meeting had been referred to a committee with instructions to report a plan of action after due conference with officers of other county medical societies. The committee, consisting of Drs. F. E. Doughty, C. E. Macy, and S. F. Wilcox, had prepared the following resolutions:

Report on the Dispensary Question:

WHEREAS, The abuse of medical charity in the majority of the hospitals and dispensaries of this city has assumed such proportions that it has become a serious injury to the medical profession, and

WHEREAS, This abuse has been tolerated and even encouraged in the aforesaid institutions through the indiscriminate rendering of assistance to undeserving applicants, and

WHEREAS, Certain provident institutions, known as private dispensaries, have been established and are maintained ostensibly for charitable purposes, but are in fact carried on for the financial benefit of the founders and to the detriment of the profession in general, and

WHEREAS, This society should be active in promoting all measures which have for their object the good of the profession and maintenance of a high standard of medical ethics, and

WHEREAS, Notwithstanding the prominence given this subject by the medical journals this society has taken no action to suppress the evil; therefore be it

Resolved, That the managers and medical boards of all dispensaries and hospitals with which the members of this society are connected be and are hereby requested to exercise vigilance in the detection of fraudulent applicants for medical assistance and be firm in the enforcement of the rule that none but worthy and deserving persons shall receive assistance at their hands.

Resolved, That in all dispensaries should be displayed a notice announcing that the dispensary is established for the treatment of the poor only, and also stating that the physicians in charge receive no compensation for their services.

Resolved, That the trustees and medical boards of the various homeopathic hospitals and dispensaries of this city be informed of the abuses tolerated in their institutions and be earnestly requested to use every means in their power to suppress the evil.

Resolved, That it shall be deemed incompatible with good standing and membership in this society to establish, promote, or maintain a private dispensary.

Resolved, That in the opinion of this society all dispensaries should be incorporated under the laws of the state.

Discussion.—In explanation of the committee's action Dr. Doughty gave an account of his conference with representative men of this and other cities. A prominent member of the county society of the old school in this city required a definition of the term private dispensary, and said he had never heard of such a thing. His society, he was sure, would look askance at any man who would establish such an institution. Another well-known allopath said that he had never heard of a private dispensary and that such a question had never been discussed. If it should be there would be a large majority who would not tolerate it. From Philadelphia it was reported that private dispensaries had existed there but that the men who maintained them are looked down upon. In Boston it was learned there are no such dispensaries, and the few that have existed were frowned upon by the rest of the profession. To a request for a definition of the term private dispensary Dr. Doughty replied that it is one carried on by an individual, or association of individuals, unincorporated, responsible to no one, whether with the object of gaining experience, obtaining an introduction to a practice, or making money. Many of them become money-making schemes in the end.

Dr. G. M. Dillow asked what the society would do in case the physician refused to give up his private dispensary at the demand of the society.

Dr. Doughty replied that that must be left to the society at large to decide, and for that purpose a representative meeting had been desired.

Dr. E. H. Porter said that it seems that all are agreed that medical charity is subject to the greatest abuses known to the profession of medicine. Dispensaries of all kinds are equally guilty of pauperizing the laity, and the resulting demoralization is spreading without remedy. There are now estimated to be 650,000 medical paupers in this city. What are we going to do about it? The retiring president advocated the abolition of private dispensaries and the resolutions tonight look to the same end. But is a board of trustees a guarantee of entire responsibility? That is an assumption, and not well taken. We all know that there are such things as dummy directors and figure-head trustees, and the line is therefore not a proper one to draw. The cause of the establishment of private dispensaries is the example of the larger hospital and college dispensaries, where there is no regard paid to the wants of the profession or the needs of the poor. The greater evil is the one to be assailed. No penalty is mentioned in the resolutions for the violation of ethics in the large dispensaries. The weight of our displeasure should not fall upon the young man who is forced to establish a private clinic by the abuses of the public institutions. Let us not mistake cause for effect.

Dr. Dillow called for a suggestion of a practical measure which would reach the large dispensaries. Dr. Porter replied that he had supposed that to be the duty of the committee which had reported, but promised to be prepared with a plan at the next meeting.

On Dr. Dillow's motion the word "unincorporated" was substituted for the word "private" in the next to the last resolution.

A motion to refer the question again to the committee with the recommendation that they embody the same penalty for the promotors of the large as for the small dispensary was combatted by Dr. Doughty, who thought that individual members could be disciplined but not bodies of lay trustees who are not members. Even if imposed the penalty could not be enforced.

Dr. A. B. Norton believed that physicians in all dispensaries, large or small, could be made amenable to the society, and he deprecated any discrimination.

The motion to refer was lost, and the preamble and resolutions were taken up by sections.

Dr. Dillow believed that some of the small dispensaries were not carried on for the motive assigned in the third section of the preamble, and that the society should not put a stigma upon all the young men engaged in that work. That section was therefore amended to read:

Whereas, Certain provident institutions, known as private dispensaries, are carried on to the detriment of the profession in general.

The rest of the preamble was adopted without amendment. The second resolution was amended by the substitution of the word "salary" for the word "compensation."

Dr. Porter's motion to refer the last two resolutions brought up again the general discussion. Dr. Dillow opposed it. He advocated immediate action against the private clinics, for such action was not incompatible with the future passage of another resolution to regulate abuses in the college and hospital dispensaries. He claimed that the name is a pretext, implying as it does a public institution, and that it has been frowned upon by the profession for that reason. He thought the penalties rather severe, but now was the time to decide upon them.

Dr. J. M. Schley considered that men who run private dispensaries are not in good professional standing. The question is one of ethics.

Dr. H. C. Houghton regarded the establishment of penalties and passage of resolutions as valueless against the class of men who will engage in private clinic work. They are out for plunder, and will not heed any measures employed against them.

Dr. H. M. Dearborn did not believe that the resolutions should be retroactive. If penalties are applied to the founders of future dispensaries there would be little objection.

Dr. L. L. Danforth opposed Dr. Dillow's suggestion of false pretences. He thinks that all patrons understand that it is a provident dispensary, no matter what the title.

Dr. G. G. Shelton urged dealing with the large dispensaries, and, if that failed, leaving the young man in the slums alone. At least the society should pass a motion not so aggressive, but still effective.

Dr. Porter claimed that the allopaths have honeycombed the upper part of the city with their private clinics. It is well-known that more than half of the allopathic practitioners in the city do not acknowledge allegiance to their county society. He fully appreciated the evil in the system of medical charity by private dispensaries, but insisted that action must not be confined to that minor wrong. When pressed for his solution of the problem, Dr. Porter stated that he had some penalties in mind but they were not formulated as yet.

The two resolutions were then referred to the committee, which was enlarged by the appointment of Dr. Porter to its number.

Materia Medica Comparisons.—Dr. C. C. Boyle read a paper on the "Comparative Indications of *Kali muriaticum, Cannabis sativa*, and *Aurum metallicum* in Diseases of the Eye."

Diagnostic Value of Arterio-Capillary Fibrosis.—In his paper with this title Dr. J. W. Dowling proved the truth of the statement that "man is as old as his arteries." The results of the process are interference with the contractility of the muscular walls, narrowing of the calibre of the vessels, and a loss of elasticity or brittleness. Diagnostic points to be observed are the feel of the radial artery, increased prominence and tortuosity of the temporal arteries, dilated capillaries on nose and cheeks, the arcus senilis, slight hypertrophy of the left ventricle, a ringing quality to the heart sounds, angina pectoris, palpitation, pseudo-apoplexy. Moderation in all things and total abstinence from alcoholic drink were recommended.

The paper was briefly discussed by Dr. J. M. Schley.

Other Business.—Dr. Mary E. Emery, of 142 West 48 St., was elected to membership. The bureaus of obstetrics and diseases of the throat and chest were postponed.

NEW YORK ACADEMY OF PATHOLOGICAL SCIENCE.

Laryngeal Tumor.—Dr. Wm. S. Pearsall entertained the academy at its February meeting. He presented the first case, a patient suffering from a laryngeal tumor. It occupied the space on the side of the right arytenoid cartilage, which it involved, extending into the hyoid fossa. After two months nightly pains running to the ear were experienced, and regurgitation of food, particularly liquid. He has not lost flesh and his general health is good. The diagnosis is in doubt. He gives a specific history of a lesion fourteen years ago, but no secondary symptoms. The tumor is smooth, somewhat nodular, but it is not breaking down as does gumma of the larynx. Besides, a gumma would have extensive ulceration without much displacement of the laryngeal parts, whereas here the arytenoid and adjacent structures are decidedly distorted. The case has been benefited by *Kali iodatum* in increasing doses, given on account of the specific history. But this does not exclude carcinoma, which is suggested by his age, over forty, and the swelling of the glands of his neck. A microscopical examination is out of the question on account of the danger in the removal of sections of the tumor.

Ascaris Lumbricoides.—In the absence of Dr. G. G. Shelton, the patient, a student, presented a bottle containing twenty-six large round worms, which he had passed in one stool within twenty-four hours of his first dose of *Santonin*, 2x.

Kidney with Two Ureters.—Dr. C. I. Wendt showed a left kidney which possessed two ureters. Each entered a division of the pelvis of the kidney. The patient had died of phthisis pulmonalis, and his health was not affected by his superabundance of ureters.

Ulcerative Endocarditis.—Dr. Wendt also displayed a heart whose valves were thickened, distorted and perforated by old endocarditis. Some of the cusps were thickened with calcareous plates, and others were covered with cauliflower vegetations. A case of buttonhole mitral was also shown.

Patent Foramen Ovale.—In the heart of a woman who had died at the age of fifty-eight, Dr. Wendt showed an open foramen ovale. There was one large aperture an inch in diameter, with three smaller ones to its left. There was a history of cyanosis.

Encysted Gall Stone.—The last case, from the Metropolitan Hospital, was a gall bladder. No bile was found, but in the bladder was a semi-solid mass, perfectly white in color, and narrowest near the duct. A biliary calculus lay in the mouth of the duct. Fatty degeneration of the heart was the cause of death.

Legislation.

IMPORTANT AMENDMENTS TO NEW YORK LAW.*

An act to amend chapter six hundred and sixty-one of the laws of eighteen hundred and ninety-three, entitled "An act in relation to the public health, constituting chapter twenty-five of the general laws," as amended by chapter six hundred and thirty-six of the laws of eighteen hundred and ninety-five, has passed both houses of the New York legislature and will undoubtedly receive the governor's signature.

It is as follows: The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Laws of eighteen hundred and ninety-three, chapter six hundred and sixty-one, section one hundred and forty-five, as amended by the laws of eighteen hundred and ninety-five, chapter six hundred and thirty-five, entitled "An act in relation to the public health, constituting chapter twenty-five of the general laws," is amended to read as follows:

§ 145. Admission to examination.—The regents shall admit to examination any candidate who pays a fee of twenty-five dollars and submits satisfactory evidence, verified by oath, if required, that he

1. Is more than twenty-one years of age;

2. Is of good moral character;

3. Has the general education required [in all cases after August first, eighteen hundred and ninety-five] preliminary to receiving the degree of bachelor or doctor of medicine in this state;

4. Has studied medicine not less than four full school years *of at least nine months each,* including four satisfactory courses *of at least six months each,* in four different calendar years in a medical school registered as maintaining at the time a satisfactory standard. *New York medical schools and New York medical students shall not be discriminated against by the registration of any medical school out of the state whose minimum graduation standard is less than that fixed by statute for New York medical schools.* The regents may, in their discretion, accept as the equivalent for any part of the third and fourth requirement evidence of five or more years' reputable practice, provided that such substitution be specified in the license;

5. Has either received the degree of bachelor or doctor of medicine from some registered medical school, or a diploma or license conferring full right to practice medicine in some foreign country. The degree of bachelor or doctor of medicine shall not be conferred in this state before the candidate has filed with the institution conferring it the certificate of the regents that *before beginning the first annual medical course counted toward the degree,* unless matriculated conditionally as hereinafter specified, three years before the date of the degree he *had* [has] either graduated from a registered college or satisfactorily completed a full course in a registered academy or high sshool; or had a preliminary education considered and accepted by the regents as fully equivalent; *or held a regent's medical student certificate, granted before this act took effect;* or had passed regents' examinations as hereinafter provided [for degrees conferred in eighteen hundred and ninety-eight, one year of academic work, for degrees conferred in eighteen hundred and ninety-nine, two years of academic work, and] *A medical school may matriculate conditionally a student deficient in not more than one year's academic work or twelve counts of the preliminary education requirement, provided the name and deficiency of each student so matriculated be filed at the regents' office within three months after matriculation, and that the deficiency be made up before the student begins the second annual medical course counted toward the degree.* Students who had matriculated in a New York medical school before June fifth, eighteen hundred and ninety, *and students who had matriculated in a New York medical school before May thirteen, eighteen hundred and ninety-five, as having entered before June fifth, eighteen hundred and ninety on the prescribed three years study of medicine,* shall be exempt from this preliminary education requirement [provided the degree be conferred before August first, eighteen hundred and ninety-five.]

A medical student certificate may be earned without notice to the regents of the conditional matriculation either before the student begins the second annual medical course counted toward the degree or two years before the date of the degree for matriculants in any registered medical school in the four cases following:

1. For matriculants prior to May ninth, eighteen hundred and ninety-three, for any twenty counts, allowing ten for the preliminaries, not including reading and writing;

2. For matriculants prior to May thirteen, eighteen hundred and ninety-five, for arithmetic, elementary English, geography, spelling, United States history,

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*** Explanation.—Matter in italic is new; matter in brackets [ ] is old law to be omitted.**

English composition and physics, or any fifty counts, allowing fourteen for the preliminaries;

3. For matriculants prior to January first, eighteen hundred and ninety-six, for any twelve academic counts;

4. For matriculants prior to January first, eighteen hundred and ninety-seven, for any twenty-four academic counts;

But all matriculants, after January first, eighteen hundred and ninety-seven, must secure forty-eight academic counts, or their full equivalent, before beginning the first annual medical course counted toward the degree, unless admitted conditionally, as hereinbefore specified, when the deficiency must be made up before the student begins the second annnal medical course counted toward the degree.

§ 2. This act shall take effect immediately, except that the increase in the required course of medical study from three to four years shall take effect January first, eighteen hundred and ninety-eight, and shall not apply to students who matriculated before that date and who received the degree of doctor of medicine before January first, nineteen hundred and two.

Correspondence.

OUR NEXT COLLEGE.

Location.—Where and when shall it be opened? These are questions which a handful of practitioners will assume to answer, albeit they concern more or less directly the entire profession. A brief consideration, therefore, of some of the principles involved in a proper solution of the inquiry is neither untimely nor impertinent. Every medical school should be located in a commercial center (a manufacturing center is necessarily a commercial center) to secure varied and abundant clinical material, the local student-patronage requisite for its maintenance, and an ample consultation field for the professors that the freshness and vigor of their instruction be not in the least impaired by undue unremunerative work. Hence no new college should be opened within one hundred and fifty miles of another in the most densely populated portions of this country, while two hundred and fifty miles would be a more appropriate limit. Topographical considerations indicate Atlanta or New Orleans as suitable points for the establishment of the next Southern homeopathic college, while they forbid any other on the Pacific slope save at Portland, Oregon, or on Puget Sound (probably the latter place), as the development of commerce may indicate.

Exception. Whenever any state founds an allopathic medical department in a university, supported chiefly by the public funds, it is the duty of the homeopathic profession of that state to demand the establishment and equal maintenance of a college of homeopathic medicine in connection with said university, to be located at such place as shall seem most advantageous to said local profession.

Hospital Requirements.—No medical school should be opened at any point, however favorably situated (save as above excepted), unless there exist already, in good working order, one or more hospitals under homeopathic control, containing not less than one hundred (preferably two hundred) beds, with dispensaries of corresponding service; enough available capital to provide not only buildings equipped with improved apparatus adequate for the requirements of every student but also with competent scientists who shall devote such time as may be necessary to impart a practical knowledge of their respective departments; a sufficient number of homeopathicians not only so skilled in the several specialties as to be capable of exemplifying each perfectly in its most diverse ramifications but also possessed of those rarer gifts which characterize the successful lecturer and educator. Any group of persons who may attempt to organize an alleged medical college on any slighter foundation, save as hereinafter farther indicated, should be refused recognition by the American Institute of Homeopathy.

Exception. It is possible that some university of good standing may insist upon starting a medical department that its title to its charter designation may be the more promptly recognized. In such a case it might be the duty of its homeopathic alumni to demand the opportunity to give instruction in the science of therapeutics.

Illustration. Quite a number of years ago the resurrection of the medical school of Brown University, deceased now these seventy years, was seriously discussed in certain quarters. My opinion was sought. I promptly replied that there are already too many such in New England, but if it should be reopened homeopathy would insist upon full recognition.

Definatory Note.—By the term "homeopathician" I mean a practitioner who is thoroughly convinced that drugs can be administered curatively only on the principle of similars, who has sufficient knowledge to prescribe accordingly, and who is honest enough whenever departing from the strictest letter of the law to admit the fact and to state upon what principle his prescription is based and to indicate the reason for the variation. Failure to act thus would convict one accepting an appointment to such proposed college faculty of incompetency or deceit. In either case his unfitness for his position would be thoroughly demonstrated and he should immediately be removed.

If in the above discussion anyone imagines himself or his college impugned I humbly crave pardon, meanwhile protesting with Joseph Cook that I am responsible for my own statements, not for inferences other men may draw from them. At the same time all instructors, public or private, should remember that medical students are not so unlike other mortals as to be exempt from the application of Lincoln's great principle—"You can fool some of the people all the time and all of the people some of the time, but you cannot fool all the people all of the time."

Providence, R. I. *Geo. B. Peck, M. D.*

DR. WESSELHOEFT ON THE COLLEGE QUESTION.

Medical Century—I am sorry that your letter has been waiting so long for an answer. I have not felt very well and have worked rather too hard for my good and comfort, so that I shall have to give up my plan of writing you a paper, but will gladly give you the outlines of what I would write.

I hold that one well-endowed homeopathic college would be enough for the United States, and I seriously deplore the "segmentation" of these institutions, because their struggle for funds leads to rivalry and degeneration.

I firmly believe that teachers should be adequately paid in order to be able to give their whole time to instruction, instead of depending on practice for their daily bread.

Furthermore, only trained and qualified instructors should teach at such an institution, and only college, high school, or technological graduates should be allowed to enter as students.

The above applies to all medical colleges, regardless of "schools."

It is to be hoped that in the future all may unite their funds and working strength in one great and comprehensive medical college.

The above is a rough outline of my ideas on the subject. Hoping that it may meet with approval,

I remain, yours sincerely,

Boston. *C. Wesselhoeft, M. D.*

THE HAHNEMANN MONUMENT.

MEDICAL CENTURY—Acting on the suggestion that in celebrating Hahnemann's birthday this year particular attention be called to the monument, I would supplement the information you have frequently given your readers by a further report.

When the project of erecting the monument was first suggested at the meeting of the Institute at Washington probably nothing more extensive was contemplated than a bronze statue on a granite base, which would have been deemed sufficient by most of the members of the Institute. For the building of such an one more than sufficient money has been subscribed and enough already collected.

The work on the monument is progressing well. The statue is about finished in clay, and in a short time will be ready for the finishing touches at the hands of the artist, when it will be put in plaster and be ready to be cast in bronze. Half-life-size sketch models of the four bas-reliefs, representing the four epochs in Hahnemann's life, have been submitted for approval. The first represents him as a student in his garret at Meissen with his historic lamp on the table before him, poring over his books; the second as a chemist in his laboratory at Dessau with an assistant watching the precipitation of his soluble mercury; the third panel represents him lecturing to his pupils at Leipsic, and here we have an opportunity of introducing portraits of some of his students; the fourth panel represents him at Cœthen by the bedside of a child, at whose head stands the mother or nurse, probably representing Hahnemann's first wife, of whom we have a portrait.

Full-sized models in plaster have been made of all the granite carvings and will soon be sent to Portland, Maine, where the stone is quarried. They are now exhibited at the exhibition of the Architectural League at the Academy of Fine Arts in this city.

Our bill introduced in the United States Senate by Senator Gallinger of New Hampshire and in the House of Representatives by Mr. Dalzell of Pennsylvania, offering the monument to Congress and asking an appropriation to build the foundation, was referred to the joint committee on library.

In the booklet the committee issued, to which you have called attention, it published an account of what it had done, with a preliminary description of the monument. The general committee has been assisted in interesting the profession in the undertaking by the auxiliary committee, composed of representative men in the different states, and by the journals of our school.

We have received contributions from sections of the country where we scarcely expected such interest in the undertaking or appreciation of the method of cure as would find expression in such tangible form. One physician in one of the smaller cities sent a check for $200 from one of his lady patients. We have had other lay contributions of $150, several of $100, and so down to $5. This leads us to think that there are but few physicians throughout the country who cannot raise something among their patients for such an undertaking, the beneficent results of which neither the profession nor public as yet scarcely appreciate.

Henry M. Smith, M. D.,
Sec'y and Treasurer.

New York.

CENTENNIAL ADDRESSES ON THE LAW OF SIMILARS.

TO THE MEDICAL CENTURY—The three addresses on the law of similars, provided by order of the American Institute of Homeopathy for the centennial celebration at Detroit next June, will be delivered as follows:

1. "The Logical Basis of the Law of Similars; Does it Commend Itself to our Reason?" By Richard N. Foster, M. D., Chicago, Ill.
2. "The Experimental Demonstration of the Law of Similars; Can its Existence and Operation be Proved?" By M. W. VanDenburg, M. D., Fort Edward, New York.
3. "The Clinical Efficacy and Superiority of the Law of Similars; Is it a Reliable Guide in the Practice of Medicine?" By John P. Sutherland, M. D., Boston, Mass.

These three adresses are designed to include and constitute a re-examination of the basis and groundwork of homeopathy, instituted after a hundred years of experimental probation and in the light of modern knowledge. They will be of a rigidly scientific character and will present not a mere mechanical recital of facts and statistics but a philosophic review and discussion of the subjects treated, and will be absolutely free from undignified statements and uncourteous allusions. They will undoubtedly form one of the most attractive features of the Detroit meeting.

Pemberton Dudley, M. D.
President American Institute of Homeopathy.

ECHOES FROM SAN FRANCISCO.

A New Sanitarium.—Slowly, perhaps, but surely is San Francisco gaining a strong foothold in the line of hospital work. For years one of the great drawbacks to the progress of homeopathy here has been the want of a hospital especially devoted to the treatment of patients homeopathically, surgically as well as medicinally; for certainly surgical measures are often as truly indicated as any remedy could possibly be. A homeopathic sanitarium has just been opened at the corner of Sixteenth and Capp streets, in a location away from the winds and fogs so often prevalent in other parts of the city. The building is quite an imposing looking one, surrounded by beautiful grounds containing some fine old trees. The interior of the building is a model of perfection, neatness and simplicity predominating from roof to cellar. At present it is arranged for the accommodation of about twenty-five patients, mostly in private rooms, with one ward containing eight beds. There are two operating rooms, a sterilizing room, etc., etc., all being fully equipped with every modern contrivance for the perfection of surgical work. The maternity room has been made particularly attractive and contains everything that could possibly pertain to the comfort of a patient. The very latest incubator has arrived from Paris and taken its place in close proximity to this room to be used when necessity calls for it. A kindly matron is in charge and the most skilled trained nurses are in attendance. All physicians have every privilege of the institution and all kinds of cases are admitted. The originators of the sanitarium have formed themselves into a board of directors, consisting of Dr. C. B. Currier, president; Dr. Wm. Boericke, secretary; Dr. Florence N. Ward, treasurer; Drs. George H. Martin, George H. Palmer and James W. Ward. Dr. George H. Palmer has the honor of having performed the first operation in the institution, the second having been performed by Dr. James W. Ward. Taken altogether, the sanitarium seems to be a "god-send" to the profession here, as is shown by the number of patients already in the institution and the list of applicants waiting for admittance. Everyone is enthusiastic over its advent and there is every prospect that it will be a complete success.

Hahnemann Hospital.—The board of lady directors of the the Hahnemann Hospital Association is also up and doing in the work of the large hospital that has been promised the profession for so many years, and we now see prospects of a magnificent building to be erected in the near future, that will be a credit not only to the profession of California but to the entire homeopathic fraternity throughout the country. Mrs. Senator Hearst, the ever-ready benefactress to the cause of the alleviation of sufferings and sorrows, has generously donated to the Hahnemann Hospital Association $10,000 to be given within the next three months.

Homeopathic Insane Hospital.—And now a word about our State Homeopathic Insane Asylum at San Bernardino, under the management of Dr. M. B. Campbell. Gov. Budd has been making a thorough investigation of the management of the asylum, going into the most minute details as regards the various departments and accounts of the institution. According to his pre-election promises he was fully determined to retrench expenses by closing this asylum and putting the patients in the Northern asylums, of which there are four. His recent investigation, however, has been a revelation to him, and he has expressed himself as greatly pleased with the management, complimenting Dr. Campbell very highly for it. He said that in no institution in the state was the system of accounts in the office so simple and yet so complete and comprehensive. Among the people in the Southern part of the state much is being said in praise of the care and treatment the patients in the asylum are receiving.

State Society Outlook.—The announcement for the next meeting of the State Society, with a letter from the president, Dr. C. B. Currier, has recently been received, and judging from the contents of both the outlook for the jubilee meeting is very promising. Dr. C. L. Tisdale, the prospective toastmaster for the banquet to be given on one of the evenings of the session, is booming this meeting with more than ordinary vim, and everyone who has the misfortune to miss this banquet will be forever under the ban of his displeasure.

Dr. H. M. Bishop, of Los Angeles, vice president of the society, was here the other day on his way to Port Townsend on professional business. He predicts a good meeting this year and says that considerable rallying is being done in the Southern part of the state to have a good showing at the meeting in May.

General News Items.—At a recent meeting of the San Francisco County Society the following officers were elected: President, Dr. George H. Palmer; vice president, Dr. George H. Martin; secretary, Dr. Guy E. Manning; treasurer, Dr. F. G. Canney.

Dr. B. F. Gamber, has fully recovered from his recent illness and is at present giving his course of lectures on Pathology at the Hahnemann Hospital College. Dr. J. Kastendieck has been appointed Professor of Bacteriology at the college.

Dr. E. C. Crooks, of Santa Barbara, has been visiting the city during the past month.

Mr. E. A. Runyon, of Boericke & Runyon's pharmacy, is here on business. He and Dr. Boericke made a flying trip to Los Angeles and San Diego, and of course had a good time. Mr. Runyon is doing a good deal of rustling among the doctors and is stirring them up with his eastern enterprise.

March 16, 1896. *"Jack Robinson."*

ST. LOUIS NEWS-LETTER.

A New Hospital Movement.—Within the last month the homeopathic fraternity of this city has been in a state of activity mentally—and otherwise—regarding the establishment of a new homeopathic hospital. Through Dr. L. C. McElwee, president of the St. Louis Homeopathic Medical Society, there came a proposition from the Deaconess of the M. E. church to turn over their hospital to the homeopathic profession. So the worthy president spoke to the secretary and notices went forth broadcast over the city to all medicos who hold up the banner of *similia* and on the evening of this hospital meeting there was such a gathering of earnest, eager, enthusiastic disciples of Hahnemann that even Czar Fisher would have been able to count a quorum—even without those "fifteen delegates from Chicago," highly as we would have appreciated the presence and counsel of those able and amiable gentlemen. Be it said to the merit of the younger members of the profession that they were even more earnest and enthusiastic in this good move than some of the older heads. After a general discussion almost universal expressions of approval of the important move on foot were heard.

The following committee to investigate the hospital question was appointed: Drs. C. H. Goodman, W. John Harris, T. G. Comstock, W. B. Morgan and James A. Campbell. At a subsequent meeting the committee was appointed permanently and the names of Drs. J. Martine Kershaw and Wm. C. Richardson added.

The appointment of Chairman Goodman was the acme of wisdom. The genial doctor is a power with the four hundred and also—as they say in political parlance—a good mixer. A lady of our city, through the chairman, has already promised one thousand dollars to the hospital cause, and a number of other promises for subscriptions have been reported by Secretary W. John Harris of the hospital committee, and also a most gratifying spirit of enthusiasm among both patrons and friends of homeopathy. The committee believe the time is most propitious for the inauguration of this movement.

Chloroform as an Anesthetic.—At the meeting of the St. Louis Homeopathic Medical Society, Feb. 1, Dr. Willis B. Young gave an interesting and practical paper on Chloroform. Dr. Young gives special attention to surgical and obstetrical anesthesia. After a brief apology for presenting a "somewhat hackneyed" subject, the essayist drew a strong line of demarkation as to the contra-indications for chloroform or ether. He considers chloroform a splendid agent and enters a vigorous protest against the manner in which this anesthetic is ordinarily administered. He expressed great respect for the possible dangers of chloroform, but considers it a comparatively safe anesthetic and far safer than ether. He deprecates the use of the mixtures of chloroform and ether and of ether in obstetrics; he thinks as the good qualities of one are sufficient the dangerous qualities of two are unnecessary.

Hospital Society Meeting.—In January the Homeopathic Hospital Society of Missouri met in annual session at the office of Dr. Gutherz. After transacting routine business the election of officers was held, the entire board, with the exception of secretary, being re-elected. President, Dr. Eva G. Condon; first vice-president, Dr. Mary T. Robinson; second vice-president, Dr. Clara L. Russell; treasurer, Dr. Lizzie Gray Gutherz; secretary, Dr. Charlotte Peters.

Personal Mention.—Dr. Mary M. Sargent, the former secretary of the Hospital Society, will enter the foreign missionary field within the year. Dr. Fenora W. Sargent will accompany her sister in this noble work, for which from a christian and professional standpoint both ladies are so pre-eminently qualified.

Dr. J. Lloyd Alexander, formerly of Denver, has located in our city. Dr. Alexander will follow exclusively the surgical branch of medical science. He and his interesting wife (formerly Dr. Eva Blanche Green) are cordially welcomed to their new home.

Dr. Edward F. Brady, of Kansas City, secretary of the Missouri Institute of Homeopathy, paid a flying visit to our city recently. Dr. Brady promised to attend the Medical Society but failed to put in his appearance. President McElwee likewise vanished. We opine that both citizen and guest materialized in the midst of the Knights of Khorassan.

Dr. Eva G. Condon has entirely recovered from her indisposition of few weeks since.

Colds, measles and bicycle smash-ups are still to the fore, and the homeopathic profession comes in for a full share of the emoluments.

3600 Olive St. *Lizzie Gray Gutherz, M. D.*

CINCINNATI CULLINGS.

MEDICAL CENTURY:—Special news of interest in this section is the bequest of another $1,000 to the Pulte Medical College Hospital. This time it comes from one of the college's staunch friends up to and beyond the day of her death, since upon opening her will it was found that Mrs. Mary Culbertson had bequeathed $1,000 to Pulte Hospital.

Mrs. Culbertson was ninety years of age and belonged to one of an old and distinguished family, in that her maiden nama was Peebles. She was the relict of Robert Culbertson, for many years one of Cincinnati's distinguished citizens.

The twenty-fourth annual commencement of Pulte Medical College was held Tuesday evening, March 24th, in the Scottish Rite Cathedral. At 5 P. M., on the same day, the alumni reunion took place in the parlors and banquet hall of the Scottish Rite Cathedral. The faculty and alumni of the college, the class of '96, the undergraduates and invited guests banqueted together at 6 P. M., and attended the commencement in a body at 8 P. M.

Ohio now possesses a new medical law; practically it is a registration law, and it is hoped that it may help toward the general advance in medical education. The student who complies with all the requirements of the homeopathic colleges, as evidenced by his diploma, will be all right, and we trust the same may be true of graduates of other colleges. No medical law can prevent certain special brands of quackery. A man can comply with all the requirements and advertise if he so pleases; but usually such an one pleases to advertise in a way that is not in good form nor dictated by the inclinations of the true physician. Human nature is not amenable to the laws of the statute books. The best advertisement is one's own work and life.

704 Elm st. *T. M. Stewart, M. D.*

GOOD LOCATIONS IN OHIO AND PENNSYLVANIA.

MEDICAL CENTURY—I would say as to locations of good fields for the practicing of homeopathy, along the Lake Shore & Michigan Southern railroad between Toledo and Cleveland, Sandusky division, there are numerous towns with the sentiment for our school already there. Very lucrative practices await young men who want to work hard, *i. e.*, quite an amount of driving is connected with such a practice, as the country surrounding each town is large and well populated but scattered.

Dr. David Gillard of this town suggests as very good openings for hustlers who want to work, LaCarne (Ottawa county), Elmore, 2,500 (Ottawa county). Put-In-Bay Island needs one badly. The summer business is immense. Dr. Gillard will do all he can to help any one who comes down this way.

I have just come in from an Eastern trip through Pennsylvania, Maryland, West Virginia, Ohio, and in my opinion Western Pennsylvania is a field that needs looking after, as the people are very industrious and do not depend on farm products for a living, as in our Western country, but are engaged in manufacturing of all kinds.

Kittanning, Pennsylvania, needs a good man. It is a good town. Dr. Wolff, homeopath, formerly there but now at Allegheny, Pennsylvania, says the field is a very good one.

Dr. Dean, formerly of Franklin, Pennsylvania, late of Butler, Pennsylvania, is now located at Oil City, as partner of Dr. Curran.

Canton, Ohio, ought to have more men of our school; it has 25,000 inhabitants, and only Dr. House, Dr. Rizer and Dr. Kelly.

Lima, Ohic, has four homeopathic doctors. The trouble seems to be that no one will stay long enough to build a practice, which is detrimental to our school's success. We can enter any city or town and do business with Samuel Hahnemann as our standard bearer. My opinion is that too many of our new graduates keep shy of the small country towns and stay in the large cities while the country needs their services; and the money is in these small towns in much greater profusion than in the cities.

I shall keep tab on good locations and report to you if you wish.

Dr. Hershberger's selection of towns in your last issue are just as he claims for them, as I have been through that section quite recently.

The New Surgery is a winning book. Keep up the good work. Yours very truly,

A. E. Frankland,
Traveling Representative Halsey Bros. Co., Chicago.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - Editor.

New York and Chicago, April 1, 1896.

HAHNEMANN'S NATAL DAY.

There is a growing sentiment among the homeopathic profession over the country in favor of holding an annual celebration upon the anniversary of the birth of Hahnemann, which event has now been settled as having occurred on the early morning of April 11th. Last year "Hahnemann Dinners," or banquets, were held in New York, Boston and Minneapolis. This year Detroit, Buffalo and Pittsburgh, and perhaps other cities, have fallen into line, and ere another twelvemonth shall have passed still other cities will doubtless properly honor the natal day of our founder by meeting in social fellowship and reviewing his life-work upon his anniversary. It is eminently proper that we take some special cognizance from year to year of what he has done for humanity, and that we exert ourselves toward furthering the interests of the cause he left us and which we have espoused and by which we are profiting in uniform manner. An annual dinner in every city containing a dozen or more, or even a less number, of homeopathic physicians will go far toward cementing us together in bonds of goodfellowship and brotherly love, and by taking advantage of an occasion of this nature to arouse public and private interest in the legacy Hahnemann left the world we will doubtless be able to set on foot many a movement for furthering the substantial interests of homeopathy and to assist in perpetuating and enlarging those already inaugurated. In Pittsburgh the intention is to make the occasion one of benefit to the homeopathic hospital and dispensary of that city. In Boston like effort is to be put forth. In New York only the social interests of the profession have been thus far considered and in Chicago the movement started ineffectively last year but this year likely to be carried to a consummation has only like purpose. In Minneapolis it is believed the social feature alone prompted the profession to hold a Hahnemann dinner last year, though it may be said that in that city, as elsewhere throughout the country, it would have been appropriate and still will be to make the occasion one for the raising of funds for the support of struggling institutions and institutions yet unborn. What a powerful day for homeopathy in the United States the eleventh of April of each year could be made to become if in all the cities of this country Hahnemann dinners were set by the profession!

Why not organize the profession, irrespective of clique or clan, in every city in America into committees of the whole for the purpose of celebrating the birth of Hahnemann each year, meeting around the festive board, reviewing his precepts and life work, promulgating the faith we hold, educating the public in our cause, and putting forth unusual efforts toward unifying at least the homeopathic profession, and the founding and developing of homeopathic institutions? A world of good for humanity, homeopathy and ourselves may readily be accomplished through this means.

TWO IMPORTANT GATHERINGS.

The homeopathic profession will have the opportunity of enjoying either or both of two important gatherings this year. The meeting of the American Institute of Homeopathy to be held at Detroit on June 17 will partake of the character of a Centennial Celebration, at which time, besides the usual valuable and thoroughly enjoyable program offered, there will be given three special addresses as outlined in the announcement made by President Dudley elsewhere, pertaining to the philosophy and proven virtue of similia similibus curentur; and there will be held in London on August 3d the Fifth Quinquennial Homeopathic Congress, at which it is expected there will be an attendance from all over the world. The Detroit meeting will be memorable for another reason. There has been arranged a Materia Medica Conference to meet the day before the date for the Institute to convene which shall discuss our materia medica from every standpoint, but more especially from the standpoint of development for the future and confirmation for the past. At this conference there will be presented a number or original and thoughtful papers bearing upon this subject, with five minute discussions from a large number of materia medica specialists and students. This conference will be continued from year to year until further notice, the effort being to place our materia medica upon a genuinely sound and permanent basis which shall command our own respect and confidence and that of the medical profession generally, and give for us a philosophical and practical science of drug application.

It is easily to be seen, therefore, that 1896 will be a red letter year for homeopathy if we but avail ourselves of the two meetings named. The Materia Medica Conference and American Institute meeting are already an assured success, the work thus far done and the genuine interest thus far aroused in the June meeting having already placed failure beyond the realm of possibility. For the International Congress we cannot speak so confidently, but there is every reason to hope for a satisfactory gathering from various countries in London in August, and there is no reason why this meeting should not also be an unusually practical and helpful one. Naturally, the profession of the country in which it is to be held is most interested in it, but it is our congress as much as theirs and it will be our loss if we do not participate in it and enjoy its pleasures and benefits. As a whole our English colleagues will give us a hearty welcome. Letters from Dr. Richard Hughes, permanent secretary of the Congress, and Dr. D. Dyce Brown, editor of the *Monthly Homeopathic Review*, announce the English latch-string to be outside the door. Members of the professions of France, Denmark, Germany and the United States have already been assigned work on the program, and doubtless the attendance will be more strictly international in character than that which has been present at any previous international gathering. Each year a considerable number of American homeopathic physicians tour Europe; if these will but arrange to be in London in August the attendance from the United States will be representative. Others will doubtless go for the primary purpose of attending the congress, the more especially since the postponed date will give opportunity to secure better steamship rates and better accomodations than if the dates first selected had been adhered to. An American committee, of which Dr. T. F. Allen, New York, is chairman and Dr. W. A. Dewey is secretary, will collect and vise papers from American contributors and otherwise assume charge of American interests in connection with this convention, thus guaranteeing to the American profession proper conservation and protection of their rights and relieving its members of the fear that their contributions will be submitted for review to prejudiced or indifferent colleagues. The most cordial willingness to have this done has been expressed by the English committee having the affairs of the congress immediately in charge, and there is absolutely no danger of a repetition of the unpleasantness which occurred at the congress of 1881, of which more or less has been heard in this country.

To the credit of the profession of the United States and in the general interests of homeopathy it is hoped there will be a goodly attendance of American members. Let us lay aside the cares of the profession and our local duties for the time and attend the London meeting. A summer outing in the old world will prove doubly profitable this year. Let as many take it as feel that they can; they will all be repaid by attending the Institute meeting in Detroit and the Fifth Quinquennial Congress in London.

THE CENTURY'S SIGHT DRAFTS.

For more than two years it has been the policy of this journal to demand payment in advance for subscriptions, and where subscribers are slow in making their remittances it has been our rule to draw sight drafts for amounts due. In most cases this has proven to be an exceedingly acceptable method of collecting delayed subscriptions, and in general it has proven very satisfactory to subscribers, saving them the trouble of purchasing money orders or bank drafts. In a few instances, however, it seems to have been unsatisfactory, and a few subscribers have been so unanalytic as to take exception to this method of attempting to collect what is justly our due. We have been engaged in medical journalism for nearly twelve years, during which time our delinquent subscription list has aggregated the handsome sum of several thousand dollars. This has brought us to the conclusion that the only way to conduct the business of medical journalism is after the usual business methods. All literary magazines demand their pay in advance, and there is no reason why medical journals should be expected to carry several thousand subscribers through the year. Printers' bills have to be paid promptly, Uncle Sam demands his postage in advance, landlords are exacting in the matter of rent and are prompt in the presentation of their accounts, the clerical force of the MEDICAL CENTURY is compelled to live and their salaries have to be paid when due. Were we to attempt to carry all our subscribers it would result in advancing about $10,000 annually for an expense account which properly belongs to those who receive the journal. Just why Dr. Smith, Dr. Jones or Dr. Brown, of Smithville, Jonesville or Brownsville, should expect us to furnish him the MEDICAL CENTURY twenty-four times a year before remitting a cent of remuneration therefor is beyond our comprehension.

The MEDICAL CENTURY is being conducted upon business principles and it is only by pursuing these to the strictest letter that we have been able to tender the profession as acceptable a periodical as we are publishing. It should be borne in mind that the subscription of a single subscriber is but three dollars, and it surely can inconvenience no one very greatly to remit this amount when it is asked for. On the other hand, the subscriptions of several thousand subscribers amount to several thousand times three dollars, and it would prove to be a good deal of a burden for even the CENTURY to carry the number of subscriptions throughout the year that are enrolled upon its lists. We simply cannot do it, and, therefore, we must insist that our subscribers pay for their journal promptly. The shrinkage on an ordinary medical journal list amounts to fully twenty per cent., a shrinkage altogether too great for any journalist to be asked by his profession to bear.

And why should complaint be entered against the sight draft method of collecting? No one's credit is attacked, the physician is saved the annoyance of going to the postoffice or express office for a money order, the MEDICAL CENTURY pays the cost of collection, the whole transaction is done through the highest order of business institution, the banks, no account is placed in the hands of a collection agency if promptly met, and it affords, according to the testimony of a large number of subscribers, a happy method of meeting these accounts. Some doctors are so sensitive they would be offended if their bills were presented them on a silver platter, and, of course, these will be offended when they receive a notice from the bank to the effect that there is a sight draft there for collection. Yet the merchant doesn't object to this method of doing business, but usually meets his large obligations through the banks, and why should the doctor object to paying his MEDICAL CENTURY subscription over the bank counter more than over the postoffice counter or an express office counter? We can hardly be expected to go to subscribers personally, nor, on the other hand, can we hardly expect each subscriber to come to us with his money. Subscriptions must be paid by some one of the usual business methods, and the banking method is by all means the best and most convenient for all parties concerned; therefore it shall be rigidly pursued from this office this time henceforth without the slightest intention of offending anyone or giving the least degree of annoyance to any subscriber to this journal. We simply elect this method of doing our business since it is the method usually employed in business circles, and since we desire to so conduct the MEDICAL CENTURY as to be able to give the profession a better and better journal with each year.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. J. W. Hermitet, Chicago Homeopathic, 1896, is located at Rushville, Illinois.

Dr. Chas. Gatchell has purchased the *Medical Current* from Drs. Smith and Dunn.

Dr. E. S. Gardin, who graduated at the Chicago Homeopathic Medical College last month, is located at Parrotts, Ohio.

Dr. and Mrs. C. S. Ames rejoice in the birth of a daughter, which happy event occurred on March 4th, at their home in Ada, Ohio.

Dr. T. Howard Plank, a recent graduate of Chicago Homeopathic Medical College, has located at 390 Marshfield Avenue, Chicago.

The Northwestern Homeopathic Medical Association will meet in Toledo in June of '96. It embraces a membership residing in Ohio and Michigan.

The commencement exercises of Hering Medical College will be held on Friday, April 10. The graduating class will number twenty-one or thereabouts.

Miss Lillian Jones, daughter of Dr. Joseph Jones, San Antonio, Texas, was married to Mr. E. J. Hutcheson of that city on the nineteenth day of February.

Dr. Charles Hubert, formerly interne of the Paris hospital and practicing oculist in Paris, died recently. Dr. Hubert was a Chevalier of the Legion of Honor.

Gross & Delbridge Co., Chicago, have moved into their spick, span, sparkling new pharmacy, corner Wabash avenue and Washington street, the swellest of them all.

Dr. W. H. Hanchett, Omaha, Nebraska, visited Chicago upon the occasion of the commencement exercises of the Chicago Homeopathic Medical College, of which he is an alumnus.

It is now hinted that Aronson of Berlin has succeeded in infecting goats with tuberculosis and by using their serum has been able to render other goats proof against the disease.

Dr. M. J. Bliem, of San Antonio, Texas, has removed his office to 425 Navarro street, one door south of Houston. His residence remains at 117 Mistletoe avenue, Laurel Heights.

The city council of Lincoln, Nebraska, has passed an ordinance prohibiting the use of cigarettes, cigars or tobacco in any form within the city limits by persons under eighteen years of age.

At the recent competitive examination held by the attending staff of Cook County Hospital Dr. E. G. Cromwell was elected first interne, and Dr. Wm. Patton second interne for the ensuing year.

Dr. Alice G. H. Anderson of Seneca, Kansas, was appointed county physician of Nemaha county on April 15, 1890, and thus lays claim to being the first woman physician holding this appointment.

Dr. Chas. A. Wilson, San Antonio, whose health was in a precarious state for two or three years, presumably from incipient tuberculosis, has quite recovered his strength and vigor under Koch's tuberculin.

The annual commencement exercises of the homeopathic medical department of the State University of Iowa were held on the evening of March 10, upon which occasion a graduating class of nineteen candidates received the degree of Doctor of Medicine.

The annual reunion of the Alumni Association of the Homeopathic Medical College of Missouri will be held at the Southern Hotel, St. Louis, on the evening of April 7. Dr. W. D. Morgan is president of the association and Dr. W. John Harris is secretary.

The graduating exercises of the Hahnemann Medical College of Chicago, were held at the Schiller Theater, on March 26, at 2:30 o'clock; the annual banquet was held in the evening at the Auditorium Hotel. The graduating class numbered seventy-eight.

The twenty-seventh annual session of the Homeopathic Medical Society of Michigan will hold a meeting at the Hotel Cadilac, Detroit, on Tuesday, May 19th, at which time the association will adjourn to meet in connection with the American Institute in June.

The medical attendant of the Nawab-Fakir-ul-Mulk is promised by his patient an enormous fortune upon the latter's death—600,000 pounds in England and 2,000,000 rupees in India make a fee of no small moment, but this is what Dr. Dice, the attendant, is told to look forward to.

Dr. J. C. Wood, Cleveland, has written the editor of the CENTURY that his editorials on the subjects "The Scope of Similia" and "Homeopathy vs. Homeopathicians" have pleased him immensely.

He agrees with the sentiments therein expressed and has long entertained the views therein voiced.

Dr. and Mrs. Dr. J. W. Ward of San Francisco are actively engaged in surgical and gynecological practice, having settled down to hard work after returning from their extended bridal tour in Europe. In a recent communication they report the new homeopathic sanitarium as being a delightful success.

Frank Stockton's new story, "Mrs. Cliff's Yacht," which begins in the April *Cosmopolitan*, promises to be one of the most interesting ever written by that fascinating story-teller. Readers of "The Adventures of Captain Horn" will find in "Mrs. Cliff's Yacht" something that they have been waiting for.

The Medical Women's Club of Chicago gave a very successful banquet in honor of Lincoln's birthday at the Great Northern Hotel on Wednesday. This club is composed of members of different schools of practice. From time to time it has held some very pleasant receptions and other entertainments.

Dr. Chas. Adams will read a paper before the next regular meeting of the Homeopathic Medical Society of Chicago on the radical cure of hernia in children. There will also be a medical paper presented during the evening, but Dr. Adams' paper alone should and doubtless will be a drawing card. There should be an unusually large attendance.

The homeopathic physicians of Southern California have captured nearly all the offices there are in sight out there. At San Bernardino we have the Southern California Insane Hospital, and the city physician of Riverside is a homeopath. The county physicianship, the coronership and the physicianship to the county hospital and jail are all held by homeopaths.

In response to the editorial asking where are the vacant fields, the CENTURY has received a number of communications setting forth good locations for the coming doctor. These are being published from time to time as they are received, and our student-subscribers and the general practitioner will do well to make notes of them and call the attention of their friends and fellow students to them.

Harvard Medical School has announced that on and after June, 1901, candidates for the medical department must present a degree in arts, literature, philosophy, science or medicine from a recognized college or scientific school. This may be a step along the line of a more liberal education for would-be doctors. Speed the day when doctors know not medicine less but English better!

Dr. J. M. Durin, of Steward, Illinois, reports a number of acceptable locations near his with good agricultural country surrounding them. He mentioned Paw Paw, a town of about 800; Shabbona, with a population of 600, and Franklin Grove, with a population of 600. Each of these towns has three allopathic physicians and Dr. Durin would be glad to see them occupied by competent homeopaths.

Pittsburg has organized a Hahnemann Association of Western Pennsylvania, its object being to honor the name of Hahnemann and to aid in the support of the homeopathic hospital and dispensary of Pittsburg. The association proposes to hold a special meeting and banquet annually upon Hahnemann's birthday, upon which occasion brief addresses will be made commemorative of his life and service.

An order was received at the MEDICAL CENTURY'S office on the 7th ult. for a copy of Fisher's Diseases of Children to be sent to Dr. Rose A. Bower through a Boston house to her address in Western Africa. Some time since a copy was shipped to a purchaser in China, a number of volumes have been ordered from Calcutta, and liberal purchases of the book have been made by London dealers for sale through England and the colonies.

A homeopathic sanitarium has been opened at 2931 16th St., San Francisco, containing about twenty beds. There are both private rooms and wards. The building is said to be pleasantly located and to contain every comfort obtainable in a medical hospital. The doors will be open to any physician who may care to send his patients to the sanitarium, where he can either give them attention himself or leave them to the care of the medical staff.

Dr. W. H. Burritt, Huntsville, Alabama, intends contesting the medical law of that state at the August term of the superior court and desires such information as is obtainable in relation to methods of procedure in contending against the infringement of unusually rigid medical acts. Practical suggestions and information will be greatly appreciated by Dr. Burritt, who has been having a severe and trying struggle with the autocratic health officer of his state.

Dr. Ernest L. Clark, of Jersey City, and Miss Mary Estelle Laforge were married at the residence of the bride's parents in Patterson in December last. Among the ushers were Dr. Wm. R. Wood, Lyons Farm, N. J., and Dr. J. Perry Seward, correspondent for the MEDICAL CENTURY for New York. Among those noticed at the reception were Drs. T. Y. Kinne and Porter S. Kinne of Patterson, Dr. S. Wellman Clark of Jersey City, and Dr. W. F. Biggs of Newark.

The Easter Number of *Harper's Bazar* appeared on March 28. It was distinguished by an extra supplement and a decorated cover, and was full of the Easter sentiment as expressed in fashions suitable to the season. Elegant gowns and wraps and lovely Easter hats and bonnets appeared in almost bewildering variety. A strong story by Marion Harland, entitled "Jim Purdy, Martyr," with a fine illustration by A. J. Kellar, were striking features.

Prof. L. W. Austin, instructor in physics in the Wisconsin University, has made some original experiments with the Röntgen rays recently, during one of which he was able to photograph the lungs of a cow, the photograph clearly showing aggregations of tuberculosis centers therein. If this be true there can be no reason why the new photograph shall not prove an incalculable benefit to the human family in revealing pathological conditions in various viscera and structures of the body.

A double-page drawing by A. B. Frost was one of the pictorial features of *Harper's Weekly* for March 28. The same number contained, under the caption "The Redemption of the Plains," a valuable article on the great semi-arid regions of the west, with a discussion of measures that may be taken to bring them under cultivation. Music-lovers will find especially enjoyable another article in this issue of the *Weekly*, an intimate biographical sketch of Anton Seidl, by W. J. Henderson.

The next meeting of the Western New York Homeopathic Medical Society will be held in Buffalo on April 10, upon which occasion the meeting will partake of the nature of a celebration of the centennial of homeopathy and Hahnemann's birthday. An especially strong program has been arranged, consisting of papers relating to homeopathic progress and homeopathic therapeutics, and in the evening a banquet will be held, upon which occasion distinguished invited guests will participate.

Dr. Richard Kingsman, 711 East Capitol Street, Washington, D. C., has accepted appointment as local representative for the MEDICAL CENTURY and will undertake to keep its readers informed in relation to all matters of interest occurring in that city. Subscribers to and friends of this journal living in Washington and vicinity will confer a favor upon Dr. Kingsman and this office if they will kindly make mention to him of items of medical news and matters pertaining to the interests of the profession.

Dr. Annie E. Marsh, of Greeley, Colorado, died February 26. She bequeathed her body to the medical department of the University of Colorado for anatomical purposes. Dr. Marsh was a graduate of the homeopathic department of the University of Michigan. Her maiden name was Eastman, but for a number of years past she has been the wife of Dr. L. E. Marsh, of Greeley. She had enjoyed an extensive practice and accumulated considerable wealth which was divided in her will between her husband and the University of Michigan.

The twentieth annual session of the Missouri Institute of Homeopathy, to be held at St. Louis on Tuesday, Wednesday and Thursday, April 21, 22 and 23, should not be forgotten. As has been repeatedly remarked in these columns, the Missouri Institute meetings are among the most enterprising and profitable held in the West. There is always a large local attendance and usually a satisfactory attendance of visitors from other cities. The Missouri Institute is sure to prove profitable and enjoyable to all who go to participate in the April meeting.

Dr. E. H. Porter, secretary of the American Institute, has enclosed to the members of the sections and committees a list of the officers and various committeemen for 1896, together with a circular letter in which he asks those who are to read papers before the body to send the title at once to the chairman of the section in which he is appointed to work. The announcement is made that the prospects were never brighter for a splendid meeting, and the excellent suggestion is made that each member undertake to bring at least one new member with him to Detroit.

Instead of indulging in a Hahnemann dinner or banquet upon the occasion of the anniversary of the birth of Hahnemann the Homeopathic Medical Society of Chicago will postpone its regular meeting for April from the ninth instant to the eleventh and will devote the occasion to a purely literary program given to the consideration of Hahnemann and his work for the profession of medicine and humanity. A suitable program is being arranged and special effort will be put forth to make the occasion one of unusual interest and pleasure for the profession of Chicago and vicinity.

The next meeting of the California Homeopathic Medical Society will be held in Marble Hall, Palace Hotel, San Francisco, May 13th, 14th and 15th. A banquet will be given to the members and the profession of Oregon and Washington at Maple Hall, The Palace, on the evening of May 14th by the San Francisco, Oakland and Alameda members. An excellent program has been outlined for the three days' session. Dr. C. B. Currier, San Francisco, is president and Dr. Eleanor F. Martin, same city, is secretary for this year. Dr. Wm. Boericke is chairman of the committe of arrangements.

The Medico-Climatological Congress which recently met at San Antonio was manned largely by Chicago doctors. Dr. J. A. Robinson, Chicago, was president; Drs. I. N. Danforth, A. K. Crawford, A. L. Clark and Sarah Hackett Stevenson, all of Chicago, and Dr. J. Lee McComas, Oakland, Maryland, were vice-presidents; Drs. L. B. Hayman and F. D. Marshall, both of Chicago, were recording secretaries, Drs. A. F. MacKay and W. S. Rowley, both of Chicago, were corresponding secretaries and Dr. Eliza Root of Chicago was treasurer. This "World's" congress seems to be very largely a Chicago product.

There was a total of deaths in Chicago during January of two thousand and thirteen. One hundred and eighteen occurred from diphtheria, eighty-seven from typhoid fever, forty-one from diarrheal diseases, one hundred and ninety-six from consumption, presumably from pulmonary tuberculosis, two hundred and thirty-two from pneumonia, one hundred and two from violence, one hundred from convulsions, ten from appendicitis and eighty-seven from bronchitis. Of the deaths from violence, twenty-eight were suicides, six murders, one a hanging, twenty-one by railroad accidents, and one from street cars.

There seems to be a growing interest in the forthcoming meeting of the American Institute of Homeopathy at Detroit. The local committee is bestirring itself with commendable zeal, and the facts that this is our centennial year and that effort is to be made to revise and reconstruct and re-establish the homeopathic materia medica, so that it may better meet the demands of our growing and exacting profession, go toward creating an unusual interest, and the indications consequently point to a larger gathering than for years past. The report of the local committee of arrangements appearing elsewhere will bear perusal.

The International Hahnemannian Association will hold its next annual meeting at Glen Summit, Pennsylvania, June 24, 25 and 26. It had been decided to hold this association in connection with the American Institute of Homeopathy at Detroit, and the change to another location is believed to be a mistake. Doubtless the Internationals are possessed of practical information which would be of value to the members of the Institute, and, on the other hand, there can be no question but that the members of the former association would find much of interest and merit that is annually presented to the Institute. The two bodies might well come together.

A correspondent signing himself "Subscriber"—dollars to doughnuts he isn't—pays the editor of this journal the compliment of a rather unusually virulent—even for that journal—attack in the March *Visitor*, doubtless being encouraged to do so by the tendencies of the *Visitor* to soil its pages by personal criticisms of the CENTURY and whatever it may do. "Subscriber" only feebly disguises his personality. The author of the communication, the journal giving it place and a certain other disgruntled party occasionally writing in a similar publication issuing in the Northwest should form a mutual consolation society called "The What Might Have Beens but Aren'ts."

Harper & Brothers published, the latter part of March, Mary Anderson de Navarro's "A Few Memories;" a novel by Mary E. Mann, entitled "Susannah;" a new book by Max Pemberton, "A Gentleman's Gentleman," being certain pages from the Life and Strange Adventures of Sir Nicholas Steele, Bart., as related by his valet; "Whist Laws and Whist Decisions," by Major-General A. W. Drayson; "The Evolution of Woman," forty-four drawings by Harry Whitney McVickar, printed in colors, with accompanying text; "Venezuela, a Land where it's Always Summer," by William Eleroy Curtis; "A Laodicean" (new edition), by Thomas Hardy; and "A Parting and a Meeting," a story by W. D. Howells.

The General of the Army, the General commanding the U. S. Corps of Engineers, Vice-Pres. Webb of the New York Central, and John Jacob Astor, compose *The Cosmopolitan Magazine's* Board of Judges to decide the merits of the Horseless Carriages which will be entered in the May trials, for which *The Cosmopolitan* offers $3,000 in prizes. This committee is undoubtedly the most distinguished that has ever consented to act upon the occasion of the trial of a new and useful invention. The interest which these gentlemen have shown in accepting places upon the committee is indicative of the importance of the subject, and that the contest itself will be watched with marked interest on both sides of the Atlantic.

The *Homeopathic Physician* for February contains an extended review of Fisher's Diseases of Children in which the work is highly complimented by that journal, the acknowledged representative of the "pure" homeopathists of the United States. It pronounces it "probably the best and most complete work on the diseases of childhood that has been given to the homeopathic school." It also pronounces many of its prescriptions excellent and commends many of its parts, taking exception, however, to its views upon vaccination and the possible friendliness its author has shown toward antitoxin, closing its very satisfactory criticisms and commendations of the work by naming it as a great success which should be cordially received by the profession.

At the last annual meeting of the Massachusetts Surgical and Gynecological Society Dr. J. H. Sherman was elected president; Dr. Martha E. Mann, first vice-president; Dr. N. R. Perkins, second vice-president; Dr. N. H. Houghton, secretary; and Dr. Grace E. Cross, treasurer. The following interesting papers were presented before the association and discussed: "Report on Progress in Gynecology," by Dr. E. A. Thurber; "Spinal Supports, with Case," by Dr. G. H. Earl; "The Conservative Surgical Treatment of Certain Forms of Chronic Hernia," by Dr. F. W. Elliott; "Recent Observations in European Hospitals," by Dr. W. S. Smith; "The Art of Hypnotism and Its Use as an Anesthetic, with Demonstration," by Dr. James R. Cocke.

The agent of a proprietary "cure" for diphtheria has petitioned one of the circuit courts of Chicago for a mandamus to compel Mr. Kerr, the commissioner of public health, to allow that individual the privilege of examining the records of the health department, it being his desire to obtain the addresses of phyicians who are treating cases of diphtheria for the purpose of offering them opportunity to use a remedy he is undertaking to introduce upon the market. The outcome of this suit will be watched with some interest. It is usually understood that health department records are open to the public and are in no sort of sense the private property of the health officers in charge. Surely there can be no good reason for denying to any citizen the information therein to be found in this and similar relations.

Martin's Manual of Nervous Diseases, by Prof. George H. Martin, San Francisco, is now on the market from the press of the MEDICAL CENTURY Company, New York and Chicago. The volume embraces above three hundred pages and is illustrated by above forty practical illustrations, several of which are in colors. Prof. Martin is pre-eminently the leading neurologist of the homeopathic profession of the Pacific Coast and one of our best clinicians in this department. His Manual is clear and succinct from beginning to finish, just the work for the busy practitioner and advanced student. It is not intended to supplant standard text books on the subject considered, but rather to serve as a ready guide in nervous diseases. In its anatomical, pathological and diagnostic departments it will rival any modern manual on nervous diseases, while the homeopathic therapeutics are tersely put and the auxiliary treatments outlined are unusually practical.

A cablegram was received by the editor of the MEDICAL CENTURY, on February 25, from Dr. Richard Hughes, Brighton, England, to the effect that the International Homeopathic Congress to be held in London this summer, had been postponed from July 13 to August 3. This postponement was in response to a request from the profession of this country, because it was impossible to secure steamship accommodations during the latter part of June or the early part of July on account of the mad rush of Americans for the summering places of Europe. Whether the date finally selected is late enough for our purposes remains to be seen, but we presume our English colleagues had to take other considerations into account also. All who wish to attend should communicate at once with Dr. W. A. Dewey, 170 West Fifty-fourth street, New York, secretary of the American committee, in order to secure steamer reservations. It is hoped there will be a large attendance from the United States.

The second quarterly meeting of the Northwestern Homeopathic Medical Society was held in the parlors of the Brewster House, Freeport, Illinois, on March 3. The program consisted of a series of papers in the department of gynecology, of which Dr. A. G. Soule, of Freeport, was the chairman, in the department of obstetrics under the chairmanship of Dr. A. E. Smith, of Freeport, and in the department of electro-therapeutics and physical diagnosis, under the chairmanship of Dr. H. J. Hughes, of Mt. Carroll, and the department of sanitary science, histology and pathology presided over by Dr. H. S. Willard, Warren. The next meeting of this society will be held at Freeport on the second of June, at which time the bureau of materia medica and clinical medicine, the bureau of surgery, the bureau of pedology and preventive medicine, and the bureau of eye, ear, nose and throat will make their reports. Dr. S. H. Aurand is president and Dr. A. E. Smith secretary of this progressive and thus far successful association.

Smith's Diseases of Children, eighth edition, has recently been issued from the press of Lea Bros. & Company, New York and Philadelphia. It is an octavo volume of 983 pages and contains nearly 300 illustrations. The fact that this volume has gone through seven previous editions is sufficient to justify the reviewer in proclaiming it a work of superior merit. A special feature of the present edition is the department on the Surgical Diseases of Children, by Dr. Stephen Smith. As a guide to the diseases of children this is one of the best works before the profession from the old school viewpoint. It is unusually clear and concise in its diagnostic and differential descriptions, as also in its discussions of the pathology, course, and general management of the diseases of childhood. In the point of treatment it is unusually simple for an allopathic work and in the department of dietetics is practical to the last degree. The volume sells at $4.50 in cloth, and $5.50 in leather. It exceeds previous editions by the addition of more than one hundred pages and several full page plates.

The following candidates for the degree of doctor of medicine were graduated by the National Medical College, Chicago, on the evening of March 19 at the Schiller theater:

H. B. Saunders,
Thorwald Anda,
Mrs. Ella M. Duncan,
Fidelio F. Brown,
Rodney O. Allen,
Albert Arndt,
Annetta Ayres,
Charles M. Boone,
George B. Duncan,
Eva J. Duncan,
Albert S. Fish,
Emil Gleitsmann,
Philip Greiner,
Joseph Henrickson,
Magaret C. B. Johnson,
Julius E. Jorgens,
George W. Kimball,
Martha Kuznik,
Henry H. Merrell,
James R. Price,
Charles B. Prouty,
John N. Volicos,
David C. Whitney,
John N. Wilkins.

A family reunion of the college was held at No. 590 West Adams street to celebrate the thirtieth anniversary of Dr. T. C. Duncan's graduation at the Hahnemann Medical College. In the evening the entire party attended the reception given by Dr. J. J. Thompson to the faculty and graduating class of the National Homeopathic Medical College.

Under the Ohio law Governor Bushnell has appointed the state board of medical examiners and registration as follows: Dr. J. K. Scudder, of Hamilton county, to serve one year; Dr. Cady Markley, of Lucas county, two years; Dr. S. B. McGavern, Harrison county, three years; Dr. David Williams, Franklin county, four years; Dr. C. A. L. Reed, Hamilton county, five years; Dr. H. E. Beebe, Shelby county, six years; and Dr. N. R. Coleman, of Franklin county, seven years. The allopaths get three representatives upon the board, the eclectics two, the homeopaths one, and the physio-medicists one. The contest between the eclectics and homeopaths was pronounced, the eclectics showing by a poll of the doctors in Ohio that they had 1,075, the homeopaths coming second with 935. It is the expectation that an investigation will result in showing the eclectic returns to be exaggerated, and the opinion is expressed by members of our profession in Ohio that at the end of the year they will be able to secure another representative upon the board. Dr. Beebe is to be congratulated upon having secured the appointment, for which there were several applications.

Antitoxin has received decided approval by the Boston City Hospital Club, it being shown, according to the report from that institution, that there have been in it eight hundred and forty-four cases of diphtheria with ninety-six deaths, giving an even eleven per cent. of fatalities. All of these eight hundred and forty-four cases were treated with antitoxin. The hospital staff feels elated over this result, it being claimed that the lowest death rate secured in any foreign hospital for infectious diseases has been thirteen per cent. The death-rate for diphtheria in the same institution prior to the introduction of antitoxin was nearly forty per cent. For the year ending January 31, 1895, before antitoxin was generally introduced, there were eighty-six cases requiring intubation with seventy-four deaths, giving a fatality of eighty-six per cent. in this class, while in the South department from August 30, 1895, to February 1, 1896, there were seventy-nine requiring intubation, of whom thirty-six died, showing a mortality per cent. of forty-five, or a diminution of nearly one-half. These are the best figures that have yet been offered in favor of antitoxin so far as we know, with the single exception of the thoroughly doubtful statistics of Chicago's city health office.

The consulting staff of the Montreal Homeopathic Hospital consists of Drs. Arthur Fisher, George E. Logan, George Gale and D. C. McLaren. Dr. Hugh M. Patton is superintendent, and the attending physicians are Drs. Wanless, Nichol, Griffith, A. D. Patton and Wm. McHarrie. Dr. Hugh M. Patton occupies the position of surgeon to the hospital. The hospital admitted one hundred and fifty-eight patients during 1895, of which sixty-nine were medical and eighty-nine surgical. There were fifty-eight surgical operations performed. Four deaths occurred during the year; one from chronic interstitial nephritis with convulsions, one from valvular disease of the heart, one from pyonephrosis with uremia, and one from typhoid fever. This is certainly an excellent showing for the Montreal institution and should encourage our profession there to persist in their work and to call upon their people freely for such aid as they may need, which should be most freely given for such splendid results. Of the deaths it will be recognized that but one occurred from a possibly preventable cause, that from typhoid fever; but even were all from preventable causes the mortality would be remarkably creditable to the hospital. Homeopathy is prospering in Montreal for just cause. Her profession is doing good and faithful work, with which they and their patrons and friends have good reason to be pleased.

The annual report of the St. Louis Children's Hospital for 1895 includes but nine months of that year, as the date of closing has been changed from December 31 to September 30; the nine months, however, cover a period of unusual usefulness, if we may judge from the records of the hospital. The contributions have been generous and a great and substantial aid. On the other hand the hospital has lost a staunch friend and patron through the death of one of the members of its advisory board. Among the operations performed at the hospital were some radical ones, such as excision of the hip joint, tenotomy for talipes, opening of abscesses, removal of tumors, osteotomy, laparotomy, tracheotomy, and numerous others, testifying to the versatility of the surgeon, Dr. S. B. Parsons. Dr. Jas. A. Campbell, the oculist and aurist of the hospital, shows a record of seventy-one eye cases and seven ear cases, of which he has cured fifty-five, improved four and still has under treatment twelve. There were one hundred and eighty-three patients treated in the hospital during the year, of whom seven died. The dispensary makes a good showing also, having treated six hundred and eighty-three new patients and issued 1,056 prescriptions. The treasury department shows a balance on hand of nearly $1,000. Altogether the Children's Hospital may be complimented on the past year's work.

The attention of our readers has been invited for the last few issues through the advertising columns of the MEDICAL CENTURY to a little book, "Through Blind Eyes," for whose translation and placing upon the American market the reading public is indebted to Dr. F. Park Lewis of Buffalo, New York. Our own attention as reviewers has been postponed on this particular account for several issues; not because of the unimportance of the book, rather the contrary, as we wished to do the work a fuller justice than a passing casual notice. It is a little volume, but coming as it does from the pen of the French author best qualified to speak authoritatively, one blind himself and a leader of the blind, the book is of novel interest from the very novelty of its subject. More than this, the delicate and gracious literary spirit that prevails in the manner of the subject's treatment renders its pages of unusual literary value. Dr. Lewis has proven himself competent for that hardest of all tasks in the realm of literature, the translator's. For translation is something more than the mere resetting of words from one language to another, it is the analysis and perfect transcription of a most intangible quantity, the intellectual quality of a literary effort. We can heartily commend this little volume to the laity and yet more especially to the profession. It gives an insight into the lives and thoughts of those most heavily afflicted beings, the blind, through such rose-colored glasses that pity for their affliction yields to admiration for their courage.

A good deal of sensational publicity has been given Hering Medical College by the Chicago daily papers recently owing to the fact that the matron of the hospital became impatient at the delay of the agent of the demonstrators association in removing the remains of a surgical cadaver from the dissecting room and employed an expressman to bury them in a secluded place, that individual failing to perform his part of the agreement and emptying a barrel containing them into an alley in a residence portion of the city. Here they were found by the police, who made an extremely sensational and horrible murder case out of it, despite the fact that the skull had been trephined, the femoral and other arteries ligated, and numerous surgical operations had been exemplified upon various portions of the trunk and limbs. Exceedingly sensational accounts of the transaction served to satisfy the morbid taste of the people for a few days, and the city health office formally catered to the sensational demand for satisfaction by avowing its intention to have the charter of the college annulled and all its officers and faculty arrested and severely punished for a horrible offense—perpetrated solely by the aforesaid expressman. Naturally, the college regrets that an irresponsible party was employed by the matron without authority from its proper officers for the purpose of disposing of its surgical subjects; but, after all, it was in no wise responsible for the occurrence except as it is indirectly responsible for the unauthorized act of an employee whose legitimate office had no relation whatever with the dissecting room.

The Chicago Homeopathic Medical College issued a very neat and attractive invitation to its commencement exercises, which occurred at the Schiller theater on the afternoon of Tuesday, March 17 at 2 o'clock. The graduating class numbered an even seventy members as follows: Wilfred E. Alton, D. V. S., Nels Anderson, R. Boyd Andrews, Chas. A. Armstrong, Henry G. Bartlett, W. Leonard Bates, Elmer E. Best, B. D., Jesse T. Biddle, A. B., Charles T. Brown, B. C. E., J. E. Cowperthwaite, Arthur M. Crandall, Edw. G. Cromwell, Chas. C. Curtis, M. D., Edgar G. Davis, B. S., Henry W. Dueringer, A. S. Edler, Fred B. Evans, Charles W. Fallis, M. D., Martin H. Fash, Louis Faulkner, Gilbert Fitzpatrick, George G. Fouser, John M. Fulton, Chas. W. Geiger, De Witt R. Good, Stanton E. Gordin, Cephas C. Greiner, Frank W. Greiner, Harrie J. Guy, Harry C. Harkness, Amasa S. Hawley, J. Wesley Hermitet, Armatus S. Holland, Stephen S. Holloway, William F. Hotchkin, Paul Hullhorst, M. D., Arthur C. Leonard, Orson E. Matter, Benj. A. McBurney, B. S., Arthur E. Myrick, Ph. B., Christen S. Nielsen, Enos E. Palmer, B. S., M. D., Wm. M. Patton, Clyde W. Payne, B. S., T. Howard Plank, Lionel S. Luton, Wm. M. Plimpton, A. B., Silas C. Rand, George R. Reay, Friedrich E. Reichardt, D. T. Riddle, M. D., Benjamin T. Roberts, A. B., Jas. J. Rose, Edwin R. Shannon, Elijah S. Smith, Milton S. Smith, S. Darwin Smith, Frank H. Snell, Charles N. Stephens, Arthur L. Stocks, Wm. B. Swan, A. M., James E. Swartz, Homer Tuttle, Charles A. Walker, Sam'l H. Ward, Harry P. Webb, James W. Wiltshire, James H. Winter, Christian Winters, and Ernest W. Spinney.

"The MEDICAL CENTURY announces in its January 1 issue that it will now be a double-header, one of it offices being located in New York City, the other in Chicago. The MEDICAL CENTURY is one of the marvels of current medical journalism. Like Jonah's gourd, it grew up almost over night. It easily takes first place in the rank of homeopathic journalism. We say this kindly and without latent sarcasm; for Dr. Fisher's ways are not our ways, journalistically speaking—perhaps also in other directions. A man, to make a success such as the MEDICAL CENTURY has become, must give every minute of his waking hours and some not inconsiderable expenditure of midnight oil to that journal. And this Dr. Fisher has done. The work speaks for itself. There are, we venture to say, very few medical editors today who are as happily situated in relation to their journals as is Dr. Fisher. It is truly marvelous how so pushing an editor can give sufficient time to a general practice and teaching as well. But he undoubtedly does both. The MEDICAL CENTURY is unique and very distinctive in homeopathic journalism, and therefore it causes no hard feelings with the other editors. Each editor of the remaining number of homeopathic journals has his individual peculiarities which mark his journal and rate it with the reading public. A really first class magazine, like a really first class medical school, or a really first class medical book, helps all the other journals and schools and books. The ways of the *American Homeopathist* are not always the ways of the *North American Journal* any more than they are the ways of the MEDICAL CENTURY. Each has his own sphere of usefulness. But it will take some of the liveliest kind of Chicago hustling to keep both offices of the MEDICAL CENTURY going with but this one editor, who has thus far kept the journal in line. We wish him every success and a hearty God-speed."—*American Homeopathist.* We shall try not to fail the kindly prediction, and thank our contemporary heartily for good wishes.

The "Transactions" of the fifty-first session of the American Institute of Homeopathy, held at Newport, R. I., last summer, have been issued by the general secretary, Dr. E. H. Porter, New York. In no recent year has a volume appeared so soon after the adjournment of the Institute as in this instance. The secretary has exercised commendable zeal in presenting this volume, containing 1,200 pages, to the members of the Institute so promptly. In most particulars he has shown pains-taking care and effective work. The usual record of business is presented, also a fairly full and satisfactory report of the routine business and discussions of the Institute, together with an excellent presentation of the scientific discussions of the session, all together going to make a volume of no inconsiderable value. The registration of members has been presented in smaller type than usual, and in a number of other particulars commendable economy has been practiced. The portrait of the president appears as a frontispiece, and opposite the record of the cordial reception extended Dr. Louis Hallock, of New York City, one of the two surviving founders of the American Institute, is to be found an excellent likeness of this venerable colleague. A number of practical illustrations appear in the text, lending additional value to the book. It is doubtful if the same amount of money can be expended more satisfactorily in the purchase of any medical volume extant than is required to secure membership in the American Institute of Homeopathy and the possessorship of these annual Transactions. The volumes contain the latest and best thoughts of the very cream of the homeopathic profession. Nowhere else can be found in such concentrated form and at the same expense so many valuable papers and discussions thereon by prominent men of the homeopathic profession in their various departments of practical work. The members of the Institute are felicitated upon the promptness with which their general secretary has issued the Transactions of '95, and that individual is congratulated upon having been able to gather together the material for the book and distribute it so promptly.

The profession of Omaha held a course of lectures during the week beginning March 16, at the office of Dr. O. S. Wood in the New York Life Insurance Building, at 8 o'clock, each evening. On Monday the subject of materia medica was considered. The papers read during the evening were one upon "How to Study Materia Medica," by Dr. S. J. Quinby; another upon "The Materia Medica and Institutes of Homeopathy," by Dr. H. P. Holmes; "A Comparison of Gelsemium and Glonoine," by Dr. E. R. Alexander; and "A Study of Lachesis," by Dr. C. G. Sprague. On Tuesday evening papers were considered in the department of theory and practice, titled, "Practical Diseases," by Dr. W. H. Hanchett; "The Scientific Use of Adjuvants," by Dr. H. A. Worley; "Caries; Their Significance," by Dr. Freeda M. Lankton; and "Facial Semicology," by Dr. H. P. Holmes. On Wednesday evening surgery was the subject, with a paper on "Tumors," by Dr. D. A. Foote; another titled "When to Use the Curette," by Dr. R. W. Connell; a third on "Fractures and Dislocations," by Dr. P. J. Montgomery; and a fourth on "Intubation of the Larynx," by Dr. A. P. Hanchett. Theory and practice follow again on Thursday evening, with "The Science of Medicine," by Dr. G. A. Parsell; "Early Homeopathy," by Dr. O. S. Wood; "Functions of the Digestive Fluids," by Dr. W. H. Parsons; "Medical Electricity," by Dr. Emma J. Davies. On Friday evening Dr. J. E. Mann gave a paper on "The Nose, Its Functions, Diseases and Treatment;" Dr. Mary J. Breckenridge followed with one on "Cholera Infantum." Dr. S. J. Quinby came next with "How to Study Materia Medica," and Dr. Sarah Smith read "A Study of Sepia." General discussions of all these papers by the profession followed and proved exceedingly profitable. So far as we are aware this is an original idea and one worthy of emulation in other cities. It is styled "The Omaha Homeopathic Medical Lecture Course." It may readily be imagined that the profession would take most kindly to the preparation of a special series of lectures for an occasion of this character, and there ought to result from such meetings the utmost of good fellowship and professional zeal.

Dr. George B. Peck, Providence, R. I., has issued a circular letter to members of the American Institute of Homeopathy with a view of assisting in making the department of Pedology at the forthcoming American Institute meeting an unusually successful section, in which he presents a series of fifteen practical questions in that department of work, as follows:

1. Is it your custom to prescribe medical prophylactics during an epidemic of scarlatina?
2. Name three or more remedies that you most often administer when treating cases of that disease in the order of frequency of prescription.
3. Name the three articles of nourishment most frequently ordered during the progress of scarlatina.
4. What attention, if any, does the throat receive?
5. With what do you bathe the child, if at all, during the eruptive stage of scarlatina and what temperature is the liquid?
6. With what do you "grease" the scarlatina patient, if at all, and when?
7. What course do you pursue when the eruption suddenly recedes, and with what expectation of success?
8. What dietary do you follow during convalescence from scarlatina, and when do you commence it?
9. If not employed as "accessory treatment," when after scarlatina do you administer the first bath and what is its nature?
10. What change, if any, have you made in the management of your scarlatina cases through deference to current theories as to the nature of the disorder?
11. Do you "grease" or "powder" a person suffering from measles? If so, with what?
12. State at what stage, or stages, you order baths in measles; also their nature and temperature.
13. State the foods you prescribe during an attack of measles in the order of frequency of use.
14. State the beverages allowed during measles in the order of frequency of use.
15. State three or more remedies employed in measles in the order of frequency of prescription.

The MEDICAL CENTURY has recently had some correspondence with the firm of Lea Bros. & Company, publishers, in relation to their attitude toward homeopathy, following upon the sending by them of one of their books for review, and has a very satisfactory communication from their New York house, under date of March 3, which reads as follows:

"We beg to acknowledge the receipt of your very courteous favor of the 28th ult.

"You are entirely correct in your supposition as to the attitude in the past of the *Medical News* toward homeopathy.. The editorial columns reflected the views of Dr. Gould; we were simply the publishers and had neither part nor influence in directing the editorial management.

"Under the editorship of Dr. Goffe, we are glad to convey to you the assurance that a different policy will be pursued. The broad domain of medicine is wide enough for all—and the *News* will confine itself to the interests of its subscribers.

"Personally we need scarcely assure you that we value highly your good opinion and that of the Medical Century, and that it will always afford us pleasure to forward to you our publications for review in its columns.

"With warm appreciation of your friendly expressions, which we heartily reciprocate, we are,

"Yours faithfully,

(signed.) *Lea Bros. & Company.*"

It will no doubt be a pleasure to the homeopathic profession to know that this long-established publishing house is not disposed to support the views reflected in recent years by its former editor, Dr. Gould, in relation to homeopathy. The homeophobia from which that individual has suffered so severely is purely his own affair, and while it may have been thought that his publishers should not have allowed him to force his rabid utterances upon them and the readers of their journal because of his editorial association with them, yet, after all, in the light of their present attitude toward the homeopathic profession there is no good reason why we should not be willing to accept their explanation of their position and attach whatever of blame belongs to the late editor Gould to him and him alone. Surely nothing more courteous than this letter of March 3 need be asked for in reason, and it is believed that in many portions of the country this public expression of Lea Bros. & Company in regard to their attitude toward homeopathy will be received with satisfaction.

The *Minneapolis Homeopathic Magazine* for February deals some good blows against college segmentation in Chicago, utterly annihilating the position of the *Medical Current* and *Medical Visitor* upon this subject. It will be remembered that the *Visitor* is in a way, a feeble way, 'tis true, but in a way, nevertheless, in association with Dunham College and that the late active editor of the *Current* was in the faculty of the National College while yet editing that journal. Much that the Minnesota journal has to say upon the subject is so terse and apropos that it is reproduced without comment by the Medical Century, whose position upon this topic is now well known to all its readers. The voice of the *Magazine* is raised in the same opinion, as will be seen by what it has had to say, in part, thereupon:

"The *Current* and *Visitor* profess to believe in homeopathic colleges *ad libitum,* not to say *ad infinitum.* They would argue that in this, as in medicine, dilution develops power. They wonder why we cannot see the 'strength of numbers.' But we can. So could a certain Irishman of our acquaintance who once took a whole box of cathartic pills because if a few were good more were surely better. We prefer, however, not to base our actions upon that sort of logic. We have the word of the aforementioned Irishman that its results are not always satisfactory.

"The *Current* denies that Chicago homeopathists quarrel among themselves. It declares that they are 'more closely allied than in any other city of Christendom,' and courageously offers to prove it. But we shall not demand any proof. If the Chicago doctors have buried the hatchet we are glad of it. It is encouraging—there is hope for the Kilkenny cats. We welcome the good news, for we are no more fond of horrid war than is our peace-loving journalistic brother. Very possibly we may have exaggerated the situation, having no means of judging of the condition of affairs in the big city except by what reaches us through the mails and the various journals. But one can generally tell by the bubbles that rise to the surface the amount of disturbance underneath. 'By their fruits shall ye know them.' And if the fruit has not been decidedly bitter in this case we are no judge of green things.

"The *Visitor* thinks that the 'pastoral' editors have a bitter feeling against the new Dunham college. This is a mistake. Speaking for our 'bucolic' confreres, it is believed that we can truthfully say that not one of them has any grudge toward the new institution. Not one of them disputes the fact that it has a fine building and an excellent location. Not one will deny the existence of its 'library of over six hundred volumes,' nor undertake to say that its museum does not contain a 'collection of several hundred eggs'—and perhaps the divers and sundry hens that laid them, for that matter. So far as it goes this is all very good. Even the untutored rustic will readily concede that point. He is not in any way opposed to Dunham college *per se.* At the same time he does feel that it has no legitimate excuse for existence. Nor does this prove that he is in any way disposed to check the advance of homeopathy. On the contrary, he glories in its progress. But he does not believe in apparent advancement which is made at the expense of self-respect. He does not want to see the profession sacrifice strength to gain mere numbers. He does not favor the parceling out of the ability required to run two or three colleges among five or six, to the serious detriment of all of them. He does not countenance the scouring of highways and byways in search of a staff, or the padding of faculties with a job lot of miscellaneous unknowns, merely that a new school may be launched into being. In a word, he does not enjoy seeing homeopathy dragged into the mud, made subservient to private ends, or turned into an object of ridicule before the people and the rank and file of the great medical profession. * * * "

ROCHESTER REFLECTIONS.

Our new nurses are in such great demand that several hold nursing positions already.

Dr. N. M. Collins has sent out cards announcing that he is making a "specialty of Surgery and Gynecology."

Dr. C. R. Sumner has the sincere sympathy of the profession in the loss of his daughter, Marjorie, who had been ill for a long time.

Miss Allerton, the superintendent of the Homeopathic Hospital, has recently enjoyed a short vacation, visiting in New York, Philadelphia and Boston.

Another gift from Mr. Hiram W. Sibley, just made known, includes a two hundred dollar microscope, centrifuge and other apparatus for the new laboratory, equipping it for the best work in pathology.

Miss Hannah C. Goodrich, who has been assistant superintendent of the hospital for the past year, has gone to California to accept the position of superintendent in Dr. Ward's private hospital in San Francisco.

The annual meeting of the Hospital Staff was held at Dr. T. C. White's on March 3rd. The same officers for the year were reëlected: President, Dr. T. C. White; vice-president, Dr. J. M. Lee; secretary, Dr. G. A. Bachman.

Two positions as internes to the hospital will be vacant about the first of May. Quite a number of applications have already been received, which shows that a good thing is appreciated by the newly-pledged doctors.

Dr. Lee recently entertained at the Genesee Valley Club Commissioners Brown and Reeves, of the State Board of Lunacy. As chairman of the State Committee on Legislation, he has been very busy this season in securing measures of great value to the profession.

Of seventy-one runs made by the ambulance in February, twenty-eight cases were brought to our hospital, sixteen taken to the City Hospital, fourteen to railroad stations or homes, seven to other hospitals, and six cases were not carried. By an ordinance of the common council the city will appropriate $2,000 annually towards the support of our ambulance service.

While conducting a post-mortem examination at the hospital the other day Dr. H. W. Hoyt secured a prize. A double uterus was found, consisting of a single cervix with two distinct bodies leading from it, each of which was about one-half the size of a normal uterus. The woman had given birth to three children with no apparent difficulty, had had double pyosalpinx and died of cerebro-spinal meningitis.

The Rochester Homeopathic Training School for Nurses, connected with the Rochester Homeopathic Hospital, held its commencement exercises on February 25, graduating nine young ladies. The address of the evening was delivered by Mrs. W. A. Montgomery, the medical address being delivered by Dr. E. B. Wolcott, who was recently elected president of the New York Homeopathic Medical Society. The exercises were interesting and were attended by a large assemblage of Rochester's best people, who take deep interest in the commencement exercises of their excellent training school.

A delightful audience crowded the parlors, office and halls of the Administration Building of the hospital Thursday evening, February 25th, on the occasion of the graduating exercises of nurses from the Training School. The decoration of the rooms, with wreaths, palms, smilax and scarlet ribbon, was uncommonly attractive. The address was made by Mrs. W. A. Montgomery, vice-president of the school, and could not have been more excellent. With words of commendation Dr. E. H. Wolcott presented the class to Mrs. H. W. Sibley, the president, who gracefully bestowed the diplomas upon the eight young women composing the class. The Rev. John Leal, of St. Paul's Church. opened and closed the exercises with prayer. Miss Edna Howard and Miss Lucy Clark each sang solos, Mrs. Bellamy playing the piano accompaniments. At the conclusion of the programme the usual reception was held with dancing and general merry-making for the invited guests. Miss E. C. Watson and Mrs. J. Foster Warner presided at the supper table.

NEW YORK NEWS-NOTES.

Dr. Sidney F. Wilcox has again been the victim of a robbery. A thief who entered through the scuttle succeeded in escaping with several articles of jewelry.

Frank Le C. Dowe, M. D., of Bedford Park, has succeeded to the practice of the late Dr. William S. Miner, and will hold office hours in the office of the latter, 271 Lenox avenue.

Dr. Clarice I. Parsons, of 74 Temple street, Springfield, Massachusetts, recently visited her friends in the city. The doctor reports entire satisfaction with her new location.

Dr. Edwin J. Pratt has gone to Florida for the month of March. Dr. G. G. Shelton returned from the same balmy climate just in time to meet our most characteristic March weather.

Dr. H. M. Dearborn has been holding a series of Saturday afternoon clinics in dermatology at the Metropolitan Hospital. The wards there furnish an abundance of material of great variety.

Dr. Homer I. Ostrom announces that his private surgical hospital at 127 W. 47th Street, New York, is completed, and that he is now ready to receive surgical cases and those requiring special surgical operations.

Dr. Egbert Guernsey will soon remove to his new home, in the Madrid, 180 West 59th street. The Count and Countess di Foresti of Italy will be the guests of Dr. and Mrs. Guernsey for several weeks this spring.

Dr. T. F. Allen, New York, is authority for the statement that the mortality in the old school hospitals of the city of Mexico is thirty-five per cent., while with the homeopathic profession it is but thirteen per cent.

Ambulance Surgeon John H. Schall, of the Brooklyn Homeopathic Hospital, had a serious fall on March 12. While answering a hurry call he was thrown from the ambulance, striking upon his head. Symptoms of concussion developed that night, and his condition was regarded as serious.

Dr. Francis E. Doughty delivered his annual lecture before the Hahnemannian Association of the New York Homeopathic Medical College on March 18. His subject, "Medical Ethics," was treated in his practical way, which has long been one of the features of the year. The students of the Woman's Medical College were the guests of the Association on that occasion.

All the graduates of the New York Homeopathic Medical College will be pained to hear of the death of Mrs. Dreyer, wife of Janitor Frank Dreyer. Her death occurred suddenly on March 15th, after a short illness. Mrs. Dreyer in her lunch room was almost as well known as Frank, and was respected by all the students and officers. Much sympathy for her husband and son, Dr. F. Helmuth Dreyer, was expressed by the students, and lectures were suspended on Monday.

In accordance with that curious modern notion that it is the province of boards of health to investigate every suggested therapeutic possibility in order to discover some feasible pretext for giving its use their official sanction, the pathological and clinical bureaus of the New York board of health have been experimenting with the Röntgen rays. It is thought that they may be destructive to the life of pathogenic bacilli, just as bright sunlight is known to be, but with the added power of penetrating the tissues of the body to where the parasites are growing. Pure cultures of diphtheria bacilli are subjected to various degrees of sunlight and X rays, and the results compared.

A great abuse from which the New York colleges are all suffering is the indiscriminate and uncalled for performance of post-mortems at the large city hospitals. No case can die, even from so clear a cause as phthisis pulmonalis in its last stage, without being "posted" if the requisite authority can be obtained. The result is that the dissecting rooms of our colleges can rarely obtain an unmutilated subject, and the practical study of the anatomy of the viscera is rarely possible. The desire to investigate an obscure condition is justifiable. But a passion for hacking to bits the viscera of every corpse obtainable, on the mere chance of seeing an abnormality, is to be earnestly deprecated.

The respective merits of homeopathy and allopathy are receiving considerable attention just now in Stamford, Connecticut. After money had been subscribed freely for a new general hospital, the homeopathic donors were informed that their school would not be recognized in the institution. A movement to secure money for a new homeopathic hospital was met with sneers in the local press, and the war was on at once. All the old time stock slanders, such as were often heard in the early part of the century, were published anonymously in almost daily installments. In reply Drs. C. E. and J. F. Rowell and Walter S. Mills, and some well-posted laymen, presented facts and statistics which must have made their detractors squirm. Public interest in the controversy was of decided benefit to the movement, and a subscription paper, headed by Hon. Samuel Fessenden for $750, is being actively circulated. Dr. Rowell is hopeful of raising $25,000, and has in view a site in the northern part of the city which would be donated for a homeopathic hospital. The entire episode is an illustration of what can be done by resistance to persecution, and the undesirability of supine submission to neglect and injustice.

WASHINGTON WHISPERINGS.

Dr. W. R. King, who has been confined to the house by rheumatism, has now fully recovered and resumed his practice.

Dr. Edgar Janney has been sick for six weeks suffering from rheumatism. This is an old enemy of the doctor's, but it is hoped that he will soon recover.

Dr. S. S. Stearns, president of the Southern Homeopathic Medical Society, and also of the Washington Medical Society, bears the honors well and makes a good presiding officer. He is one of the oldest physicians here and is a good friend of the young doctor.

A bill is now pending before congress to exempt physicians from testifying before the courts in cases in which they have been engaged professionally. All of the district judges have signed a protest against the passage of this bill, but the old school medical society and the homeopathic medical society have passed resolutions indorsing it, and it is hoped that it will soon become a law.

Dr. J. B. G. Custis, chairman of the legislative committee, reported to the society that the bill providing for a board of medical examiners for Washington, which has passed the house by a large majority, will be reported to the senate in a few days and there is little doubt about its passage by that body. Dr. Custis has worked hard for the passage of this bill and when it becomes a law he will be entitled to much credit.

At the regular meeting of the Washington Homeopathic Medical Society, held March 3d, the bureaus of ophthalmology, otology, and laryngology, Dr. W. R. King, chairman, made a very interesting report. Papers were read by Drs. L. Y. Baker, R. Choate, B. F. Gibbs, H. W. Woodward and W. R. King. The society meetings are well attended, the best of fellowship prevails and, altogether, we are a happy family.

Drs. G. W. Pope and S.I.Groot, two of Washington's oldest homeopathic physicians, have been placed upon the the honorary membership roll of the medical society. When these two veterans commenced the practice of medicine in this city homeopathy was little known and their lot was not an easy one, but both gentlemen fought and won their battles, have enjoyed large and lucrative practices, and done much to build up homeopathy in Washington.

The National Homeopathic Hospital of this city has just closed a most prosperous year. It is gratifying to the hospital association and medical staff to find the hospital growing into such popularity, and it is hoped that the day is not far distant when the old building will give way to a new and larger one. Much of the success of the hospital in the past two years is due to the good surgical work of Dr. T. L. Macdonald. A few years ago very little surgical work was done but now hardly a day passes but that there are from one to three operations performed. This kind of work always helps a hospital.

Washington has been afflicted with an epidemic of measles; in some portions of the city very few families have escaped without a case or two. Diphtheria has also been prevalent. The health office here advocates the use of antitoxin, but the homeopathic profession do not use the new treatment. One of our physicians had a case of diphtheria under treatment which was progressing nicely when friends of the family persuaded the parents of the child to use antitoxin, and under this influence the attending physician, under protest but to satisfy the parents, gave one injection of antitoxin and the child died in twenty-four hours. The physician in charge of the case says that the child would have recovered under homeopathic treatment and this is the last case in which he will be induced to use antitoxin.

The medical society is now engaged in war upon the alleged homeopathic college recently started in Washington. It is simply a question of time before this college will be numbered among the things of the past. The following resolution was adopted at the last meeting of our society:

"*Be it resolved*, That the Homeopathic Medical Society of the District of Columbia hereby most earnestly protests against the granting of a charter, by special act of congress, to an institution styled the Washington Homeopathic Medical College, first because it does not consider the faculty of said college in any way representative of the homeopathic school of medicine; and second because the said college does not propose, nor does the society believe it able as an educational institution, to meet the requirements demanded by the American Institute of Homeopathy, the national and representative organization of the homeopathic school of medicine."

In order to impress upon the CENTURY more forcibly the bad reputation the so-called college bears in this community it appends a copy of the letter of Health Officer Woodward, an old school physician and a very fair minded gentleman, in answer to a request from the district commissioners that he report upon the standing of the college, as its faculty had made application for a charter. His letter, as published in the *Evening Star* of March 2d is as follows:

"While purporting to be a homeopathic institution there is not a representative homeopathic physician among its incorporators, nor does it receive recognition from the representative body of homeopathic practitioners in the district, the Washington Homeopathic Medical Society (chartered by act of congress, April 22, 1870).

"An institution styled the Washington Homeopathic Medical College is at present in operation in this district, having been incorporated January 18, 1896, under the general incorporation laws; it is the successor of the National Homeopathic Medical College, which was incorporated in the same way. The reputation of the latter institution among medical men not connected with it was by no means good, and its character was at one time attacked by the board of dental examiners of this district; the former has not been in operation long enough to establish a reputation of any kind and its character can be judged only by the fact that it is under the control of the same men who controlled its predecessor. It is not entirely clear why it was deemed advisable to change the name of the institution if the operations of the one already in existence had not discredited the title by which it was known. The bill now before congress seeks to establish by special charter the college already in operation under a charter obtained as stated above.

"The apparent object of obtaining such a special charter is to relieve the institution of the possible supervision of the commissioners of the District of Columbia, as to the sufficiency of its facilities for giving instruction in the branches which it is proposed to teach, which it is sought by pending legislation to impose on such institutions as are or may hereafter be incorporated under the general incorporation laws of the district. This supervision on the part of the commissioners cannot be made to operate to the detriment of any properly equipped institution, and is, therefore, not inimical to such an institution. The exemption sought from such supervision should, therefore, not be granted.

"The most important reason, however, why this bill should be adversely reported appears in section 7. In this section the incorporators of the proposed college ask from the government authority to confer the degrees of doctor of medicine, doctor of homeopathic medicine, master of homeopathics and doctor of dental surgery; they do not propose, however, that the government shall limit this authority by specifying the requirements to be enacted of candidates for any of these degrees, or by any supervision over the methods of instruction, the sufficiency of the equipment, etc. The proposed college could, under such a charter as is sought, confer, by authority of the United States government, any of the degrees mentioned above on any person whom the faculty might designate, without regard whatsoever as to the physical, mental or moral fitness of such person. Such right manifestly should not be granted to any body of men, and certainly not to one a part of whom, at least, have already associated in the issue of diplomas by a college of questionable reputation."

On March 9th inst., the hearing of the advocates of Senate bill No. 1814, duplicated in the House, for the establishment of a national homeopathic medical college in the District, postponed from March 2d, was resumed before the District commissioners.

The proposed college was represented by its faculty, attorney, and secretary—and the medical society was represented by a committee composed of Drs. J. B. G. Custis, T. L. Macdonald, L. B. Swormstedt, S. S. Stearns, W. R. King, and R. Kingsman.

The faculty of the college, through Dr. Williams, made a lengthy statement, and read a substitute bill which, it was stated, was intended to meet the requirements imposed by the health officer's objections.

At the conclusion of the reading and after insisting that there could be no reasonable objections to the proposed institution Dr. Williams added:

"Now, Mr. Commissioner, if there is anybody in this room who is not connected with any other homeopathic college, we shall be glad to hear from him; but we do not believe we should be called upon to meet objections from other colleges, especially homeopathic institutions."

Dr. J. B. G. Custis arose at once. He said he did not know that he came within the conditions prescribed, but he would speak as the representative of the Homeopathic Medical Society. He said he woul leave to the Commissioners whether or not the physicians named as members of the proposed faculty are properly the representatives of the profession. The health officer, he said, had left him but little to say, but he wanted to add that the bill does not meet with the approbation of the medical society.

Dr. Custis claimed that the proposed college was not representative, in any respect, of the homeopathic school, local or national, and read a letter from Dr. I. T. Talbot, of Boston, chairman of the Inter-collegiate Committee of the American Institute of Homeopathy, to show what the school demanded of all institutions claiming to teach their system of practice. He also called special attention to the inability of this institution to afford clinical facilities for teaching, and the absolute necessity for such facilities to properly educate physicians.

The letter read from Dr. Talbot was in substance:

"I am very glad that you are taking the trouble, so often a disagreeable and thankless task, to oppose the granting of a charter to an institution which evidently cannot meet the requirements of the American Institute of Homeopathy.

"The Institute has, for the last twenty years or more, earnestly labored to elevate the standard of medical education throughout the United States, and it now requires of all its colleges a preliminary examination for entrance, four years of study, attendance upon four courses of lectures of not less than six months each, from all its students before receiving the degree of doctor of medicine. Moreover, it requires suitable opportunities for hospital and dispensary study of disease, and laboratories for instruction in chemistry, microscopy, physiology, pathology, and bacteriology.

"To grant a charter to any college that has not facilities to enable it to give such practical instruction would be an injury alike to the whole community and to the medical profession which I am sure the American Institute of Homeopathy, as representative of the homeopathic school in the United States, would most deeply deplore. Such an act on the part of the United States Government would indeed be a national calamity."

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TWELVE REMEDIES IN DIARRHEA, WITH COMPARISONS.

I. Arsenicum.—That excellent and truly homeopathic work on diarrhea by Bell and Laird contains the indications for some one hundred and forty remedies in this complaint. The following twelve remedies are perhaps the more often indicated, and this *resumé* may prove valuable for ready reference.

Arsenicum, it may be said, is always thought of in diarrhea. Given a case of diarrhea and two remedies always come to mind, namely: *Arsenicum* and *Veratrum,* and immediately the distinguishing features of these are gone over much in this way:

Arsenicum.	*Veratrum Album.*
Stools in small quantities.	Profuse stools.
Restlessness, anguish and intolerance of pain.	No restlessness, anguish, nor intolerance of pain.
Great thirst, but for small quantities and often.	Great thirst for large quantities of cold water.
The prostration and weakness are all out of proportion to stool.	Great prostration follows the stool, not more, however, than the profuseness warrants.

The two remedies are easily distinguished and it would seem to be the height of imbecility to alternate them.

The grand characteristics of *Arsenicum* in diarrhea are therefore: (1) The small quantity. (2) The dark color. (3) The offensive odor. (4) The great prostration following. This makes a pretty solid stool—that is, this four-legged one. Another grand feature is the burning in the rectum, which almost amounts to a tenesmus. The stools of *Arsenicum* are dark yellow, undigested, slimy or bloody; they are often dark green and very offensive; they are worse at night and after eating or drinking. *China, Ferrum* and *Arsenicum* all have undigested stools coming on after eating.

Among the principal causes of the diarrhea calling for *Arsenicum,* and one which would be an additional indication, is chilling of the stomach by cold food, ice water or ice cream.

It hardly seems possible that *Arsenicum* with these characteristics could be misprescribed.

II. Veratrum Album.—The characteristics of *Veratrum album* are no less well marked than are those of *Arsenicum.* They are as follows: (1) A profuse, watery stool, forcibly evacuated. (2) Pain in the abdomen preceding stool. (3) Great prostration following stool. (4) Cold sweat, coldness and blueness of the body generally.

The stools of *Veratrum* are watery, containing therein flakes, and are commonly called rice water discharges. Preceding the stool is a severe pinching colic in the abdomen, and this pain is apt to continue during the stool. Nausea, too, is often an accompaniment. Cramps in the feet and legs may also be present. *Jatropha* has a profuse, watery discharge, evacuated with great force, and the patient is often cold as under *Veratrum,* but with *Jatropha* a great quantity of wind escapes. *Cuprum* is also similar in many respects to *Veratrum.* Here the cramps are very severe and extend to the chest; it has the vomiting and purging of *Veratrum,* but not the cold sweat. Among the prominent general symptoms of *Veratrum* is the great thirst for very cold water in large draughts. From personal experience I believe *Veratrum* acts better in the higher potencies in diarrhea; in the lower potencies it may produce unfavorable results from a too sudden stoppage of the discharges, while in the higher potencies, 12th, 30th, etc., it acts *tuto cito et jocunde* but not too much so!

III. Cinchona Officinalis.—*Arsenicum* and *Veratrum* in a certain case having been excluded, perhaps the next remedy coming to mind is *Cinchona.* Indeed it may come to mind at once if the diarrhea be a painless one. *Cinchona, Podophyllum* and *Phosphoric acid* have painless stools. Or if the stool be undigested it will come promptly to mind along with *Podophyllum* and *Ferrum.* The characteristic *Cinchona* diarrhea is a painless one of a cadaverous odor. It is slimy, bilious, blackish and mixed with undigested food; it is worse at night and after eating, with rapid exhaustion and emaciation, and this exhaustion, emaciation and debility at once distinguish the remedy from *Phosphoric acid,* which remedy is very similar but lacks the debility. The *Cinchona* diarrhea is worse after eating, here resembling *Ferrum* and *Arsenicum.* If it is caused or made worse by fruit it is an additional characteristic indication for its use. *Cinchona* has a similar thirst to *Arsenicum,* the patient drinks little and often, but it lacks the burning of *Arsenicum.* Diarrheas coming on after attacks of acute illness are often met by *Cinchona.*

IV. Sulphur.—The diarrhea of *Sulphur* is very characteristic. It has changeable stools, yellow, watery, slimy, and in scrofulous children may contain undigested food. It is worse in the morning about four or five o'clock when it wakens the patient and drives him out of bed in great haste. For these early morning diarrheas we have a number of remedies. *Bryonia* is one, but the stool of *Bryonia* comes on after the patient has been up awhile and has moved about, here presenting the worse-from-motion symptom of that drug. *Natrum sulphuricum* is another, it has morning stool associated with a great deal of flatus and it comes on sometime during the forenoon. *Rumex crispus* is another and it has exactly the same symptom as *Sulphur* but it is usually associated with cough. *Podophyllum* is another and perhaps the most similar to *Sulphur* in this respect. It hurries the patient out of bed and it has changeable stools, but it is more apt to continue throughout the day, and is associated with soreness in the liver. There is with *Sulphur* a tendency to rectal soreness, there are itching and soreness at the anus, the stools being acrid and excoriating. *Phosphorus* has a morning painless stool and so has *Dioscorea* but the colicky pains of this remedy starting from the umbilicus and radiating to all parts of the body should easily distinguish. *Petroleum* has early morning stools associated with emaciation. They differ from *Sulphur* in occurring also throughout the day. *Kali bichromicum* has also a watery, gushing stool coming on in the morning and followed by tenesmus. The stools of *Sulphur* are offensive and the odor of the stool follows the patient about as if he had soiled himself. The stools often alternate between constipation and diarrhea and if hemorrhoids be present it is an additional good indication for *Sulphur*. A diarrhea of mucus streaked with blood preceded by colic is also found under the remedy.

V. Aloes.—*Aloes* is a remedy whose chief action is on the rectum. It produces a constant desire to stool, and the passages are accompanied with a great deal of flatus. The great characteristic of the drug is the feeling of uneasiness, weakness, and uncertainty about the rectum; there is a constant feeling as if stool would escape, the patient dares not pass flatus for fear of the escape of feces. This condition is met with in children sometimes, they pass feces when passing flatus. *Aloes* resembles *Sulphur, Thuja* and *Bryonia* in having an early morning stool, like *Sulphur* it wakens the patient out of bed and hurries him to the toilet. It is worse by eating, but it seldom continues during the day. The weakness of the sphincter ani is also found under *Phosphoric acid* where we have also stools escaping with flatus.

The *Aloes* patient will also pass stool when urinating. Hemorrhoids which are characteristically swollen and sore accompany the *Aloes* stool.

The stools themselves are yellow and pasty or lumpy and watery, and before the stool there are griping pains across the lower part of the abdomen and around the navel. These pains also continue during the stool and the passage usually relieves them.

VI. Croton Tiglium.—*Croton tiglium* is one of the great homeopathic remedies for diarrhea which might be readily imagined from the prompt action of the drug in the minutest doses of the crude substance on the intestinal canal. Its characteristics are a yellowish, watery stool pouring out like water from a hydrant and especially associated with nausea and vomiting and aggravated by eating or drinking. There are a number of drugs that are very similar to *Croton tiglium* and they can be mentioned right here. The first is *Elaterium*. This is a remedy for frothy, copious, forcible diarrheas preceded by cutting in abdomen, chilliness, prostration and colic. They are always gushing and may be olive green in color. The second is *Gratiola*; this has a gushing watery diarrhea coming out like water from a hydrant; the stools are yellowish green and frothy and there is associated with them a cold feeling in the abdomen. The third is *Jatropha*. This has a profuse gushing watery diarrhea but here there is much wind and flatulence and great prostration. The fourth is *Gamboge*. This has a stool expelled "all at once," with much relief following. Stools thin and watery. The great characteristics of the stool of *Croton tiglium* are (1) the yellow watery stool, (2) the sudden expulsion and (3) the aggravation from drink and food, and to this we may add the quite common accompaniment of nausea.

VII. Rheum.—One symptom always leads to the thought of this drug and that is sourness of stools and sourness of the whole body, though *Rheum* is not the only remedy for sour stools, nor are sour stools the only indication for *Rheum*, indeed, they may be wanting in sourness and *Rheum* still be the remedy. For sour stools, besides *Rheum*, we have notably *Calcarea carbonica, Magnesia carbonica* and *Hepar*. *Magnesia carbonica* is said to follow *Rheum* well, and besides sourness it has the frothy green frog-pond-scum stool; debility is also characteristic of the remedy.

Characteristic among the symptoms of *Rheum*, besides the sourness, is a griping colic often followed by tenesmus. In color, the stools are brown and frothy and usually sour; they are worse from motion and after eating. Chilliness during stool is also characteristic. The continuance of the colic after the stool also suggests the remedy.

VIII. Podophyllum.—*Podophyllum*, as we have seen, has an early morning diarrhea. The stools are watery, yellow, profuse, forcible, and occur without pain, any time from three o'clock to nine in the morning, and a natural stool is apt to follow later in the day. It occurs, too, immediately after eating, resembling *Cinchona* and *Colocynth*, and it has still another resemblance to *Colocynth* in its colic which is relieved by warmth and bending forward.

Following the diarrhea of *Podophyllum* is a sensation of great weakness in the abdomen and rectum, this weakness of the rectum being a great characteristic of the remedy. The rectum prolapses before the feces are evacuated; here it differs from the prolapsus which would call for *Ignatia, Carbo vegetabilis* and *Hamamelis*.

Podophyllum has proved useful in the diarrheas of dentition when cerebral symptoms are present. Sometimes a headache will alternate with the diarrhea. This also occurs with *Aloes*. The stools of *Podophyllum* are often undigested; and here the remedy touches *China* and *Ferrum*, which are the great remedies for undigested stools. A deposit of a mealy sediment further indicates the remedy in diarrheas of children.

Podophyllum and *Mercurius* have some symptoms in common, both affect the liver, both have a tongue taking the imprint of the teeth, but the stool of *Mercurius* is accompanied by straining. The great characteristics of *Podophyllum* may be thus summed up: (1) Early morning stools; (2) watery, yellow, pasty or undigested stools, forcibly expelled; (3) painless; (4) weakness in the rectum following stool. *Podophyllum* also resembles *Calcarea carbonica* and *Phosphoric acid* in many respects, the rapid debility and exhaustion distinguish it from the acid, and the absence of general *Calcarea* symptoms from *Calcarea*. It is specially useful in the diarrheas of infants.

IX. Mercurius.—Straining at stool is the great characteristic of *Mercurius*, and this is more marked under *Mercurius corrosivus* than under the *solubilis*. The former is the great homeopathic remedy for dysentery. It may be remarked, in passing, that the allopaths have recently discovered this application of *Mercurius corrosivus*.

The stools of *Mercury* are slimy and bloody, accompanied by a straining and tenesmus which does not seem to let up, so we have what is characteristically described as a never-get-done-feeling. There is accompanying much hepatic soreness, flabby tongue, taking imprint of the teeth, and before the stool there is violent urging and perhaps chilliness. Bayes praises *Mercurius* in a diarrhea of yellow or clay colored stools. A sickly smell from the mouth is characteristic of the remedy, and if the ready perspiration so characteristic of *Mercurius* be present, the choice is easy. Prolapsus of the rectum may follow the stool.

X. Calcarea.—*Calcarea* should never be overlooked in any intestinal trouble, as we have seen it is one of the great remedies for sour stools, and for undigested stools. It is one of our best remedies for chronic diarrhea, its symptoms produced by the provers are very few, yet prescribed on its general symptoms it has proved very useful, for it is just in a genuine *Calcarea* patient that one usually finds diarrhea. Diarrheas occurring during dentition in infants with open fontanelles call for *Calcarea*. *Calcarea phosphorica* too is a very useful remedy in these diarrheas, but the diarrhea of *Calcarea phosphorica* is distinguished by being a spluttering diarrhea, forcibly expelled but watery, greenish, or undigested and with a great deal of offensive flatus. *Calcarea carbonica* is more suited to fat children, *Calcarea phosphorica* to those who are old and wrinkled. Both of these remedies as well as *Silicea* and *Sulphur* come in most frequently in the diarrheas of scrofulitic and rachitic children. In the *Calcarea carbonica* patient there is usually a ravenous appetite, and as in *Phosphoric acid* the stools do not seem to weaken. This is especially true of another of the *Calcareas, Calcarea acetica*. Prescribe for the patient instead of the diarrhea at all times, but more especially if *Calcarea* is to be given.

XI. Phosphorus.— *Phosphorus* is especially a remedy for chronic forms of diarrhea. It has green mucous stools worse in the morning, often undigested and painless. The stools pass as soon as they enter the rectum, and contain white particles like rice or tallow. *Apis* has a sensation as if the anus stood open and *Phosphorus* has a constant oozing from the anus. *Thuja* is a remedy for chronic diarrhea, especially when traceable to vaccination. The involuntary escape of feces in *Phosphorus* reminds also of *Aloes*. Chronic, painless diarrhea of undigested food calls sometimes for *Phosphorus*. It is profuse and forcible and aggravated by warm food and the patient often vomits, in fact one of the characteristics of *Phosphorus* is the vomiting of what has been drunk as soon as it becomes warm in the stomach. With the diarrhea there is a weak, gone feeling in the stomach and perhaps burning between the shoulders. The frog-spawn, or sago, or grain of tallow stools is most characteristic of the remedy.

XII Argentum Nitricum.—*Argentum nitricum* is quite similar to *Arsenic* in many ways. The stools are green, slimy and bloody, like chopped spinach in flakes. *Aconite* has a green stool like chopped spinach. With the stool there is a discharge of flatus, much spluttering as in *Calcarea phosphorica*. The stools are worse from any candy, sugar, or from drinking. The sudden attacks of cholera infantum in children who have eaten too much candy will often be remedied by *Argentum nitricum*. The children are thin, dried-up looking. It seems as if the child had but one bowel, and that extended from mouth to anus. Another characteristic of *Argentum nitricum* is its use in diarrheas brought on by great mental excitement, emotional disturbances, etc. *Gelsemium* is one of the most prominent remedies for diarrhea produced by fright or fear; it appears suddenly and the stools are yellow and papescent. *Opium* has diarrhea from fright and so has *Veratrum album*. *Pulsatilla* too, may be indicated in diarrhea from fright; the stools are greenish yellow and changeable. There are a number of minor remedies for diarrhea, but these very minor remedies become of major importance when they are closely indicated. In the scope of a brief *resumé* of the more commonly used remedies—every day remedies—their indications might be out of place.

Practice of Medicine.

A CASE OF TONSILLITIS.

BY HARA NATH BASA, CALCUTTA, INDIA.

The patient, a widow aged 70, residing at No. 4 Raghu Nath Chatterjus street, Calcutta, India, one morning complained of a little pain in the throat. She slighted the pain at first and was going to bathe but was forbidden to do so. Within a few hours the pain increased to a great extent, and high fever followed. I saw her at noon. The fever was at 105 degrees. Eyes looked red, face flushed, skin parched and dry. No thirst or restlessness. There was shooting pain in the throat during deglutition. The patient refused to take even a spoonful of milk. The tonsil was much inflamed. The right side of the throat looked bright red, and there were rapidly forming aphthous ulcers and follicular patches. The maxillary glands were painful to the touch. The tongue was coated white and awfully unclean. It had the "strawberry appearance." The bowels were constipated.

I prescribed *Belladonna* 30x every three hours. Next morning the fever was less, but the patient was worse than before. She could not swallow anything; bowels had not moved; throat more painful.

I made no change of medicine.

Next morning at four o'clock she had severe urgency to stool, which drove her out of bed and she passed a large quantity of bilious stool. I administered a dose of *Sulphur* at 8 A. M.

I saw her again in the afternoon. There was no improvement. The fever was high. There was an enormous swelling of the neck and profuse secretion of saliva from the mouth. Deglution almost impossible. The patient could not speak or change side.

I prescribed *Mercurius solubilis* 30x. During the night she passed three bilious stools and felt comparatively better. Towards morning she took a small quantity of milk and the swelling was much less. When I saw her at about 8 A. M. she could speak with me and thank me for the relief she had from the dreadful agony. To my great satisfaction I found her throat much better and temperature normal. *Mercurius* was repeated three times during the day. Next day there was no fever, no pain in the throat, swelling gone, throat clear. The patient required no more medicine and was all right within a day or two.

5 Raghu Nath Chatterjus St.

The Emperor of Germany will contribute 10,000 marks toward the erection of a statue to Helmholtz's memory. This, it is stated, is the first contribution by royalty or any state functionary for the commemoration of either doctors or scientists.

Neurology.

NEUROLOGICAL NOTIONS.

BY W. A. DEWEY, M. D., NEW YORK.

Catalepsy.—Catalepsy has been produced, in a young Indian, by a dose of five centigrammes of the resin extracted from the leaves and flowers of the Indian hemp, *Cannabis indica.*

Loss of Memory.—*Anacardium* is recommended for loss of memory, especially if due to mental overwork such as preparing for examinations. Dr. Goullon, of Weimar, has obtained excellent results from *Phosphorus* 12x in cases of progressive weakening of the memory. This remedy contains in its pathogenesis symptoms which are very characteristic of this affection, such as "difficulty in thinking," "confused ideas," "forgetfulness with cerebral congestion," and "heat in the head."

Supra-Orbital Neuralgia, especially of the left side, will find its remedy in *Cedron* if the pain is intense and lancinating.

Chorea.—Dr. Lawrence, of Philadelphia, in a paper read before the Trousseau Club, supports the functional theory of Sturges relating to the etiology of this disease. He considers it a disease especially of the superficial layers of the cerebral cortex, with manifestations due to the lessened inhibitory influence of the superficial sensory cells over the deeper motor centers. If the motor centers are not damaged there will be involuntary movements from the normally associated cells stimulating similarly associated muscles. If the motor cells are affected irregular contractions of muscles, or portions of muscles, occur.

Locomotor Ataxia—Dr. George H. Martin, in the *Pacific Coast Journal of Homeopathy,* gives some useful hints in the homeopathic treatment of locomotor ataxia. In fulgurating pains uncomplicated by any sense of inco-ordination or exhaustion *Ammonium muriaticum* is the chief remedy: it has "rending, tearing, painful jerks in the thighs, lower limbs and joints," and later in various parts of the body with a sensation of soreness where they occur. Other remedies for these pains are *Chamomilla, Colocynthis, Ferrum, Kali carbonicum, Lycopodium* and *Plumbum. Picric acid* is indicated where there is great weakness of the lower limbs and back with great exhaustion. Absence of knee-jerk, ataxia, fulgurating pains, shuffling and staggering gait due not to want of power but to an inability to perform light movements of limbs, *Secale* is the remedy. Fulgurating pains with muscular twitchings and impotence, *Zincum. Phosphorus* has burning in spine, tingling and formication in extremities, sexual excitement followed by impotence, back weak, limbs weak on beginning to walk, patient stumbles, catches his toe in every obstruction, tottering gait and inco-ordination. *Kali bromatum* is similar and is one of our useful remedies in advanced stages with ataxia. For inco-ordination *Argentum nitricum* is the great remedy; the patient staggers in the dark and with closed eyes, legs feel like wood, exhaustion in extremities, loss of pupillary reflexes and incontinence of urine. *Aluminum* has about the same inco-ordination symptoms but in addition great muscular weakness, superficial formication, ptosis, diplopia, etc.

Belladonna. In early stage with inco-ordination and loss of strength, steps high in walking. It is also a useful remedy in the last stage when gastric crises are present. *Plumbum* is the nearest pathological similimum to locomotor ataxia. Paralysis with atrophy, loss of co-ordination, anesthesia and impotence are its symptoms. Finally he mentions *Silicea* with which he has had considerable personal experience and success. The tendency to over-nutrition found under this remedy tends to produce an overgrowth of neuroglia with its resultant contraction and sclerosis. The indications for *Silicea* are these: fulgurating pains, inco-ordination, weakness of the lower extremities with a tendency towards destruction of tissue, particularly ulceration of the foot and toes about the nails. In several cases he believes *Silicea* to have stopped the progress of the disease.

Acute Ascending Paralysis.—In a paper presented to the New York Neurological Society, Drs. Bailey and Ewing presented a study of acute ascending paralysis, or Landry's paralysis. The authors' conclusions were: (1) That acute ascending paralysis was probably a toxemia in which the poisonous agent chiefly affected the nervous system; (2) that its most common seat was in the spinal cord or medulla, though it might be present in the cortex and nerve roots; (3) that the lesions in other parts of the cerebro-spinal axis were of a similar nature; and (4) that when the lesions affected the peripheral nerves there was an increase of neuroglia cells. In the discussion following Drs. Dana, Jacoby, Gray and others supported the assertion that Landry's paralysis was dependent upon a toxic substance acting on a part of or the entire nervous system. It may prove in the future to be an acute infectious disease.

Sporadic Cretinism.—A number of cases of this disease cured with the extract of thyroid gland have been scattered through our literature of late. In a recent number of the *Medical News* are two or three cases reported in which great benefit resulted. In an editorial in the same number appear comments on the recent discovery of Baumann, namely, that an organic *Iodine* is to be found in the normal thyroid gland. May it not therefore be the *Iodine* in really homeopathic doses that is curing cretinism, myxedema, etc., by its well-known action in improving glandular absorption? It is not unlikely in such cases that *Iodine* symptoms could be found.

Compression in Sciatica.—*Le Lyon Medical* reports the results of compression in the treatment of sciatica In one hundred and thirteen cases of the most rebellious kind, all resulted in recovery. The procedure is as follows: The patient lies on his face with legs extended. The most painful spot is selected, at its egress from the sciatic opening. On its trunk both thumbs are applied and it is compressed with the greatest possible force, at the same time slight lateral movements are made without changing the point of pressure or moderating its intensity. This takes from fifteen to twenty seconds and is followed by an interval of twenty minutes' rest when the procedure is repeated. After a second application, which is less painful than the first, the patient is able to walk and for several hours, even a day, he may be free from pain. In order to obtain complete recovery, says the author, this procedure should be practiced about six times a day every two days until the neuralgia becomes definitely suppressed.

Insanity and Murder.—The supreme court of the United States has recently decided that the burden of proof of guilt rests in all criminal cases upon the prosecution, that is, the prosecuting attorney, in cases where the claim of insanity is advanced, must prove that the accused is not insane. Criminals who try the insane dodge will hail this decision with satisfaction.

State Control of Insane.—All the asylums under the control of the city of New York were transferred to the care of the state on February 28. All these institutions are to be grouped together under the name of the Manhattan State Hospital for the Insane.

Pedology.

CLIMATE OF SOUTHWEST TEXAS IN RELATION TO DISEASES OF CHILDREN.

BY M. J. BLIEM, M. D., SAN ANTONIO.

This is a subject upon which I can freely write with honest enthusiasm. Compared with many sections of our country which are constantly suffering from the ravages of diseases peculiar to childhood Southwest Texas is a veritable children's paradise. The mildness of the climate makes it possible for children to spend practically the whole year out of doors. What this must mean to delicate children can be easily imagined. Not only can the constant inspiration of pure air be thus insured but, also, the maximum amount of that active life which is so necessary to their growing bodies.

Especially essential is this free, active, outdoor life to children who are either predisposed by heredity to diseases of the respiratory system or who have unfortunately acquired obstinate troubles of this kind. Such children, almost without exception, do well in this climate. Even if they take colds and suffer relapses they are able to recover themselves far more easily than in severer climates. In many cases a residence here of one winter suffices to cure permanently cases of bronchitis or asthma, even of some years standing. I will mention two cases that come readily to my mind:

Illustrative Cases.—1. Helen G——, aged 10, of St. Louis, had suffered severely from bronchitis and asthma for about three years. Though greatly aggravated during the winter season, the disease persisted even during the summer. She was brought here early in the fall of 1893 and remained until June, 1894. She rapidly improved, and during her stay had only a few moderate attacks. She gained in size and weight constantly. She was perfectly well when she left, and has had no return of the trouble to this time.

2. Alberta G.——, aged 16. This little girl has had asthma since she was two years old, and has been indeed a terrible sufferer. By appearance she would be judged about eleven years old. She was brought to San Antonio from Tennessee one year ago. During the attacks of asthma her only relief from seeming suffocation was effected by having her father run with her in his arms. Large doses of morphine and whisky were frequently required to allay her sufferings. Within one year this girl has apparently recovered. She has had no attack this season. She is bright and vivacious and is developing rapidly in body and mind.

Remarkable Record.—But it is in the remarkable record made here by the ordinary diseases of childhood to which I desire especially to call attention. These diseases rarely appear in epidemic form. They are seldom fatal. They are usually very mild in character, even when generally prevalent. While at different times during the past five years one or the other of these diseases has been quite prevalent, only one has taken the form of an epidemic, viz: measles, in 1894, which resulted in a mortality quite out of proportion to the ordinary record. Fortunately, the record kept by the health department of the city of San Antonio enables me to confirm these claims by precise data. Unfortunately, there is one serious omission in these records, due to the fact that on account of the usual mildness of these infectious diseases the law providing for the reporting of cases is not enforced; I cannot, therefore, give the number of cases occurring, but only the mortality. The facts are presented in the following table:

TABLE OF MORTALITY FROM ACUTE INFECTIOUS DISEASES OF CHILDHOOD IN SAN ANTONIO, TEXAS, 1891-1895.

	1891.	1892.	1893.	1894.	1895.	Total.
Population (est'm'd)	52,000	52,000	54,000	56,000	60,000	
School population...	10,694	11,213	11,453	12,012	12,612	
Scarlet fever..........	0	0	0	0	3	3
Measles..................	0	4	0	*45	1	50
Whooping cough.....	0	0	0	1	3	4
Croup.....................	1	0	1	2	4	8
Diphtheria..............	3	2	6	2	3	16
Total	4	†6	7	50	14	81
Total from all causes	1,160	1,436	1,098	1,205	1,181	6,080

* Epidemic.
† Small-pox.

Here we have a city of from 50,000 to 60,000 inhabitants. We have a pure water supply by the artesian system. But our sewerage system is as yet in process of construction. We have a population of 5,000 negroes and 15,000 Mexicans. Many of the latter, especially, live in the most abject poverty and in a most unsanitary manner. Surely, under such circumstances that climate must indeed be salubrious that will yield up but eighty-one victims in five years to the dreaded infectious diseases of childhood; only eighty-one out of a total number of 6,080 deaths.

Scarlet Fever.—Taking the facts somewhat more in detail, we find but one in the last five years in which scarlet fever caused any deaths; and then only three. Likewise in whooping cough there were three years of freedom and in the other two but four deaths.

Measles.—Of measles, so prolific of deaths in Northern latitudes, there were two years in which none occurred. In 1894 an epidemic of this disease claimed forty-five children. It would be very valuable could we know the number of cases attacked. I have examined the records carefully and find that fully thirty of these deaths occurred among negro and Mexican children, mostly from intestinal and brain complications, or that one-third of the population furnished two-thirds of the deaths from measles.* Croup caused eight deaths; one year none. Coming now to that voracious monster, diphtheria, more dreaded today than all the other diseases combined, we find a most remarkable showing; only sixteen deaths in the last five years! This, in a population of 60,000 people, with the sanitary conditions mentioned, with a school population of 12,000 children, is certainly a most remarkable record. We find, too, that these deaths are very evenly distributed throughout these years, showing that there is no tendency to epidemics. It was supposed that the opening of the sewer trenches during 1895 would greatly increase the fatality from diphtheria, but happily this did not result.

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* Not a single death in this epidemic occurred under homeopathic treatment; there are eight homeopathic physicians in active practice in San Antonio.

Diphtheria.—Let us compare these figures with some such city as Chicago. In 1895 Chicago lost 1,800 children from diphtheria (mostly); and this in spite of anti-toxin! Granting a population of 1,800,000, this would give one death for every 1,000 of the population. In San Antonio the rate was three to 60,000, or one to 20,000; or in other words, twenty children die of diphtheria in Chicago to one in San Antonio. With the better sanitary conditions soon to be obtained even this rate should be reduced.

Diligent inquiry among physicians in the smaller towns of Southwest Texas reveals similar facts. In Seguin, thirty miles east of San Antonio, a town of several thousand, a physician says that there has been but one death from diphtheria in thirteen years. In Rockport and Corpus Christi, on the Gulf coast, physicians say diphtheria is unknown.

Diarrheal Diseases.—The chief mortality among children under five years is due to the various diseases of the digestive system. Under the various diagnoses of cholera infantum, enteritis, gastroenteritis, colitis, entero-colitis, diarrhea and dysentery, we find recorded in 1894 seventy-four deaths (under five years) and in 1895, ninety deaths. It would be more instructive if we could make comparisons with the death rate from these diseases in other climates. It is, however, the impression of physicians who have practiced here and elsewhere, that these diseases, also, are not so extensively prevalent nor so fatal as in the more humid and changeable summers elsewhere. That is also my opinion, based upon experience in the North and South.

In conclusion I think I may safely assert that children have in the climate of Southwest Texas a chance for life and for the enjoyment of life which makes it indeed the children's paradise.

Surgery.

THE DRESSING OF DENUDED SURFACES.

BY ALBERT G. BEEBE, M. D., CHICAGO.

Objects Desired.—In an article published in the Medical Century of February 1 I gave some conclusions as to the proper dressing of surgical wounds, such as are beneath the surface. For the large number and variety of wounds, ulcers, etc., in which the surface is exposed to the dressing and which must undergo healing by granulation, a different mode of procedure is indicated.

Let us consider for a moment what is sought to be accomplished by a dressing in such a case. In most cases asepsis cannot be secured or expected and the wound must granulate with more or less suppuration. This process of granulation consists in delicate loops of capillary vessels being thrown out by the underlying tissue and these are covered in and protected by an exudate of "plastic lymph," which is exuded as a fluid and soon coagulates and becomes an organized solid. Whatever pus is formed is at the expense of this exudate. A proper dressing for such a surface must, therefore, fulfil two requirements:

First. It must, as far as possible, protect the surface from mechanical (or chemical) injury or irritation. Second. It must be antiseptic so as to prevent the formation and decomposition of pus, as much as may be.

Fallacies of the Laity.—The laity are full of the idea that the intention of such dressings is to "heal the sore." Every physician knows, or should know, that he can do absolutely nothing to heal injured tissue except to give the vital processes the best possible opportunity to do that work. Given normal, or physiological tissues, nature asks nothing of the surgeon but that he shall keep his hands off and see that no one and no thing shall be allowed to interfere with her work. As a matter of fact, nearly everything which is done in the average case is directly the opposite of this and is antagonistic to the reparative efforts of nature.

Fortunately, the old practice of washing all open sores with castile soap has very nearly fallen into disuse, and with it will soon disappear the bug-a-boo —"proud flesh"—which still haunts the popular imagination almost universally.

Soap in any form is nothing but an irritant to raw surfaces or to mucous membranes, and should never be used upon either. The same remark applies to nearly all forms of washings and spongings of granulating surfaces. The less they are meddled with the better.

Before applying a dressing any impurities or foreign substances should be removed as gently and with as little rubbing as possible, since this cannot fail to lacerate and destroy the delicate granulations already formed. If pus bathes the surface it is to be carefully taken up by some absorbent material touched upon it lightly; but there is nothing to be gained by irrigations, either of sterilized water or antiseptics, since none of these will render the surface aseptic or prevent the continuance of the suppurative process. We simply desire to remove any pus which, by remaining and decomposing, may become irritating before the dressings shall be again renewed. If necessary, the surrounding healthy skin may, of course, be washed *ad libitum*.

Imitate Nature.—In fresh wounds or abrasions of limited area it is often possible, and whenever practicable it is very desirable, to imitate nature's method of covering it with a scab. This is certainly the most convenient and satisfactory form of dressing.

The most convenient way of accomplishing this for small surfaces is to dust on *Tannin* or equal parts of *Tannin* and *Boric acid*. *Tannin* alone is quite as good as the mixture and deserves much more attention than it has received as an antiseptic dry dressing. This makes an excellent scab in fresh wounds, and being perfectly self-retaining requires no renewal. It causes some smarting when first applied, but only for a few minutes. In larger lacerated wounds, especially of the fingers, the method which has given me great satisfaction is to bandage with gauze, several thicknesses, and saturate the bandage repeatedly with compound tincture of *Benzoin*. This dries down into a firm antiseptic shell which thoroughly protects the surface like a splint and which may usually be left undisturbed until healing is completed, even for three or four weeks, if it extends far enough to prevent air or germs from admission under the edges. *Collodion* dressings often serve an excellent purpose in the same way. *Celloidin* has recently been recommended as an excellent self-retaining dressing, though I have as yet had no experience with it.

But it was of exposed and suppurating surfaces that I commenced to speak. The question is how are we to meet the two requirements already mentioned? It is certain that any of the woven or fibrous materials used for dressings if brought in contact with the delicate granulations and subjected to more or less motion as is inevitable from the movements of the body, must seriously irritate and, by adhering, will tear the forming tissue when removed for redressing. The process, so much in vogue with some, of packing granulating wounds or abscesses with gauze has always seemed to me utterly unscientific and opposed to common sense. I can see nothing but harm to be accomplished by it. The other fashion of using vaseline as a surgical dressing has but little more to be said in its defense. It is true that by greasing the dressings it may do something toward preventing their sticking to the part as much as they otherwise would, but it can be of no other use, since it melts with the temperature of the body and soaks away into the dressings. In many cases, at least, the petroleum oils are actively irritating even to the healthy skin. As for myself, I have very little use for vaseline in a surgical way. There are many other kinds of oils and fats very much superior for nearly all purposes. Its advantages are that it is universally available and does not undergo change or decomposition by keeping.

A Satisfactory Dressing.—What we want for a surgical dressing is some substance which is perfectly unirritating; which is soft enough to adapt itself to the most sensitive surface; which will not melt away into the substance upon which it is applied and which may be rendered antiseptic and kept so while it is in use. In casting about for such a substance I have been able to hit upon none which fulfills the requirements better than tallow. And since mutton tallow has been popularly accredited with great "healing" properties I fixed upon that, many years ago, as the basis for my surgical salve. But this alone is much too hard for our purpose and to give it the requisite softness I incorporate with it a sufficient amount of pure olive or cotton seed oil, and to render it antiseptic I add about five per cent of carbolic acid. This is given off so slowly as not to be irritating to the tissues nor to lose its efficacy before another dressing is applied. The formula will therefore be as follows:

℞. Pure mutton tallow (fresh and free from water) 12 ounces.
Fresh cotton seed oil (or olive if preferred) 4 ounces.
Carbolic acid, crystals, ¾ ounces.

Melt and mix together, stirring as it cools. When this is to be applied it should be spread upon muslin sufficiently thick to cover the cloth so that only the salve will come in contact with the granulating surface. It should usually be renewed about once in twenty-four hours. And although I have now used it many years I have not been able to see any way to improve upon it.

As I said in the beginning, we are supposing we are dealing with normal conditions of the tissues. If it is otherwise, *i. e.*, if we have chronic or unhealthy ulcers or pathological processes to deal with, we may need to apply special medicaments or stimulants aside from this dressing at the time when the dressing is being renewed; but, according to my view, this will in no way affect the character of the regular dressing itself.

Resume.—1. For fresh abrasions or surface wounds produce an artificial scab with dry tannin.

2. For larger wounds, especially of hands, etc., seal up with "compound tincture of benzoin," collodion or celloidin.

3. For granulating and suppurating surfaces dress with—

Mutton tallow, 12 ounces.
Cotton seed oil, 4 ounces.
Carbolic acid, ¾ of an ounce.

STUDIES IN CLINICAL SURGERY.

BY HOWARD ROY CHISLETT, M. D., CHICAGO.

THIRD PAPER.

Case 7. Tubercular Arthritis of Knee-Joint.—Amputation.—Recovery.

HISTORY.—Mr. L., age 29, German. This patient received a blow from a hammer while doing carpenter work two years ago. I examined him one year after the accident, made a diagnosis of tubercular arthritis of the knee, and advised the wearing of a plaster of paris cast. This treatment was carried out for a few weeks, but the patient becoming tired and thinking himself well refused to have another applied. Since that time he has repeatedly refused treatment, getting about as best he could with cane and crutches. He has suffered continuously and has gradually grown worse. During the past three months he has been confined to bed, with extension by means of weight and pulley attachment. There have been present "starting pains" for the past year.

EXAMINATION.—A knee immensely enlarged, globular in outline, with preternatural mobility, indicating pronounced relaxation of the ligamentous structures. The whole upper limb, even as far as the groin, was markedly edematous. Fluctuation was readily elicited over the whole region of the knee. A small fistulous tract between the two heads of the gastrocnemius muscle allowed the escape of typical tuberculous pus.

OPERATION.—Although the limb seemed hopelessly doomed to amputation my first incision was a sub-patellar, semi-circular one, into the knee-joint, so as to examine the condition of the articulating bones. The head of the tibia and the lower end of the femur were badly disorganized, far too extensively so to justify even a typical excision. The limb was then encased in towels saturated with 1-1000 bichloride of mercury solution, the thigh again prepared, and the limb amputated at its middle third by a long anterior and a shorter posterior musculo-cutaneous flap. The periosteal flap was then fashioned and sutured with cat-gut suture. The flaps were united by interrupted sutures of silk-worm, glass drainage tubes being introduced at the lateral margins.

RESULT.—Recovery.

REMARKS.—There was some suppuration following the operation, because even in the flaps formed at this height there were spots of suppuration demanding the curette. The flaps were so edematous that it was with the greatest difficulty they could be reflected for the application of the saw. There was also a little sloughing of the under flap about the stitches. The patient died four months after the operation from general tuberculosis, a victim of his own procrastination.

Case 8. Vesical Calculus—Perineal Cystotomy—Recovery.

HISTORY.—Mr. H——, age 19. American. In the patient's words, he had "had bladder trouble for the past eleven months." He could or would assign no reason for its onset, though it came suddenly while he was actively engaged on a farm. He had all of the symptoms of vesical calculus—frequency of urination, a spasmodic flow, large quantities of pus and some blood in the urine, and the peculiar facial expression so often seen in patients of this class and indicative of prolonged agony.

EXAMINATION.—A patient somewhat emaciated, very sensitive to pressure in the region of the bladder, and particularly so upon digital examination through the rectum. The sound was introduced through the urethra with difficulty, owing to extreme sensitiveness and spasmodic constriction. There was, however, an indistinct click upon moving the sound after its introduction. The second examination, under chloroform, failed to reveal any more positive click, but, feeling confident from the symptoms of the presence of a stone, operation was advised.

OPERATION.—An incision two and one-half inches in length was made, extending from below the central portion of the perineum to midway between the anus and the tuberosity of the ischium. This was gradually deepened, the staff, introduced through the urethra, being used as a guide. The urethra was entered in the deep membranous portion, the prostate partially severed in the direction of the primary skin incision and the finger introduced into the bladder. The prostate was not enlarged, but behind and above this gland was found an encysted stone, only a small portion of it being exposed to the examining sound or finger. The removal of the stone from this encysted position caused considerable laceration of the mucous membrane and was followed by free hemorrhage. This was readily arrested by hot water irrigation followed by compression with iodoform gauze tampons. A canula was then inserted and the upper portion of the wound sutured.

RESULT.—Recovery.

REMARKS.—The interesting feature of this case was the hemorrhage after the removal of the canula and the packing. It was finally arrested by an intravesical injection of a saturated solution of alum, after milder injections, such as hot water and hot hamamelis, had failed. The bladder was irrigated daily with a boracic acid solution, and there was no recurrence of the hemorrhage. The nucleus of the stone was found to be a piece of chewing gum, the knowledge of the introduction of which was probably the secret of his pretended ignorance as to causation.

Case 9.— Parovarian Cyst. — Removal. — Recovery.

HISTORY.—Mrs. T.—, age 54; American. This patient is the mother of two grown children. She has had no evidence of uterine or ovarian disease since the menopause, which occurred five years ago. Her main suffering is from severe mental depression and a troublesome constipation, which she ascribes in part to several attacks of catarrhal enteritis, from which she has suffered during the past few years. The lower part of the rectum seems entirely paralyzed.

EXAMINATION.—The rectum, aside from a mild condition of hemorrhoids, appeared normal. The uterus was freely movable and of usual size, and there was neither enlargement nor tenderness in the right ovarian region. Behind and to the left of the uterus, however, was a very tense, globular something about the size of an orange which was readily moved toward the left ovarian region, but which immediately returned to the Douglas Pouch upon removal of the pressure. This was most easily recognized through the rectum, and operation was advised in the belief that mechanical pressure might be the cause of the constipation.

OPERATION.—After the usual preparation the abdomen was opened in the median line, the tumor exposed, and quickly recognized as a parovarian cyst. The fallopian tube was greatly stretched over its upper portion and appeared as a thickened part of the broad ligament. There were no adhesions, so the broad ligament was ligated, the tumor removed and the wound closed.

RESULT.—Recovery.

REMARKS.—Owing to a stitch-abscess the stitches were all removed on the eighth day, the patient being cautioned to remain unusually quiet for a few days, as the support of the adhesive straps was insufficient. Instead of so doing she sat up in bed and moved around at her pleasure, with the result that next day the wound had opened to its full extent, and upon examination the intestines were found protruding. These were replaced and as the patient suffered so much from the after-effects of chloroform I decided to trust to approximation with adhesive straps carried two-thirds around the body. The wound united firmly throughout, the patient leaving the hospital in four weeks, the constipation relieved, and the mental condition improving.

Case 10.—Fecal Fistula and Ventral Hernia—Operation—Recovery.

HISTORY.—Mr. J. B.—, age 20 years. This patient had an attack of acute intestinal obstruction four months ago and was relieved by an oblique incision in the right inguinal region and the establishing of an artificial opening in the ileum, after the method of Kocher. He reacted very well from the operation, but examination now reveals a pronounced ventral hernia at the site of the incision with only a very slight covering of scar tissue and small fecal fistula still unhealed, although the continuity of the intestinal canal was established as evidenced by normal bowel movements one week after the operation.

OPERATION.—Making two oblique incisions at the outer margins of the old scar, the peritoneum was opened and the scar with its adherent sac and coil of intestines drawn well out of the wound. This protruding mass was carefully surrounded with sterilized towels and the scar tissues dissected away from its attachment to the intestine around the fistula. The fistulous opening was then closed with Lembert sutures of fine silk, the parts cleansed with sterilized salt solution and returned to the abdomen. Careful search revealed a markedly retracted transversalis fascia, which, together with the peritoneum, was sutured with mattress sutures. The muscles and skin were then carefully approximated, the wound being drained for twenty-four hours.

RESULT.—Primary union. Recovery.

Case 11. Tubercular Arthritis of Knee—Arthrectomy—Recovery.

HISTORY.—Mrs. G—, age 30 years; German. This patient had a miscarriage ten weeks ago. Three weeks later, while out walking, she felt that the knee was sore, and upon arriving home found that it was both swollen and tender. In the seven weeks she thinks there has been no increase in size, but the leg has become slightly flexed and movement is so painful that she does not use it any more. There are also present the "starting pains" at night.

EXAMINATION.—A knee-joint slightly flexed and pronouncedly swollen. The swelling is semi-elastic but not distinctly fluctuating. There is considerable local heat but no redness, some tenderness upon pressure, and marked pain upon movement in any direction, or upon bringing the articular ends of the bones together.

The temperature ranged between 99 and 100 2-5.

Operation.—A long curved incision extending from the posterior and upper part of one femoral condyle below the patella to the posterior and upper part of the other condyle gave free access to the joint. The lateral and crucial ligaments were then severed and by complete flexion and retraction upward of the flap the whole synovial membrane was exposed. It was covered with tubercular granulations, they being especially marked in the quadriceps bursa. The whole membrane was dissected away with scalpel and forceps; two small osseous foci—one in the inner condyle of the femur and one in the head of the tibia—were removed with a sharp curette. The parts were then douched with a bichloride solution and carefully dried. They were then freely dusted with iodoform powder, which was carefully rubbed into the denuded tissues. The parts were carefully approximated without drainage and the limb encased in a plaster of Paris cast.

Result.—Recovery. Discharged cured in two months.

Remarks.—The disease was, beyond question, primarily synovial, the late onset of the "starting pains" indicating the time of erosion of the encrusting cartilages and exposure of the sensitive bone. The wound healed by first intention save at one spot where for some few weeks there was a superficial fistula. This ultimately healed under careful cleansing and iodoformization.

Case 12. Tubercular Dactylitis—Excision of Phalanx—Recovery.

History. — Ramona L——, age 16 months. American. This little patient had her finger stepped on three months ago. It pained her for a short time and then seemed all right. After awhile, time not exactly known, it was seen to be increasing in size. The child, apparently, suffered no pain and in other respects seemed well.

Examination.—A child with rachitic tendencies, such as catarrhal inflammations and profuse sweatings. The little finger of the right hand was a typical picture of the dactylitis. In the absence of a specific history and the presence of a temperature of 99 to 100 the case was diagnosed tuberculous and excision advised.

Operation.—A straight incision the full length of the first phalanx was made on the dorsal surface, just internal to the extensor tendon. The periosteum being incised, there was an escape of purulent matter. After dissecting off the periosteum the roughened shaft was removed in its entirety, leaving the epiphysis. The cavity was then cleansed with iodine and with fine silk sutures the lips of the wound, including the cut periosteum, were carefully approximated. The wound was then dressed dry, the hand splinted, and the constrictor removed while the hand was held in an elevated position, that the cavity might fill slowly with a moist blood clot.

Result.—Primary union.

RARE CLINICAL CASES IN SURGERY.

BY H. H. CHASE, M. D., DULUTH, MINNESOTA.

Renal Calculus.—On May 11, 1895, I saw John G., aged nine years, with a large calculus lodged in the glans penis, which was broken up in the effort to extricate it under anesthesia. His mother said he had had occasional attacks of pleurisy (?) for a couple of years back, but otherwise he was a healthy, growing boy. I was called again September 6, 1895, and found the patient in extreme pain in region of right kidney. Temperature 105 degrees, Fahrenheit, pulse 140 at noon. The temperature rose to 107 degrees with convulsions—death the following morning.

Autopsy.—All organs healthy except kidneys. Right kidney, 2¼ inches long; weight, 3¾ ounces; intensely congested (acute nephritis). Left kidney, 3 inches long; weight, 5½ ounces; substance white, with slightly pinkish tint (large white kidney). I found a conical shaped calculus, weighing fifteen grains, in the pelvis, the apex setting into the orifice of the ureter, closing it like a valve. The pelvis was distended sufficient to hold about two drachms and was full of urine.

Extra-Uterine Pregnancy.—On September 13, 1895, I saw Mrs. H., aged 32, pregnant eight weeks. She was suffering from sudden and severe pain in the abdomen, was vomiting, pallid, and in collapse. Death occurred eighteen hours later.

Autopsy.—Abdomen full of large clots of blood; uterus four inches deep, and on the fundus one-half inch from the juncture of the fallopian tube was a dark colored protuberance, soft and springy. On puncture it discharged clear amniotic fluid and a fetus ten lines in length, one-half the circumference of the sac. It was indented in the uterine wall, suggesting that the case might have been one of interstitial pregnancy in the beginning. The positive origin of fatal hemorrhage was not decided, but was presumably from between the chorion and amnion. The placenta was contained in the sac and adhered to the uterine side. There was no apparent connection with the fallopian tube or the cavity of the uterus. The uterine cavity was lined with villi well developed. The membranes were distinct and apparently three in number, the outer one supposed to be peritoneum. The absolute non-connection with the fallopian tube or cavity of the uterus with the fetal sac and fetus was the peculiar, even astonishing, feature of this case. They had no connection whatever with the cavity of either organ.

Obstetrics.

ASEPSIS VERSUS ANTISEPSIS.

BY PHOEBE J. B. WAIT, M. D., NEW YORK.

Centuries upon centuries ago the wise man declared, "There is nothing new under the sun," so that one should not be criticised too severely for rehabilitating a subject somewhat hackneyed. I feel that it is not amiss to say one word, lest silence may be construed into an approval of practices which it takes but half an eye to see are as opposed to the principles of homeopathy as truth to falsehood. The friends of asepsis in midwifery and the supporters of antisepsis have fought their battles upon the platform, in the journals and in the schools, and each has claimed a victory for itself and a Waterloo for its opponent, when in fact the ammunition had only given out a new supply being always the signal for a new encounter. Educated as I was to believe that man in his dual condition of body and soul could attain to no more nearly perfect state than Godliness for the soul and cleanliness for the body, I have never felt the terrible dread of that invisible cloud of enemies, the deadly bacilli, which bacteriologists teach hang about us like vultures over the carcass ready to take the life we so much value.

Everybody knows that before the bacillus, whose name has grown to be legion, had been heard or dreamed of the world was peopled through the birth of children precisely as they are born to-day—excepting only the modern appliances of green soap, carbolic acid, bichloride, peroxide, creolin, iodoform, with the douche to facilitate the application of "selected remedies," and we have only to go back in our minds to our grandmothers, some of us only to our mothers, for proof that more children were born per family—ten or twelve children being not an uncommon number—with far less anxiety and difficulty than are the two or three children per family of the present day. Our mothers and grandmothers could calmly take up the cross of maternity and bear it unflinchingly, never having heard of the terrors which surround the lying-in chamber of today. No bottle of green soap was paraded in their room to show that the good old doctor must himself destroy germs which he carried about with him to save his patient from their probably fatal effects. No carbolic acid offended their nostrils while doing battle with the microbes which infested their room; no chlorides added sickly smells to their chamber or destructive effects to their linen; no bichloride scrubbings suggested that their bodies were reeking with uncleanliness; no glittering curette found its way into the uterine cavity after the pangs of maternity were over; no bichloride douches, hot or cold, disturbed their evening rest or their morning nap. Did the external tissues give way, as they sometimes must have done, no offensive iodoform added its effluvia to their already overtaxed nostrils.

* * *

These all eliminated from the lying-in chamber and in their places the purity of cleanliness and the restfulness of wholesome letting-alone and we look back upon it as a place where fortunate mothers could "wrap the drapery of their couch about them and lie down to pleasant dreams." An eminent physician once said, after listoning to a learned discussion upon antiseptic mid-wifery, that all the new and interesting discoveries in that field made him feel that, like Nicodemus of old, he must go back into his mother's womb and be born again; but to me it is cause for thanksgiving that the friendly springtimes of half a century stood between my mother and the dangers through which she must have passed in giving me an antiseptic entrance into life.

When we contemplate the outfit of the modern obstetrician, comprehending so many articles with which to battle foes without and within—a load too heavy for the ordinary woman to carry—we are led to feel that it is the device of an evil spirit to drive women from the field; and indeed we should feel that she would eventually have to go were there not an easier and a better way. Let us then be neither deceived or disheartened; for as homeopathy is truth, and as truth must prevail, so must all of these practices which weaken our armor and harm our patients be banished to oblivion, and unmixed cleanliness with pure homeopathy again bless the world.

* * *

Practicing obstetrics among the poor of a great city like New York ought soon to open one's eyes to the fact that poverty with its accompanying filth and squalor are not necessarily dangerous to the lives of our patients, or else that such patients lead charmed lives, being out from under the law which governs those who can afford trained nurses and comfortable fees.

I have attended women who were in such pinching poverty that practically nothing which was needed could be had. No sheets on the bed, no towels or soap, no basin to use for our hands or the baby, one poor miserable lamp to do duty for all purposes, children asleep on the floor for lack of the bed on which the mother was lying, and larger children banished to the hall or stairway until my mission was accomplished. In quarters so close cleanliness in the broad sense becomes impossible. Then the poor of foreign birth have a fashion of wearing in bed the clothing which has done duty during the day; old woolen or cotton dresses and quilted or flannel skirts which have never seen a washtub, but which are made to do duty for absorbent purposes.

These garments if inspected bacteriologically would show germs in such countless myriads as no man could number; and yet, what is the outcome? In a practice covering scores of similar cases with never any so-called antiseptic preparations and with only such aseptic precautions as soap and towels, carried in my satchel, afford, I have never had a case of septicemia and scarcely ever anything but the most satisfactory recoveries.

* * *

Dr. Sarah Millsop, of Kentucky, in an article published in the *Homeopathic Journal of Obstetrics*, recalled her experience among the poor women, black and white, in the South, which corresponds very closely, both as to environment and results, to ours in the North. If, then, such results with such large percentages of good recoveries are obtained in the midst of surroundings where all the laws of sanitation are ignored, what should not be expected in homes where patient, room, bed, linen, and all the collateral requisites are as clean as cleanliness itself? And what place I ask, in such homes, and with such patients, has any deadly antiseptic rubbish? The recently evacuated uterus is in a condition to readily absorb anything which is introduced into it, and by what process of reasoning the first bichloride douche was risked I know not. Not long ago a woman in a neighboring city lost her life through swallowing by mistake of the nurse a bichloride tablet which the doctor had sent to be used in a douche. I do not know the name of the doctor who in his zeal to be antiseptic succeeded in poisoning the well-spring of life itself. A similar accident might happen to any physician, especially among the poor, with irresponsible nurses.

It is my practice to carry (in my obstetrical bag), some plain white soap, any clean soap with hot water being sufficient to clean one's hands and arms so that they will be perfectly aseptic, which is all that the most exacting should require. I have also a prejudice in favor of a brush for the finger nails and tips to remove any particles of matter foreign to clean hands; but recently we hear a cry against the brush as being, in itself, a germ breeder, which can only be rendered safe through a thorough bichloride bath, and, in despair, we are led to ask, from whence will come the bath which will cleanse the bichloride?

* * *

Not long ago I found in an old school journal something which sounds like a return to reason, and which in this connection is so pertinent that I quote it in full:

"Bactericidal Properties in the Vaginal Secretion of Pregnancy.

"Dr. B. Kroenig claims to have demonstrated that not only is the vaginal secretion in normal pregnancy free from pathological germs, but that it has a distinct germicidal power. Experiments were made in a great number of pregnant women by introducing into the vagina at a considerable period before labor different kinds of germs, and then at stated intervals withdrawing secretion for examination, taking it both from the vaginal entrance and from the fundus vaginæ. The bactericidal power of the vagina was first shown in the case of the innocuous pyocyaneus. Soon the lowest and then the highest part of the vagina were found clear. Further experiments were made with staphylococcus and streptococcus, and it was found that the secretion was equally active whether the vagina contained the "normal secretion" or the socalled pathological secretion described by Doederlein. But Kroenig rejected Doederlein's view that the vaginal secretion described by him as pathological is really so. In these experiments the streptococcus was killed first, the staphylococcus and the pyocyaneus needing almost twice as much time. The vagina was found clear in two days at longest. He further shows that syringing the vagina with antiseptic solutions has the effect of reducing or completely destroying its germicidal powers. Syringing with simple water only slightly weakened them. Hence Kroenig concludes that prophylactic syringing should be given up. It does no good and much harm. Even in pregnancy with gonorrheal infection it is best omitted. At the Leipsig clinic they consider that they get better results by the abandonment of syringing than by its adoption, and Kroenig advises that disinfection of the internal genital passages should be abandoned as part of the routine of antiseptic midwifery."—*Lancet*, March, 1895.

Now when the authors of a practice so fraught with danger and so lacking in sense as so-called "antiseptic midwifery" discover for themselves its folly and its evil consequences is it not time for homeopathists to be equally frank with themselves, true to their profession, and sensible in their methods?

Electricity.

DYNAMO VS. BATTERY CURRENTS FOR THERAPEUTIC PURPOSES.

BY C. S. NEISWANGER, PH. G., CHICAGO.

While the writer is firmly of the opinion that a good cell battery is an ideal apparatus for therapeutic work he cannot but acknowledge that with the great improvements along the line of safety and convenience recently made to adapt dynamo currents to serve the needs of the electro-therapeutist, they can not only be satisfactorily used for that purpose but bid fair to supplant, in a great measure, the cell battery.

An article in the January issue of the *Journal of Electro-Therapeutics*, by Mr. T. F. Livingston, on "The Difficulties of Utilizing Commercial Currents for Therapeutic Purposes from an Electrician's Standpoint," contains many misleading features, both from a physical and therapeutical aspect, which might tend, in a great measure, to deter physicians from using the commercial current who might otherwise wish to take advantage of its many conveniences.

It is not intended to convey the idea that the article above referred to was written with any sinister motive, because we know the writer to be above such methods and that what was written was intended to be strictly in the interests of electro-therapy; therefore I hope my criticisms may be viewed in the light of the same honesty that prompts them—the advancement of the same great cause.

For convenience let us consider the commercial current for therapeutic purposes under three heads, viz.:

First—The unevenness ascribed to it in the article referred to.

Second—Its dangers.

Third—Its comparative cost of maintenance.

Quoting from the article, "It is very interesting to watch the action of the indicator of a milliampere meter when placed in a day circuit. The indicator is constantly fluctuated as the current is affected by the various motor and power devices on the line that are cut in and out of the circuit." This would be true if applied to street car or other heavy power circuits that are not intended to be used for illuminating, and of course such circuits would be unfit for therapeutic purposes; but where a circuit is used for lighting a different aspect is presented.

In the electric lighting systems of today nothing is guessed at—every contingency that may arise is provided for. The capacity of the dynamo that furnishes current for a certain circuit is known; the maximum amount of work that can be done on that circuit is also known and provided for, and if the pressure in such circuit is 110 volts it will *constantly remain at that pressure* no matter whether every lamp or power device on such circuit is in use or idle. If more current is used in a building or in any part of the circuit than has been provided for, such part of the circuit or building is instantly disconnected from the mains by the melting of a fusible wire placed there for that very purpose.

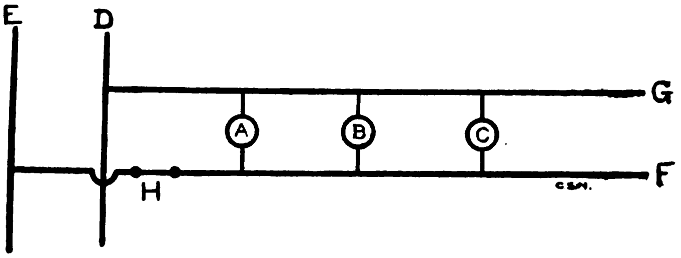

FIG. I.

In the above diagram let D and E represent the mains of a lighting circuit having an E- M- F. of 110 volts, and F and G wires carried into a building which are joined to the mains in multiple and which would have the same E- M- F. as the mains. Now suppose A was a lamp, B a motor and C an electrotherapeutical device in a physician's office. A steady pressure of 110 volts will be maintained at C; no matter whether the motor was being operated or the lamp burning, and the sudden cutting in or out of the motor or lamp, or both, would not affect this pressure at C, unless the motor or lamp required a greater amount of current than was provided for; when the fuse H would immediately burn out and the current to the building be entirely cut off.

Some years ago when either "series" or "shunt" wound dynamos were used on lighting circuits a rise or fall of potential on the line was no uncommon occurrence; but in these days of "compound" wound machines it is hardly possible and never probable, because in these machines even the increased resistance of the wires caused by heating* is provided for by "over compounding." It would seem, then, that the fluctuations of the indicator on the milliampere meter, which Mr. Livingston says "are very interesting to watch," must have been caused either by a varying resistance in the rheostat, imperfect connections in the circuit or a poor meter, and not "by the various motor and power devices on the line that are cut in and out of the circuit," unless the circuit operated upon was not used for lighting.

"Take care of the dimes and the dollars will take care of themselves" is no truer than to say, when handling commercial currents: "Take care of the voltage and the amperage will take care of itself;" then why all this talk of using "a bank of ten sixteen c. p. lamps, regulating the current by one-half ampere," or of putting "a transformer in the circuit before a rheostat," etc., when a simple shunt controller costing one-third the amount of a cabinet battery of primary cells will do the work with the greatest nicety, safety and convenience, which is quite in contrast with the statement made by Mr. Livingston that "the value of the fixed resisting device would financially represent a sum of money in excess of the cost of a series of primary cells which would produce all the current strength necessary for general therapeutic work."

* * * * *

Fig. 2 is a diagram of a shunt controller for adapting the commercial current for therapeutic uses in which the "machine circuit" is composed of nineteen coils of German silver wire. These coils are of different resistance and so placed that the patient may be shunted to one, two or the entire number, and in so doing the voltage entering the patient's circuit (F. F.), is increased or decreased, at the will of the operator, in decimal ratio; the coils on the right hand side divide the initial voltage into hundredths, while those on the left side divide it in tenths—thus making it possible to control the current in the patient's circuit more gradually than could be done by a cell selector on a battery of primary coils.

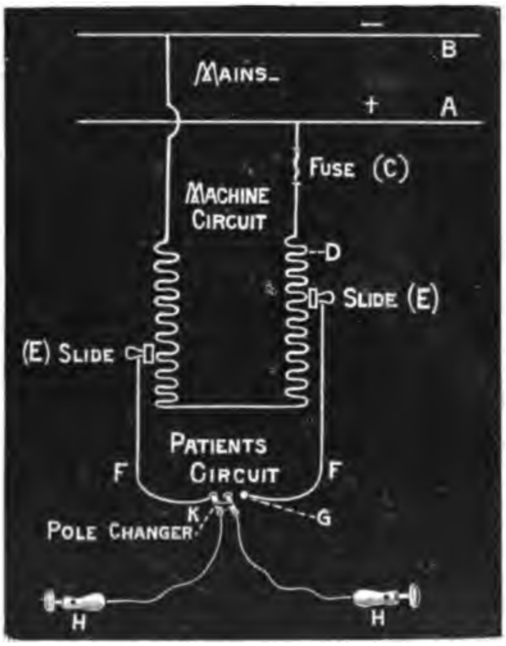

FIG. II.

If now a street wire carrying an alternating current at 2,000 volts pressure were to come in contact with the wire carrying our 110 volt supply-current the effect would be absolutely nil unless both the 2,000 and 110 volt currents happened to be "grounded" (an extremely rare occurrence); but suppose, for the sake of the argument, that both these currents happen to have a ground connection; then of course the 2,000 volt current will endeavor to complete its circuit on the wire running into the physician's office. But how far will it get? Between the patient and the dangerous current are three and sometimes four different strips of fusible wire besides the one in the current controller, which must be burned out before the patient is in danger; and the fact is, it is absolutely impossible for such current to burn out and "arc" across more than two of these strips. The writer has repeatedly attached this high voltage current directly to the binding posts of the machine circuit in the instrument with only the result of burning out the fuse in the machine and without any of the current getting into the patient's circuit; therefore believe I am safe in making the assertion that the danger attending the use of such controller is no greater than from a battery of sixty primary cells joined in series, which would give a pressure of about ninety volts; and that is the maximum voltage in the patient's circuit of the controller when the initial supply is 110 volts. Further than that, the total available pressure in the patient's circuit may be cut down to thirty, or even to twenty, volts by placing one or more lamps in series in the machine circuit. The comparative cost of installation and maintenance may be stated in a few words:

A good cabinet battery with 60 cells, about	$175 00
Cost of charging and setting up, about	5 00
	$180 00
A good shunt current controller for 110 volt current	$50 00
A good Milliampere meter	20 00
A good high-tension faradic coil, about	30 00
Cost of current for one year, about	12 00
	$112 00

The purpose of this article is not to convey the idea that the writer is averse to the use of a cell battery; on the contrary, however, he wishes to reiterate what was said in starting out, that "a good cell battery is an ideal apparatus for therapeutic work." All that is intended is merely to show that physicians who have access to the proper commercial current may use it for therapeutic purposes with safety, economy and convenience.

6354 Maryland Avenue.

Associations.

NEW YORK ACADEMY OF PATHOLOGICAL SCIENCE.

REPORTED BY J. PERRY SEWARD, M. D., 113 WEST 85TH ST., NEW YORK.

Cystic Kidney.—The first specimen displayed at the March meeting was a kidney removed about two weeks previous by Dr. W. G. Fralick from a patient of Dr. B. G. Clark. The lady, aged 34, had suffered for a year with what was called bilious colic or cholera morbus by her physicians, and had been treated with hypodermic injections with only temporary relief. Dr. Clark saw her recently and determined that the severe pain in the side with paroxysms of vomiting was due to nephritic colic. Examination of the urine was of negative value, only showing a deficiency of urea and uric acid. Movable kidney was suspected but the thick abdominal walls precluded a satisfactory examination, even under ether. The organ was successfully removed by a lumbar incision, and proved to be honey-combed with cysts of various sizes, filled with a fairly clear fluid. There was no appearance of the pyramids. A section of the parenchyma, mounted by Dr. Geo. F. Laidlaw, showed the tubules widely dilated and the epithelium shrunken, in marked contrast with a normal specimen exhibited with it. Dr. Clark reported a favorable convalescence in progress.

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* The *resistance* of metals is *increased* by heating, although Mr. Livingston says of wire rheostats: "The heating would assist in the conduction of the current, lessening the resistance, consequently the instrument would allow of a greater flow of current the longer it was in the circuit."

Congenital Narrowing of the Ileo-Cecal Valve.—Dr. Edward G. Tuttle presented portions of the intestinal tract removed from an infant sixty hours old. He requested the opinion of the academy regarding the etiology. The patient was the fourth child in a family in which the first had died of intestinal obstruction on its fifth day. No autopsy had been held, but the anus was not imperforate. The second and third children were healthy. This last infant, born at 10 P. M. with a normal and rather easy labor, was well formed. No movement of the bowels occurred during the night and castor oil given the next morning failed entirely. The child refused nourishment and began to vomit. On the second morning after birth a tube was passed high up the rectum, but the injection brought nothing but a little gas. In view of the history the child was brought at once to the city and that afternoon an examination showed a tumor in the right iliac region. Another injection was fruitless, and a distinctly fecal vomit that night determined the surgeons to attempt a laparotomy, which was performed on the third morning. The small intestine was enormously distended and the fecal impaction pointed toward the ileo-cecal valve, which was constricted. There was no volvulus, or intussusception, but a band of strong fibrous adhesion lay over the cecum at the constricted point, from the ileum to the appendix. When this was removed a little fecal matter could be squeezed through into the cecum. The ileum was then stitched to the abdominal wall with the intention of making an artificial anus later, but the infant died in ten hours from shock. The orifice proved to be about an eighth of an inch in diameter. No record of a similar case could be found. Dr. Laidlaw said that the band of adhesion was evidently the product of previous inflammation, so the condition was a congenital malformation due to this cause and not to defective development. The occasion of an inflammatory process so localized, and occurring in utero, could only be an old intussusception. Constriction of the involved mesentery had probably been followed by an ulcerative inflammation, with exudation and the formation of an adhesion. Sloughing of the invaginated portion next occurred and the scar tissue contracted, narrowing the lumen. If this hypothesis is correct it must have occurred at least three months before birth.

Fibro-Sarcoma.—Dr. Tuttle's second exhibit was two tumors removed from the tuber ischii of a woman in July, 1895, and in February, 1896, respectively. The first tumor grew rapidly, interfered with sitting and walking, and was particularly painful upon traction. It was easily enucleated and proved to be a mixed-cell sarcoma, presumably growing from the periosteum. Four weeks ago a recurrence was noticed, higher up, of very rapid growth, and very painful. Its removal occupied two and a quarter hours on account of a fruitless attempt to save the attachments of the biceps, semi-membranous and semi-tendinosus. The small sciatic nerve was severed, the great sciatic exposed, and the ischium, proving to be diseased, was removed as far as the obturator foramen. Healing progressed well but the patient walks with a peculiar gait, dragging the injured leg behind the other.

Hypertrophied Prostate.—Dr. C. I. Wendt exhibited several interesting specimens from the Metropolitan Hospital. The first showed the effect of resection of the vasa deferentia upon a hypertrophied prostate. The operation, performed under cocaine, caused in three weeks a reduction of two-thirds in the size of the organ and permitted urination without a catheter for the first time in three years. Death occurred from a pre-existing nephritis.

Cancer of the Stomach.—This case was chiefly remarkable for the extent of its involvement of the stomach and adjacent organs, with almost no pain or other characteristic symptom of cancer until ten days before death. The entire stomach, both omenta, the pancreas, and the mesentery were infiltrated, while near the pylorus there was a thinning almost amounting to a perforation. It was also remarkable for the existence of slight beginning phthisis in both apices, contradicting the belief that cancer and phthisis cannot occur simultaneously.

Pericarditis.—A heart was shown with its entire pericardium thickened from a quarter to a half an inch by deposits of fibrin. The entire heart weighed forty-two ounces, and the pericardium contained sixteen ounces of fluid. There were no adhesions.

Cystic Kidney.—The last case from the Metropolitan Hospital was a cystic kidney removed post mortem. Dr. Clark asked if it could be diagnosed during life from the urine. Dr. Laidlaw replied in the negative. The nephritis in such a case is interstitial and may have no albuminuria.

NEW YORK PEDOLOGICAL SOCIETY.

Syphilis in Children.—Dr. Geo. W. Roberts came to the March meeting prepared to debate on the negative in a discussion regarding the possibility of the transmission of syphilis by true heredity. He said that in the etiology of hereditary syphilis the part played by syphilis in the father in producing the disease in the child is still a mooted point. While not denying the existence of the condition which is called "hereditary" syphilis, Dr. Roberts believes that the evidence is insufficient to prove positively its entity, if the word "hereditary" is defined to mean a condition differing from acquired syphilis and transmitted by some means other than direct infection.

The first case of the kind on record occurred in 1555, when Fallopius speaks of a child at birth appearing "semi-cooked." The first case in which hereditary syphilis was positively diagnosed was five years later. It is believed that 66 per cent. of syphilitic fetuses are born dead. Of the remainder over 90 per cent. develop evidences of the disease before the end of three months. Few develop the lesions after six months, and most authorities claim that one year is the limit of time during which the disease can appear. Tardy hereditary syphilis is described by some, and said to appear at or about puberty; but these symptoms are now generally supposed to be tertiary lesions in a case in which the earlier signs were overlooked. After describing the clinical history of hereditary syphilis, Dr. Roberts came to the mooted question of its precise etiology.

He asserted that hereditary syphilis is always syphilis, and has no connection with scrofula, rickets, or scurvy. It is conceded that if the mother is syphilitic, the disease active and untreated, the child will be also syphilitic. If both parents are syphilitic it is said to be more certain that the product of conception will be the same. It is the opinion of the majority that if the father is syphilitic and the mother healthy it is possible for the father to transmit the disease to his child and the mother remain healthy. This, he said deserves careful examination. A complete history is very hard to secure, and he believes the proposition still unproven. If a woman acquire syphilis before the sixth month of pregnancy she is likely to transmit it, but if later the child usually escapes. If a father has syphilis in a quiescent stage and the wife becomes syphilitic it usually occurs when she is either pregnant or has just given birth or miscarried. Therefore, it is often claimed that a man can transmit syphilis to his child in utero, and the latter infect its mother. This is called "syphilis by conception."

The many cases in support of the existence of true hereditary syphilis have been analyzed by Dr. Sturgis, of New York, and in each of them has been discovered a flaw, or else the evidence has shown that the mother was probably previously syphilitic. To prove the contrary the failure to inoculate the disease by semen was mentioned. Like all other physiological secretions semen has failed to transmit the disease when injected. Also cases of the birth of healthy children from a healthy mother and syphilitic father are not uncommon. Many of the cases are such that previous knowledge of the mother will prove her to have had syphilis, though no lesions are at the time manifest. Again, Colles' law of maternal immunity, to the effect that no syphilitic infant ever infected its mother with its disease by nursing, but almost invariably infected a wet nurse, not only does not prove the case but the contrary. An immune mother is only immune through having had the disease, and no other experience will confer such exemption. It must also be remembered that active treatment of both parents will provide for the production of healthy children; but in only one case is it claimed that it is not absolutely essential that the mother should receive treatment to protect the child.

For these reasons Dr. Roberts said that he believed that it is not proved that syphilis can be conveyed from parent to child in any other way than by direct infection. The fetus, being practically fed upon the disease, might be expected to present the most severe type of lesions, and it does. Cases of acquired syphilis in very young children, on account of their weak power of resistance, would probably show a disease very closely resembling hereditary syphilis. It is impossible to require the discovery of an initial lesion in a case acquired in utero, for where would it be?

Discussion.—Dr. H. M. Dearborn said that he had no theories on the subject, but could present two cases from his experience that support the view that syphilis may be transmitted by heredity. He has had two families under observation for fourteen years who seem to prove the point debated. One man, after two years' treatment for secondary syphilis, and after six months' freedom from symptoms, was married. His wife had been Dr. Dearborn's patient for four years, and was in perfect health. After eight months she had a child still-born, in a macerated condition, but she had no signs of the disease. Pregnancy occurred soon again, and resulted in the birth at full term of an apparently perfect child, which, however, died within forty-eight hours without evident cause. Two years later there was a false conception, and still later an abortion at three months. In all this time, though the father has now and then had cutaneous manifestations, his wife has shown no signs of the disease. Within two years she has developed symptoms of contracted kidney, some albuminuria, and a little edema over the tibia. But there is no reason to suppose this a result of syphilis.

The second case was in the family of a man who had received treatment irregularly for three years for syphilis, before he came under Dr. Dearborn's care. Against advice he soon married. His wife had been known but a few months before by Dr. Dearborn, but he had been unable, even by great effort, to secure any evidence of syphilis in herself or her family. Yet her first child aborted at seven months, covered with lesions, and her second in the next year at five months. The third child, born at full term, seemed healthy until six months old. Then mucous patches appeared in its mouth and throat, its glands enlarged, and an iritis, pronounced syphilitic by Dr. F. H. Boynton, left vision imperfect. The teeth showed the characteristic Hutchinson's deformity. One other child was born who was perfectly healthy. The mother has in all this time shown absolutely no sign of syphilis.

Dr. Dearborn said that he could see no reason why syphilis could not be so transmitted. If it is true that gout and other diseases can be inherited, why cannot syphilis? The fact that inoculation by semen is impossible is no postive evidence against it. Neither can gout be inoculated. We often see snuffles in children due to a taint of syphilis which is not sufficient to produce more than a dyscrasia.

Dr. B. G. Carleton said that there are many cases in which a woman with a syphilitic husband and children never herself shows symptoms during life, having an acquired immunity. He considers "antisyphilitic treatment" to be the administration of the remedy homeopathically indicated in each case.

Dr. Dearborn agreed with the last proposition, but thinks that in most cases *Mercurius* is so indicated, and best used in the lower attentions. The iodides are also homeopathic to syphilitic manifestations, for they will produce all the lesions.

Dr. Roberts wished it clearly understood that he recognized the condition called hereditary syphilis, but he does not think it any other than acquired syphilis, being gained by contact from the mother, and not from the father alone. The only trouble with Dr. Dearborn's cases is that they need very careful detail to make them of scientific value. Why is it considered necessary to treat the pregnant woman if she has no signs of syphilis?

"For the effect upon the child," was Dr. Carleton's answer.

Dr. Roberts went on to say that if it is confessed that syphilis is a germ disease the case of the affirmative is lost. For in that case the semen should inoculate a healthy person.

The discussion was postponed at this point until the April meeting, at which Dr. F. E. Doughty is to be asked to present the case of the affirmative.

NEW YORK HOMEOPATHIC MATERIA MEDICA SOCIETY.

Verifications.—At the March meeting, Dr. Bukk G. Carleton reported a verification of *Petroselinum* 3x in incontinence of six months' standing, cured in a week. The symptom was a sudden urgent desire to urinate. The remedy is often thus indicated in acute attacks of gonorrhea. Dr. G. F. Laidlaw mentioned a case in which this symptom with cutting in the fossa navicularis led to the use of *Petroselinum* with a cure. Dr. Henry von Musits urged the importance of distinguishing the correct name of a remedy when reporting a verification. He referred particularly to *Alumen*, *Alumina*, and *Aluminum*. He also mentioned *Stibium*, *Antimonium tartaricum* and *Antimonium crudum* as needing careful differentiation.

Correspondence.

"HOW ARE THINGS IN MICHIGAN?"

MEDICAL CENTURY: In connection with other matters pertaining to a somewhat voluminous correspondence at this time comes the constant inquiry, "How are things in Michigan?" As the CENTURY reaches almost everybody, in the West at least, I may hope to answer more fully through its columns than I could possibly do by individual letters.

Nearly all are aware that a bill passed the last legislature directing the regents of the University to remove the homeopathic department to Detroit, and associate it with Grace Hospital, appropriating $25,000 for a building, to be erected upon a site donated by Detroit homeopaths. It is also pretty generally known that the regents refused to comply, alleging, *first*, that the bill was invalid because the Governor had not signed it within the limit prescribed; *second*, that the board of regents is an elective body—hence the legislature cannot compel it to do a specific act.

So instead of removing the college, as the bill directed, in time for the opening of the term last October, they set out to reconstruct at Ann Arbor that which their mismanagement had broken down during the two years previous, and which they had attempt-at Lansing to bury entirely. All at once nothing seemed too good for the homeopathic department. That which had been heralded only a few weeks before as an absurdly useless encumbrance upon the University and the taxpayers of the state, with no ethical or other legitimate reasons for its existence, had suddenly become the chief object of their affection and solicitude. While the University was said to be famishing for lack of funds and a salary of $2,000 for any professor of homeopathy had been regarded as $2,000 too much, $3,000 was now freely offered the man who would assume the deanship. So, likewise, other equally great protestations of good will and support were lavishd upon the institution previously so obnoxious. Just before the opening of the term new men were installed in all the vacant chairs except that of Practice; hope of better things brought a classs of about twenty-five students, and a partial return to the policy of six or eight years ago was granted to the new incumbents. Various constructions have been placed upon the apparent change of heart of the University authorities, but time will determine the motive as well as the sincerity of their action.

As soon as the attitude of the regents was definitely known the friends of the school applied to the Supreme Court for a mandamus to compel them to comply with the law. On New Year's day the court declared the Governor's signature to be valid and established the bill as a law. This removed the first allegation of the board, but the second still remained and upon it was based their continued refusal to carry out the provisions of the law. A decision upon this is expected this month. Should it be adverse to the regents they will not have a leg left to stand upon, so far as can be seen; if not, the friends of the college apparently have still a fight ahead.

Recently individual regents have intimated that they are willing to establish the last two of the four years course in Detroit, but absolutely refuse to establish the entire course and a complete faculty in the city as the law provides. This is just what anyone acquainted with the history of the college would expect and demonstrates as nothing else could the regents' confidence in their ability to cajole the friends of the school, and their contemptuous estimate of the latter's intelligence and persistence. Whether this confidence is well founded remains to be seen. They have the fatal compromise which Michigan's homeopaths made with the regents twenty years ago to foster their belief; but the former may have gained something by past bitter experience, and may sufficiently realize the change in present conditions over those of twenty years ago to make them wiser at this time. At that time they had no hospital in Detroit, and could not foresee the many efficient means in the hands of hostile university authorities and allopaths to keep the college in a moribund state so long as it remained upon the campus. Now, one of the finest hospitals in America is at their disposal in Detroit, and it is at least reasonable to hope that a "change of atmosphere," a complete instead of an incomplete faculty, efficient clinic and laboratories, enlarged opportunities, and renewed hope, enthusiasm and harmonious effort on the part of the friends of homeopathy may make success more or less probable in the future, away from the campus.

The legislative campaign of a year ago demonstrated several things, among others, that homeopathy had more life than its enemies, or even some of its friends, supposed; that a righteous scheme and logical policy would unite a demoralized and despairing profession; that, as in the past, homeopathy can rely upon the justice and love of fair play of the people's representatives at Lansing, just as certainly as it can rely upon the injustice and hostility of the self-styled people's representatives at Ann Arbor.

It should also, together with past college history, admonish all Michigan homeopaths to be prudent, thoughtful, courageous, earnest, united and determined in the present critical situation, and that being so they are invincible and their cause bound to triumph. "Hope deferred maketh the heart sick," but with the hearty sympathy and active good wishes of our colleagues in the faith, the world over, I see no reason for discouragement. A firm resolve to "fight it out on this line" will certainly bring victory in the end.

D. A. MacLachlan, M. D.

Detroit, April 8.

THE OMAHA HOMEOPATHIC LECTURE COURSE.

With the view of arousing a greater interest in society matters among our physicians, a programme was prepared by Drs. H. P. Holmes and J. E. Mann, and the meetings set for the evenings of March 16th to 20th. It was not given under the auspices of any society, and the fifteen papers read out of the twenty put down on the programme were the voluntary contributions of the physicians of Omaha and Council Bluffs. A good attendance was maintained throughout and the success of the programme demonstrated the possibiity of getting up an interesting meeting at any time and on short notice.

The initial paper: "How to Study Materia Medica," by S. J. Quinby, M. D., advocated the study of the genus of the remedies and cited many examples of the differential features which should govern the choice of the remedy. "The Materia Medica and Institutes of Homeopathy," by H. P. Holmes, M. D., detailed the radical difference between the homeopathic and all other schools of medicine as being our materia medica and our manner of using it. To this was added the distinguishing feature "fixed faith in the efficiency of drugs" of Dr. Sam. Jones. It was a plea for the better and closer following of our principles. Dr. C. G. Sprague followed with an able paper on "A Study of Lachesis," giving the characteristic features of the wonderful gift of Constantine Hering. This closed our first evening's programme and was a fair index of what the rest would be.

On Tuesday evening the programme was opened with a paper on "The Scientific Use of Adjuvants," by H. A. Worley, M. D., in which that gentleman gave us a fine resumé of all the adjuvants from hot or cold water to hypodermics of morphine, and from the simple poultice to the mechanical cupping apparatus. "Cries and their Significance," was handled by Dr. Freeda Lankton in a way that made her paper valuable. The differentiating cries in the course of labor, of cerebral troubles, earache, and colic were given. She advocated the close watching of these hints as oftentimes forming short cuts to a diagnosis. "Facial Semeiology," by Dr. H. P. Holmes, was a paper out of the usual line and one of the first of the kind read before our medical societies. It treated of facial diagnosis of many diseases through the reflection into the face of many symptoms which fixed the diagnosis without asking a question.

Wednesday evening was devoted to surgery, and aside from a slight change the programme was as follows: "Tumors," by Dr. D. A. Foote, was a very able address and one worthy a larger audience than could be given by our local physicians. "When to Use the Curette," was the first paper ever read by Dr. R. W. Connell before a medical society and was highly commended. It was sufficient proof that the doctor should not let this be his last effort. Dr. P. J. Montgomery, of Council Bluffs, followed with "Fractures and Dislocations," and left us "all broke up," as might have been expected.

On Thursday evening, Dr. G. A. Parsell opened the meeting with a paper on "The Science of Medicine." It was a history of medicine from the earliest ages up to the time of Hahnemann and was a fitting prelude to the one that followed, "Early Homeopathy," by Dr. O. S. Wood. In the opinion of the writer this is one of the ablest papers ever given on this subject, and one that we should see in print, as it will go to make up the history of our school. The author gave a concise history of Dr. Gram, the first American homeopath, his life, struggles, accomplishment, death and the monument raised to his memory. From this he carried us along in history until the foundation of the first homeopathic medical college, its faculty, and its subsequent merging into the Hahnemann College of Philadelphia, of which Dr. Wood was a graduate many years ago. The programme closed at eleven P. M., with an excellent and instructive paper on "Medical Electricity," by Dr. Emma J. Davies.

On Friday evening, Dr. J. E. Mann, under the title of "The Nose, its Functions, Diseases and Treatment," took us on a walk through the nose and showed us all about it, just as the proverbial guide shows one through the Mammoth Cave of Kentucky, or the still larger Wind Cave of South Dakota. "Now let us turn our backs on the septum," said Dr. Mann, "and we see before us"—and that was the way he carried us along, from Dan to Beersheba, so to speak, and when he was through we felt that we had a better knowledge of the nose than before. He told us of the operations, local and medical treatment and just what we ought to do with our noses. Dr. Mary J. Breckenridge, followed with a sketch of "Cholera Infantum," a paper of great value in the soon-to-come summer complaints. The last of the series was by Dr. S. J. Quinby, "How to Study Materia Medica." He told of some would-be homeopath alternating *Nux vomica* and *Lycopodium,* and said it reminded him of a story. A certain church member became very much discouraged with the dry, unreligious sermons of his minister. Meeting a member of a neighboring church he asked: "Does your minister preach any religion in his sermons?" "Well, a little, sometimes," was the rather indefinite answer. Dr. Quinby drew a comparison of *Nux* and *Lycopodium* that proved the illustration and demonstrated that the would-be alternator of these two remedies should sometimes put a little homeopathy into his prescriptions.

This closed the programme, and one of the most enjoyable, profitable and satisfactory ones ever given by the homeopaths of Omaha. It will most likely be repeated again in the fall with additions and help from outside. It was intended to wind up the week's entertainment with a "little something to eat," but a proposal to honor Hahnemann's birthday in a fitting manner postponed the banquet until that time. For the first time in Omaha we hope to recognize the birthday of our hero with an evening's programme that will still more firmly fix his memory in our minds and bring his life and work into greater prominence before our people.

H. P. Holmes, M. D.

Omaha, Neb.

INTERNATIONAL HOMEOPATHIC CONGRESS. —ANNOUNCEMENT.

The International Congress has been postponed till August 3. This committee desires to announce that it has made the following arrangements for transportation to and from this congress:

The White Star Steamship *Britannic* sails from pier 45 North River, New York, on Wednesday, July 22, at 10 A. M., and is due in Liverpool on July 30, giving ample time for a run through the Shakespeare country before the Congress opens. Accommodations for a limited number have been secured on this steamer. The return trip may be made on the *Britannic* or *Germanic.* The following are the rates: $104, $117.50 and $131, according to accommodations for the round trip. If the return trip be made on the *Teutonic* or *Majestic* a differential rate will be required. The following is the sailing list of the White Star Line from Liverpool, to October: *Germanic*, August 19; *Teutonic*, August 26; *Britannic*, September 2; *Majestic*, September, 9; *Germanic*, September 16; *Teutonic*, September 23; *Britannic*, September 30.

Another most attractive and interesting route is recommended by the committee. The *Dominion Line Royal Steamship Co.*, sailing between Montreal and Liverpool have offered superior accommodations at reduced rates on their fast and popular steamer *Labrador*, sailing from Montreal at daybreak on July 25. This line offers the round trip for $100, outside rooms.

The sail down the beautiful St. Lawrence river, a visit to Quebec, so full of historical interest, a thousand miles less of the ocean—are all special features which should commend this line. The landing is made at the river side station in Liverpool, and a special train for London always leaves within an hour after the arrival of the *Labrador*, the fare being about $4.50. The following is a list of the return sailings of this line: *Vancouver*, August 27; *Scotsman*, September 3; *Vancouver*, Octobor 1; *Scotsman*, October 8. The new steamer *Canada* will sail on the 10th or 24th of September.

It is expected that this steamship, which is now building, the largest and finest steamer that ever entered the St. Lawrence, will have taken her place on this line before the Congress meets. In such case, if dates suit, arrangements will be made to change to that ship.

The Dominion Line also offers to allow the transfer of tickets between members, thus allowing those sailing on the *Britannic* to return via. Montreal. The benefit of going one way by each route will thus be had. Montreal is as easily reached from the west and New England as is New York. This company has given us the lowest rates and the best accommodations. Extra rooms can be obtained at a trifle extra cost. That members will receive the best of treatment from them goes without saying. They are working to secure a share of American trade and are soon to put on an entirely new fleet of steamers.

The following letter will explain what arrangements have been made in London for the entertainment of members:

55 Queen Anne Street,
Cavendish Square, W. London,
January 21, 1896.

Dr. W. A. Dewey, Secretary International Homœopathic Congress Committee:

DEAR SIR:—I have not replied to your note of November 13 before this as I have been making arrangements for the meeting and the reception of our American colleagues in London. The following arrangements have been made: The meeting will take place at the Queen's Hall, Langham Place, in the "Small Hall." The evening of August 3d, Monday, will be set apart for a reception of the members of the congress by the officers in the hall above mentioned. The board of management of the London Homeopathic Hospital have kindly put the board room at the disposal of the members of the congress in the mornings for sectional meetings.

As regards hotel accommodations at the Bedford Hotel, 93 Southampton Row, Holborn: the Temperance Hotel, Montague House, Montague Street, Russell Square, board and residence can be obtained at the rate of from 7s. a day if a residence of a week is made but not for shorter periods, and only on giving notice beforehand that these terms are required. At the "Inns of Court Hotel," Lincoln's Inn Fields and Holborn, a most substantial and excellent hotel in every way, full board and residence can be obtained for 12s. a day for a week or less than a week, or bed, breakfast and attendance at the rate of 7s. a day. I can thoroughly recommend the latter place; it is conveniently situated moreover, being within easy reach of the hospital and seven minutes bus ride of the Langham Hall.

Yours sincerely, *Dudley Wright.*

It is most important that those contemplating the trip notify the secretary of this committee at once, and also the date of their return passage. Berths can only be secured by a deposit of $25.00. Further information, cabin plans of ships, etc., may be had on application to the secretary.

Respectfully submitted. Committee on International Congress. *W. A. Dewey, M. D., Secretary.*

170 West 54, New York.

IS THERE MORE THAN ONE LAW OF CURE?

MEDICAL CENTURY: I desire information on this all important subject—"Is there more than one law of cure?" In your very able article on "Homeopathy vs. Homeopathicians" you carry the idea that there are more than one, but you fail to describe them or tell us what they are. You say that "the law of Hahnemann is one of nature's laws." It is very true that every drug has a primary and a secondary action, but all the symptoms of our proven drugs are included under the law *similia similibus curantur*. Understand me, I have no sympathy with homeopathicians who assume to be all-wise and claim that the single remedy and the minimum dose and the single dose form the only true method of treating patients, and then, contrary to their own ideas, put two or three or more remedies in the same tumbler and mix them up and call that scientific practice. We have entirely too much of that kind of polypharmacy.

But I still incline to the belief that there is but one law of cure. Dr. A. Given says that "after having practiced allopathy for twenty years and homeopathy for seventeen years I know that all medicines which cure do so homeopathically, it matters not who prescribes them." He ought to be a pretty good authority after so many years experience in both systems of medical practice.

Nature's resources are wonderful, and if a patient recovers under any other law of cure the vital powers do the work in spite of the disease and the remedy also. You doubtless know that many persons have got well after having been given up by the attending physician; the vital powers having a little rest from the deleterious effect of the treatment, rise above the power of the disease and the remedies also, and the patient recovers in spite of both. Many such cases have been recorded, showing the wonderful resources of the vital powers when given a chance to do their work. But you say truly that "homeopathy is a mighty truth and will live forever."

Beatrice, Nebraska. *C. Starr, M. D.*

The Texas Homeopathic Medical Association will hold its next annual meeting at San Antonio on the 11th and 12th of June. Dr. G. W. Streeter, Waco, is president, Dr. C. F. Braden, of El Paso, is secretary, and Dr. John E. Thatcher, Dallas, is treasurer.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - EDITOR.

New York and Chicago, April 15, 1896.

THE DIAGNOSTIC MARVEL OF THE AGE.

According to the daily press the field of diagnostics is about to be revolutionized. Not only has Röntgen, the Munich scientist, made possible the discovery of unnatural conditions in tissues of moderate transparency by means of the cathode rays and their application, as recently enunciated by him, but our own Edison, the electrical wizard of this electrical age, has about concluded experiments which seem to make it possible to call the new discovery to our assistance in the most difficult diagnostic problems, by virtue of the transparency of the human body which he has been able to secure through the scientific application of Röntgen's discovery by means of discoveries of his own. Just as Samuel Hahnemann made practical the value of *similia similibus curentur*, a law which had run through medicine since the days of Hippocrates, so has Edison seemed to make practical to the last degree the law of cathode lighting, if, indeed, it be cathode lighting after all, for whose discovery the Bavarian savant deserves the credit. Both discoveries are of vast import to the medical profession, and to each will be allotted the praise—to Röntgen for opening the door and to Edison for permeating the dark places within.

Edison's device which is calculated to revolutionize the art of diagnosis consists of a double tube vacuum pump attached to a wooden upright, and an exhaust mercury pipe running alongside the pump, in which the tube is placed, an electric current being furnished from an ordinary battery and induction coil under the box with wires leading up through the bottom of the latter in such a way as to render the surgeon and patient safe from the danger of a shock; the outer end of the apparatus is covered with paper coated with the crystals of the tungstate of calcium, and the surgeon is provided with a fluoroscope which is fastened over his eyes like a pair of spectacles minus the lenses. The rays are turned on through the tubes and the human body is rendered relatively transparent at different distances. The thoracic and abdominal viscera have been clearly outlined, though the apparatus is not yet so perfected that pathological conditions can be discerned with the degree of clearness necessary to perfect diagnostic requirements. This is following at a rapid rate, Edison proclaiming his belief that he will very soon be able to demonstrate the circulation of the human blood as clearly as that in a frog's foot can now be discerned with the microscope. This accomplished, and we have every confidence that it soon will be, and the science of diagnosis will be a science indeed.

Truly, this is an electrical age. Medicine and surgery owe much to their electrical friends outside the profession, and as the wizard of Menlo Park and his co-laborers open the way for us we should not be slow to enter therein; through our electrical and diagnostic specialists we should grasp each new truth with avidity and appropriate the great search light of the Röntgen rays to the good of humanity.

PLAYFAIR PLAYED FOUL.

The English people and profession have been set going at a high rate in the broad field of domestic gossip and scandal by the trial of the suit of Mrs. Arthur Kitson against Dr. Playfair, the celebrated author of Playfair's Midwifery, which resulted in a verdict of sixty thousand dollars against the knighted obstetrician for revealing the secrets of the sick room to his wife with intent to ostracise a patient socially. There has not been such a court scandal in relation to the medical profession for many a day, nor has there been rendered a more righteous verdict in a court of justice in any case in recent years. It seems from the associated press accounts that Mr. Arthur Kitson married in Australia. His domestic life proved not to be a happy one and his wife went to England an invalid. Here she called upon Sir James Broadbent and Dr. Charles Williams for treatment, and not doing well sent for Dr. Playfair, whose wife is her husband's sister. The case seemed to Dr. Playfair to indicate pregnancy at a date more recent than Mr. Kitson's last visit to his wife, and her medical attendant expressed the opinion that she had better leave England at once unless she could aver that her husband had been in that country within three months. She protested her innocence, but unavailingly, and was finally threatened by the defendant in the suit with exposure unless she immediately made the declaration he demanded. Mr. Kitson had not been there within the specified time, and to have so sworn would have been to have sworn falsely and thus to have practically made a confession of guilt. Finally, realizing that she was about to be scandalized whether or no by her medical attendant, who was also her brother-in-law, the plaintiff wrote him a note asking him if it were still too late to say yes, receiving a reply to the effect that it was, that he had already told his wife. The invalid immediately notified her husband, who went from Australia to England, heard her story, believed it, and joined in her suit against the physician. His brother, Sir James Kitson, had meanwhile cut off an allowance of twenty-five hundred dollars a year which he had been giving her, and thus was afforded grounds for substantial as well as exemplary damages. The case was bitterly contested on both sides, but the jury promptly brought in a verdict for the plaintiff as above stated, which verdict was received by the audience and the people generally with cheers and rejoicing.

The decision is in every sense a righteous one. Even had Mrs. Kitson been guilty of wrong doing Dr. Playfair would still have acted cruelly, inhumanly, unprofessionally. Even should he have been fully convinced of her guilt, and had he desired ever so much to have avoided social relations between herself and his wife, he could yet have prevented these without having violated the confidence of the sick room. Did he deem it necessary to inform her brother-in-law or her husband of his suspicions he should have done this himself and not have entrusted the function to his wife. There is absolutely no excuse for the course pursued, and the wonder is that so wise a man as Playfair, a man so eminent in his profession, should have made so egregious a blunder. It may be that physicians may occasionally be justified in imparting information gleaned in the sick room to juries and judges, though it should even then always be done under protest but it is never justifiable to impart secrets of this nature, no matter how clear the evidence of wrong-doing, to one's wife or to any other person except courts of justice. And it is especially condemnable for any physician to assume to set the seal of social disapproval upon a patient who has entrusted herself to him through women members of his family, the duty being delegated to them to communicate the information to others directly or indirectly interested. This is an instance where the great Playfair clearly played exceeding foul.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. F. C. Watson has removed from Cleveland, O., to Auburn, Maine.

Dr. D. T. Riddle, late of Winneconne, Wisconsin, has located at Springfield, Missouri.

Dr. S. P. Hewins has returned from Osceola, Iowa, to his home at Ainsworth, that state.

Dr. W. W. Irving, Hahnemann of Chicago, '96, has located at Waukesha, Wisconsin.

Dr. W. S. Harvey, Chicago, recently returned from a pleasure trip to the Pacific coast.

Dr. Thos. M. Stewart, Cincinnati, has been on the sick list very close to an intermittent fever.

Dr. A. K. Crawford, Chicago, has removed his offices to 100 State street, Reliance building, ninth floor.

Dr. Robert K. Morris, Chicago, had the misfortune to suffer a fractured humerus last month in a bicycle wreck.

Dr. P. Wyckoff Neefus, Rochester, has moved to 124 East avenue with consultation hours from one to four P. M.

Dr. Mortimer H. Brown has recently located at 524 Walnut street, Louisville, Kentucky, with hours from 8 to 10, 1 to 3, and 7 to 8.

Dr. J. S. Mitchell, Chicago, has gone to California with a party of railroad magnates in a special car for a month's tour of the Pacific coast.

The *Medical Counselor* contemplates the publishing of a daily edition during the meeting of the American Institute at Detroit in June.

It is stated that not a member of the profession of Jersey City belongs to the American Institute of Homeopathy. How is this, Jersey Cityites?

Mlle. Marie-Claudine Charcot, the daughter of the late Prof. Charcot, has recently married M. Alfred Edwards, formerly manager of *LeMatin.*

Dr. E. A. Whitlock, formerly of Wichita, Kansas, died at Eagle, that state, on the first of this month. He was a graduate of Pulte College, class of 1876.

The constitutionality of the three board examining law in Louisiana is being tested before the courts by two practitioners who have been rejected under its operations.

It is stated that antitoxin is making a satisfactory record for itself in Japan, the death rate from diphtheria being greatly reduced under this treatment over former records.

The Southern Homeopathic Medical College, Baltimore, had a class of about twenty-five, all told, during its late session. Its commencement exercises were held on April 15.

Dr. T. M. Stewart, Cincinnati, Ohio, will cheerfully impart all information within his grasp to intending physicians seeking locations in his state. His address is 704 Elm street.

The state board of health of New York has petitioned the legislature for an appropriation of $300,000 to be expended in efforts to eradicate or limit the spread of tuberculosis.

Dr. Dennis Bishop, of Cook County Hospital and Rush Medical College, Chicago, died the early part of April from an operation for appendicitis, or following an operation for that condition.

Dr. George H. Martin, San Francisco, has recently been severely ill. He is now convalescent and his permanent recovery is assured, greatly to the satisfaction of his family and San Francisco colleagues.

Dr. W. W. Stafford, the genial and efficient secretary of the Homeopathic Medical Society of Chicago, be sure and get the name right, has been quite indisposed recently, the result of a severe lumbar sprain.

The profession of Detroit celebrated Hahnemann's birthday anniversary at the Russell House on the evening of Friday, April 10, by a banquet and toasts bearing upon the life and works of our founder.

The Boston University School of Medicine has just received a gift from the city council of a piece of ground embracing twelve thousand feet, worth $18,000, upon which it will proceed to build a Nurses' Home.

The death of Count Mattei, who attempted to marry homeopathy and electricity by the formation of a system of treatment based upon the use of electricised homeopathic remedies, died on April 6th in Bologne, Italy.

The American Medical Association proposes to celebrate the one hundredth anniversary of Jenner's experiments toward the prevention of small-pox at Atlanta a week ahead of the regular dates selected for the meeting of that body.

The Massachusetts board of health reports the death-rate of that commonwealth from tuberculosis larger than that of any other country except certain defined districts in Bavaria and Austria. Pretty severe that on our civilization.

Dr. W. J. Hawkes, who has been spending the latter part of the winter in Pasadena, California, will return to Chicago next month. A partnership has been formed between Dr. Hawkes and Dr. F. C. Titzel, late of Lake City, Minnesota.

Dr. Emmet L. Smith, Chicago, makes occasional tours in Iowa and other Northwestern states on surgical missions. His latest was to Waterloo, where he did a number of surgical operations at a single seance. The younger men are being heard from.

The commencement exercises of the Southwestern Homeopathic Medical College, Louisville, were held at Macauley's Theater on the afternoon of April 2, at which time six candidates received the degree of doctor of medicine. Four of the number were ladies.

Hot Springs, Arkansas, is reputed to be the healthiest city in the world, the annual death rate, covering residents and visitors, being but 10.79 per thousand. The death rate among permanent inhabitants is still smaller, but 7.54 per thousand annually.

A bill is before the legislature of South Carolina making it incumbent upon midwives to report to the local boards of health, or in the absence of one of these to a reputable and legal physician, cases of sore eyes in infants that may come under their observation.

Dr. De Witt G. Wilcox, of Buffalo, has found that so much of his time is required at his private hospital on Lexington avenue that he will hereafter observe office hours there instead of at his residence. His operating hours are from 11 to 1, with consulting hours from 1 to 3.

The regular examination for resident physicians of the Children's Hospital of Philadelphia will be held at the hospital, 926–928 N. Broad street, May 1 at 12 o'clock. Applications should be sent to Dr. J. M. Reeves, president of the medical board, at 1609 Mt. Vernon street, Philadelphia.

The statement made in the *Hahnemannian Advocate* of March 15 that the editor of this journal has been the instigator in all the legal efforts of Dr. H. C. Allen to obtain possession of the late *Medical Advance* is absolutely without foundation in fact. He has been the instigator of none of them.

Dr. J. Richey Horner, Allegheney, will go to Europe in June to be absent a year pursuing his studies in neurology. Upon his return he will devote his entire time and attention to this specialty. The Century hopes to have a series of foreign letters from his pen during his residence abroad.

The Hahnemann Association of New York celebrated the centennial of homeopathy and the anniversary of Hahnemann's birth on April 11, at the Carnegie Music Hall, upon which occasion Dr. T. Y. Kinne, of Paterson, N. J., delivered an oration and Dr. Wm. Tod Helmuth read a centennial poem.

The Columbus Hospital, old school, was opened on East Twentieth street, New York, on March 18th. Its medical staff consists of Drs. Stephen Smith, George F. Shrady, John Boucher, Charles Lewis, Bache Emmett, Peter Callan, Frank Ferguson, Cornelius Cokely, Ramon Guiteras and Joseph Winters.

Dr. D. W. Hartshorn was in Cincinnati for a short time, having came from his Florida home to attend the commencement. His many friends, and especially graduates of Old Pulte, will be glad to know that he is in good health, possesses the same keen sense of humor, and enjoys life just the same as of old.

Dr. Geo. W. Roberts, one of the editors of the *North American Journal of Homeopathy*, has been appointed surgeon to the Hahnemann hospital, succeeding Dr. Homer I. Ostrom, who has recently opened a private surgical hospital in that city. The appointment of Dr. Roberts is in every way a worthy one.

Dr. Allison Clokey, Louisville, has taken unto himself the sole responsibility of the future editing and issuance of the *Homeopathic Guide*. With him it is a labor of love. He is accomplishing very satisfactory results in interesting the people of Louisville and vicinity in the affairs of homeopathy in that neighborhood.

Dr. P. S. Replogle, Champaign, Illinois, has filed a petition for a mandamus against the board of managers of the Julia F. Burnham Hospital, that city, to compel them to admit him to practice within its wards. The objection offered against Dr. Replogle by his colleagues and the board of managers is that he advertises offensively.

The San Francisco profession is making unusual efforts to insure an excellent meeting of the California State Homeopathic Medical Society at San Francisco, in May. The *Pacific Coast Journal of Homeopathy* is giving royal support to these efforts, and, therefore, there should and doubtless will be such a meeting as has never before been held on the coast.

Five vacancies at the Brooklyn Homeopathic Hospital are to be filled by competitive examinations on June 1, at which time a house physician, an assistant physician, a house surgeon, an assistant house surgeon and an ambulance surgeon are to be chosen. Dr. Orlando Rich, chief of the hospital staff, at 314 Macon street, will receive and file applications for these positions.

We are informed by Dr. Charles Metzger, of Lima, Ohio, that instead of that town being without a homeopath, as reported by Dr. Stone, Rhinelander, Wisconsin, recently, it has four homeopaths. Nevertheless, Dr. Metzger will warmly welcome any others who wish to come his way. Dr. Stone was evidently misinformed as to the facts in regard to this particular location.

Dr. A. W. Blunt, of Clinton, Iowa, narrowly escaped death on February 8. He was run down by a switch engine and shoved and rolled for nearly two hundred feet before the engine could be stopped and the doctor released from his perilous position. He was bruised and lacerated severely, but, fortunately, none of his injuries were dangerous in degree and he has quite recovered.

Baltimore has achieved a victory for homeopathy in the appointment of a homeopath as physician to the prisoners in the city jail and another to the position of assistant health commissioner. The Maryland legislature has also appropriated the sum of $1,000 annually for the Maryland Homeopathic Medical Hospital, the first recognition that institution has had at the hands of the state.

The *North American Journal of Homeopathy* for April publishes a very satisfactory and exceedingly complimentary review of the new Homeopathic Text Book of Surgery. It says that without exaggeration the work is worthy of the school it represents, both in scientific excellence and literary style and finish, pronouncing it a standard text book that any school of medicine might be proud to claim.

The latest amendment to the New York medical law makes four courses of lectures necessary to the issuance of a degree which will entitle applicants to examination for the state license. This will force Bellevue and one or two more colleges which have been considered slack in their requirements to come to taw. The homeepathic and other "good" colleges in New York had long ago adopted the four years' term.

The New York board of health is now offering "a greatly improved," because much more toxinous, antitoxin, claiming it to be more efficacious because containing a greater per cent. of antitoxin than their aid preparation. Look out now for trouble! Diphtheria cannot be cured by the quantitative administration of toxinous substances. As a rule the little patient suffering from this disease is already carrying about all the poison its system will hold up under.

Rumor comes to the Medical Century's Chicago office that it is whispered in New York that it is hard up and for sale. W—hat a w—hopper! For sale? Well, yes, the Century may be for sale, just as almost anything we have or own is for sale; but we wish it known that the Medical Century is paying a splendid dividend and it will take a good sum of money to buy it. A syndicate made the effort two months ago but quieted down when it became known that the price wanted, under urging for a selling figure, was only twenty thousand dollars.

A class of fourteen were graduated by Pulte Medical College, Cincinnati, on the twenty-third of last month. Of this number but one, Miss Estelle Turner, was of the gentler sex. Miss Turner and Mr. D. O. McCreary attained the same general average, each being awarded a gold medal for general proficiency. Dr. O. S. Runnels delivered the doctorate address, its title being "Intellectual Diversity." At the meeting of the Alumni Association which followed the exercises Dr. J. M. Crawford was elected president and Dr. H. H. Wiggars secretary.

A gift of five thousand pounds sterling has been made by Mr. Henry Tate, of Streatham, to the Hahnemann Hospital of Liverpool. Mr. J. Temple, a patron of the institution, gave an additional five hundred pounds and pledged himself to start every additional one thousand pounds with a gift of fifty pounds, just to set the ball rolling. This is the kind of liberality that makes hospitals grow to become really beneficent institutions. Would that there were more hospital-giving people. The medical profession should be better supported by the laity in their hospital efforts.

The annual reunion of the Alumni Association of the Hahnemann Medical College of Philadelphia will occur on Tuesday, May 5th, at the Alumni Hall in the college building. Dr. L. H. Willard, of Allegheny City, is president, Dr. Swormstedt, of Washington, Dr. Van Lennep, of Philadelphia, and Dr. Malin, of Chestnut Hill, are the vice presidents, the permanent secretary being Dr. W. W. Van Baun, editor of the *Hahnemannian Monthly*. A business meeting will be held at 4:30 P. M. and the Annual Banquet will follow at the Walton after the commencement exercises of the college in the evening.

An old-new medical journal published in Chicago tells us that the Röntgen ray "has located a needle in a woman's stomach; a needle in an ankle; it has located bony tumors, broken and deformed bones, and in a notable case here in Chicago has defined a deep scirrhous tumor of the thigh, and by so doing greatly facilitated the surgical operation which followed." All of this is good, very good, with the possible exception of that "scirrhous tumor of the thigh." It was probably intended to say that it was a deep sarcomatous tumor of the thigh, which, indeed, it was. There is here both a distinction and a difference.

"Homeopathy never has use for quinine," etc., etc., is the statement one so often hears. But one of Cincinnati's rising physicians, Dr. P. T. Kilgour, says, "That homeopathy has use for every drug when it is indicated. Homeopathy is not a narrow method of practice, but it is the broadest one in the world today, in that it uses any drug and every drug according to its indications, as shown in its sphere of action." That is the way he answers his patients on that point, only he emphasizes the fact that the homeopathist studies his cases and his drugs to find out "when the latter, and *which one*" is indicated.

The Ohio Medical Examination and Registration Board met at Chittenden Hotel, Columbus, last moth and organized with all the members present as follows: N. R. Coleman, M. D., allopath, Columbus, president; H. E. Beebe, M. D., homeopath, vice president, Sidney; treasurer, David Williams, M. D., eclectic, Columbus; secretary (chosen outside of the board of seven), Frank Winders, M. D., allopath, Findlay; C. A. L. Reed, M. D., allopath, Cincinnati; S. B. McGavran, M. D., allopath, Cadiz; J. K. Scudder, M. M., eclectic, Cincinnati; C. E. Markley, M. D., physio-medicist, Toledo. The first quarterly meeting of the board for the receiving of diplomas, examining candidates and issuing certificates was held on Tuesday, April 7, at Columbus.

The commencement exercises of Hering Medical College, Chicago, were held at the Grand opera house on the afternoon of Friday, April 10th, a class of twenty candidates receiving the degree of doctor of medicine. The valedictory address was delivered by Prof. J. R. Boynton, the degrees being conferred by Mr. Edwin C. Potter, president of the board of trustees. The alumni banquet was held in the evening at the Laland House. The graduates are as follows: Thos. H. Winslow, Jas. A. Baute, Ida C. Nahm, P. C. Krichbaum, E. E. Ellison, Frances S. Jerome, W. A. McClelland, C. C. Matthews, Margaret E. Burgess, J. E. Ford, G. W. Hoyt, Theodora Wilson, Mrs. A. R. Fellows, Mrs. Lydia Scholes, Elizabeth Shirra, Jessie B. Atkins, W. C. Leipold.

The next meeting of the Maryland State Homeopathic Medical Society will be held at Baltimore on the 19th and 20th of May. The president for 1896 is Dr. Edgar Janney, the vice-presidents are Drs. Jos. Garrison and Chas. F. Goddell, Dr. W. Dulany Thomas is secretary and Dr. Lewis R. Palmer is treasurer. The bureaus are chairmanned as follows: Materia medica, Wm. M. Panebaker; clinical medicine, Lewis R. Palmer; obstetrics and gynecology, H. J. Evans; pedology, Joseph Garrison; surgery, J. Arthur Clement; anatomy, physiology and hygiene, George T. Shower; ophthalmology, otology and laryngology, W. Dulany Thomas; sanitary science, Eldridge C. Price; nervous and mental diseases, G. H. Wright; organization, registration and statistics, C. H. Brace.

The *Hahnemannian Monthly* speaks of the new Homeopathic Text-Book of Surgery as "The Fisher and Macdonald Surgery." This is an error. In no sense is the work a "Fisher and Macdonald" book. It is the work of its corps of co-authors and not of one or two or three individuals. The fact that the names of the editors appear on the volume makes it in no sense their book, their names having been placed there as editors only, just as Dennis' name appears upon the system of surgery of which he is editor and as Ashhurst's name appears upon the International Encyclopedia of Surgery. The friends of the book, of its corps of authors, and of its editors will please not speak of it as "Fisher and Macdonald's Surgery." It is the "Homeopathic Text-Book of Surgery"—nothing less and nothing more.

Dr. T. J. Patchen, Fond du Lac, Wisconsin, paid the MEDICAL CENTURY office a pleasant call recently when in Chicago. Dr. Patchen is the oldest homeopathic physician in the Northwest, having commenced homeopathic practice fifty years ago this fall. He was for many years an active and efficient member of the American Institute of Homeopathy and other homeopathic associations, but because of impaired health has not been attending the conventions in recent years. Dr. Patchen and the preceptor of the editor of the MEDICAL CENTURY, the late Dr. Richard Huson, of Lawrence, Kansas, were the pioneer homeopaths of the Northwestern part of New York in the early days, when to be a homeopath meant to face many a foe and brave many indignities. His colleague, Dr. Huson, died several years ago.

At the meeting of the Homeopathic Medical Society of the county of New York held on April 9, the paper of the evening was from the pen of Prof. Sheldon Leavitt of Chicago on "The Trendelenburg Position in Obstetrical Practice." Papers were also presented on "Adenoids and the Proper Method for their Removal," Charles E. Teets, M. D.; "Some Observations Regarding Appendicitis," Wm. F. Honan, M. D.; "The Electrical Treatment of Fibroids," F. M. Frazer, M. D.; and "Materia Medica versus Ovariotomy," S. Eliza Talcott, M. D. The special committee on the abuses of medical charities, Drs. Doughty, Macy, Porter and Wilcox, presented two reports, a majority and minority report. Our regular correspondent's descriptive report of this interesting meeting will doubtless be given the readers of the MEDICAL CENTURY in the issue of this journal bearing date of May 1.

The Buffalo *Express*, an illustrated paper, gave nearly a page to the Hahnemann celebration in that city prior to its holding. It published a most excellent likeness of Hahnemann from a portrait given by a noted physician to Mr. Alexis Eustaphieve, at one time Russian Consul-General to the United States, that gentleman being at one time a patient, as well as a personal friend of Hahnemann. Through Mr. Eustaphieve's son the portrait descended to his daughter, Mrs. Frank S. Coit, of Buffalo, and through her kindness a reproduction was made of it, it being this which the *Express* printed. It is the best likeness of Hahnemann we have yet seen. There were published also half tones of the proposed Hahnemann monument and statue, and photographs of the president and secretary of the Western New York Homeopathic Medical Society, under whose auspices the meeting was held on the 10th instant. This is the sort of enterprise which counts with the people. Chicago might easily have done as well—but she didn't.

The *American Homeopathist* for April 1st discusses with characteristic forcefulness the organization of the "National School of State Medicine" in Chicago, and gives voice to its disgust in the following language: "Singular, isn't it, how some people itch for the little cheap notoriety which may be granted them wittingly or unwittingly by connection with a medical school, or factory for pump-handles, or other trumpet-sounding institution. In republican America it is, indeed, pitiful to bear witness to this indecent scramble after a few initials after the tail end of a family name. Fancy for a moment putting one of the duly graduated and certified members of this new state school in Talcott's place at Middletown, or in Paine's place at Newton! Fancy, indeed, if you can, such a graduate taking anybody's place anywhere, where efficiency and experience are the main essentials!" In closing its caustic remarks upon this subject the *Homeopathist* asks, "Can it (the medical profession) never be divorced from the reign of the blatherskite and the quack genteel?"

The twenty-third annual meeting of the Nebraska State Homeopathic Medical Society will be held at Omaha, May 13 and 14. The officers are as follows: President, Dr. A. H. Dorris, Lincoln; first vice-president, Dr. R. W. Connell, Omaha; second vice-president, Dr. G. H. Neal, Falls City; secretary, Dr. C. V. D. Basten, Kearney; treasurer, Dr. O. F. Wood, Omaha. The Omaha Homeopathic Medical Society will serve as a committee of arrangements for the meeting and will put forth special effort to make it one of unusual interest. The bureaus are chairmanned as follows: Materia medica, Dr. F. W. Winter, Wymore; anatomy and physiology, Dr. D. A. Foote, Omaha; clinical medicine, Dr. Lenore Perkey, Lincoln; surgery, Dr. B. Belle Andrews, Stella; gynecology, Dr. W. A. Humphrey, Plattsmouth; obstetrics, Dr. B. F. Bailey, Lincoln; mental and nervous diseases, Dr. J. H. Mackey, Norfolk; ophthalmology and otology, Dr. J. E. Mann, Omaha; pedology, Dr. J. W. Hawk, Grand Island; sanitary science, Dr. Julia C. Starr, Beatrice.

The next meeting of the Wisconsin Homeopathic Medical Society will be held in Milwaukee on the 26th, 27th and 28th of May. Dr. Harvey Dale, of Oshkosh, associate editor of the *Minneapolis Magazine*, is president, Dr. M. L. Huntington of Darlington, first vice-president, Dr. Mary L. Ewing of Evansville, second vice-president, Dr. Jos. Lewis, Jr., Milwaukee, recording secretary and Dr. C. J. Steele, Milwaukee, corresponding secretary. Chicago always sends a good number of her profession to the Wisconsin meeting and has heretofore always found a hearty greeting. President Dale assures us that all who attend from this city will be cordially welcomed and that the prospects are excellent for a good meeting. Let us give our Wisconsin colleagues all the encouragement possible. Homeopathy is not overstrong in that state and there is a sore lack of public institutions devoted to our interests. It is hoped that out of the May meeting may come such a revival of homeopathic enthusiasm that the Badger commonwealth will be aroused to greater activity and much more efficient work than heretofore.

The medical profession and hospital people of Fort Smith, Arkansas, have recently been very much wrought up over a foolish action upon the part of the old school profession of that city in resigning from the staff of the St. John's hospital because the homeopaths were awarded the privilege of treating patients therein and controlling a certain portion of the institution. It seems the local old school society, the Sebastian County Medical Association, has had full control of the hospital for a number of years. A rival medical society was formed, called the Progressive Medical and Surgical Society, and it applied for representation upon the medical and surgical staff. The board of managers considered the matter carefully, and deeming it but justice that all should be given an equal showing, since the patronage of the institution came from the friends and patrons of all medical schools, decided to grant the petition and give the Progressives certain privileges. The members of the staff belonging to the Sebastian County Society held an indignation meeting and asked for a conference with the managing board. This was granted and a demand made upon the board to return to the old order, which they declined to accede to. This angered the protestants and they resigned their hospital positions in a body, turning the entire institution over to our side. St. John's is operated under the auspices of the Episcopal church, is a popular hospital, always filled with patients, has eighteen beds, and a training school for nurses in connection with its professional department. The old school physicians called the nurses out on a sympathetic strike, but the managers and homeopaths have stood firm and at present possess the entire ground. The public press deplores the situation but support the management warmly, and the seceders seem to have pulled the props from under their feet and have nothing left to stand upon. Dr. J. C. Daily promises to keep the Century informed of future matters of interest connected with this tempest in a teapot of a rebellion by an intolerant profession.

NEW YORK NEWS-NOTES.

Dr. Thomas M. Dillingham passed the last week in March in Washington, D. C.

Dr. Chas. H. Helfrich, oculist and aurist, has removed to 158 West 47th street, where his hours will be 9 a. m. to 1 p. m.

The new medical hospital of the New York Homeopathic Medical College is now completed and furnished, and will be opened with appropriate ceremonies on the 15th inst.

Demonstrations of the discovery of Prof. Röntgen have been very much the order of the day recently. The guests of the National Society of Electro-Therapeutists at the Berkeley Lyceum on March 26th received a very complete exposition of the mysteries of X-rays. Dr. W. H. King was the lecturer, and the demonstration was made by Dr. F. M. Frazer.

The freshman class of the New York Homeopathic Medical College held a bandaging tournament on Saturday, April 4th, at the close of their course on minor surgery. The novel contest was decided by points, gained by correctness, neatness and speed, while points were deducted for dropping the bandage. Two judges and a referee presided over the tournament.

A dramatic entertainment for the benefit of the Flower Surgical Hospital and the West Side Clinic was given by the Ladies' Guild at the Carnegie Lyceum on the 24th of March. The only disappointment expressed was that the hall was not twice as large, in order that it might have accommodated the friends of the institutions. Nevertheless, a neat sum was netted.

Drs. Phebe J. B. Wait and Amelia Wright recently advocated the appointment of women to the State Commission in Lunacy and to the Boards of Managers of State Hospitals, and their service on the staffs of these hospitals. In so doing they represented the Women's Society for the Promotion of the Welfare of the Insane, before the general laws committee of the assembly. On a commission of five members they would have two women, a physician and a lay member.

Dr. Frederick G. Ritchie, who has been for three years resident surgeon of the New York Ophthalmic Hospital, has resigned the position and will, on May 1, open an office at 134 West 47th street, for the practice of his specialty. Dr. Ritchie's post at the hospital will be occupied by Dr. John B. Palmer, whose office has been at 124 East 25th street. Dr. Edwin S. Munson has resigned his position at the Children's Hospital of the Five Points House of Industry, and will be appointed assistant resident physician at the Ophthalmic Hospital.

As if it were an echo to the discussion on medical charities by the county society last month, comes the news of the expulsion from the County Medical Society, allopathic, of a typical offender in that line. Although nominally the expulsion results from alleged unprofessional conduct toward a brother practitioner, the doctor's own explanation is that he has incurred the enmity of the society by maintaining a private clinic. If that is the real reason it will not gain for him much sympathy, while his threat of a suit for damages, if pressed, will result in an interesting decision on the legal standing of private dispensaries.

A welcome addition to the city's hospital facilities is the Harlem Homeopathic Hospital which was opened on March 23 at 245 West One Hundred and Twenty-fourth street. A house in that very accessible neighborhood has been leased, and will furnish accommodations for about ten patients. That the hospital, which is supported by private subscription, has been urgently needed in Harlem, is evidenced by the promptness with which its beds were filled within the first week of its existence. Its staff is as follows: Byron G. Clark, M. D., president; George W. McDowell, M. D., secretary; Willard I. Pierce, M. D., treasurer; Floyd P. Sheldon, M. D., executive officer; Joseph F. Land, M. D., Mott D. Cannon, M. D., and George E. Tytler, M. D.

PHILADELPHIA PELLETS.

The annual meeting of the Woman's Hahnemann Hospital Association was held April 14, at the Bellevue Hotel, for the purpose of electing officers for the ensuing year.

The report of the Hahnemann Hospital for February gives the following summary: In patient department, new cases, 145; total new and old cases, 225; treated in emergency wards, 338; out-patient department, new cases, 1,254; total new and old cases, 6,372.

The committee appointed by representatives from the various medical clubs of Philadelphia, to consider the advisability of celebrating the anniversary of Hahnemann's birthday, at a meeting held March

11, decided to postpone action, and combine forces with the state and county societies, and hold one grand celebration in September, when the state society will convene in Philadelphia.

The work of excavating has been commenced for a new building on the grounds of the Pennsylvania Hospital, to be used as a receiving ward and for clinical purposes. On its completion the present receiving ward will be torn down, and the building in which clinics are now held, in the center of the grounds, will also be razed to give more light and air. Other improvements toward beautifying the grounds are in contemplation.

The eighteenth annual report of the Children's Homeopathic Hospital gives the following summary for the year ending December 31, 1895: Number of inmates, January 1, 1895, 17; admitted during the year, 230; total, 247; discharged cured, 176; discharged improved, 28; removed from various causes, 11; died (in and out-department), 10; remaining in hospital December 31, 1895, 22. Total number of applicants for relief in out-patient department during 1895, 32,013; out-door visits made, 4,676.

A movement was lately inaugurated by the Philadelphia County Medical Society (allopathic), and the Woman's Health Protective Association toward securing a pay hospital for contagious diseases. The Municipal Hospital is the only one in Philadelphia which will receive patients suffering from contagious diseases, and it is always filled with poor people, who have been compelled to throw themselves on the charity of the city. The present object is to secure a hospital, where people able to pay for treatment can be accomodated while suffering from contagious diseases. There is a much greater need for a hospital for such diseases where people who so desire may be treated homeopathically. At present people who are unable to pay a physician are compelled to go to the Municipal Hospital which is under allopathic administration exclusively.

Prof. Van Lennep's arrangement of the teaching of surgery, apparently could not be improved upon. Dr. Vischer's didactic lectures continue throughout the college year, instead of ending at Christmas as was planned. He recently received quite an ovation when the subject of bone-grafting came up for consideration. Dr. Ashcraft is embracing considerable surgery in his lecture on genito-urinary diseases, and he also holds one clinical lecture each week. Dr. Northrop and Dr. Vischer hold four clinical lectures each week; these, with Prof. Van Lennep's two didactic and two clinical lectures, delivered in his masterly style, certainly present the subject of surgery in very attractive colors. Prof. Van Lennep is one of the most successful and popular surgeons in Philadelphia. He has operated a number of interesting and difficult cases lately, one of which, a laparotomy for the removal of large fibromyomata of the uterus, was performed March 24th; the patient was 48 years of age, weighed about 200 pounds and presented the following history; married for twenty years, had never been pregnant; two years before marriage had a fall which hurt her severely on the right side of the abdomen; was confined to her bed for two weeks with profuse uterine hemorrhage, and had been troubled more or less ever since, with pain in the abdomen, not localized; menses always regular. Examination revealed a perineum and cervix intact, cervix being high up, a growth on the right side reaching nearly to the ribs, and attached to the uterus. An incision was made from the umbilicus to the pubes, revealing a large fibroid, the size of a cocoanut, with numerous smaller ones, the uterus being studded with them, they were enucleated, the uterus and ovaries being left in situ. Owing to the fact that everything was adherent there was considerable hemorrhage, which was controlled by clips and ligatures; the cavity was drained by a glass drainage tube and packed with iodoform gauze, and the external wound was sewed with interrupted silk sutures, tight around the packing. The patient is progressing finely and will be able to leave the hospital in a few days.

Dr. Edward S. Grigsby, senior anesthetist of Hahnemann Hospital, in a preliminary paper on "Nebulized Ether," read before the Philadelphia County Medical Society, March 12, 1896, reported forty-three cases of anesthesia by this method, giving the time required to produce relaxation, the total time of administration, and the total quantity of ether used, which shows a marked advantage in the economy of both time and ether for general anesthesia. This method of anesthesia is produced by means of the Globe Nebulizer, which converts the ether into a perfect gas for inhalation. With this method it is necessary to use a closed inhaler. For the cases reported a modified nitrous-oxide inhaler was used. The objections to this form of inhaler were cited; principally those of uncleanliness, inability to thoroughly sterilize, and compelling the patient to re-breathe the exhaled carbonic acid gas. Dr. Grigsby in connection with the paper read, presented a model for a new inhaler for the administration of liquid anesthetics, when converted into a gas. This consists of a silk bag made to fit the face, and retained by means of two rubber tapes, one extending around the head above the ears, and the other around the neck below the chin. These tapes are fastened to the inhaler by means of the ordinary glove fasteners, thus enabling them to be adjusted, or removed should any dangerous symptoms present themselves, at a second's notice. His theory for this inhaler is based on the law of the diffusibility of gases; hot gas, being more diffusible than a cold one, would find its way more quickly between the meshes of the silk inhaler; in this way the carbonic acid gas, hot from the lungs, would escape from the inhaler to a degree of safety, at least, while the cold ether gas direct from the nebulizer would be retained. This, he has demonstrated on several cases, anesthesia being produced quickly, with little or no stage of excitement, and reaction quick, with no shock whatever subsequent to the operation. On the cases reported, forty-three in number, the average time for producing relaxation was 5¼ minutes; average time of administration, 34½ minutes; average total quantity of ether used, 2¼ ounces. This substantially supports his claim of economy in time and ether. He reports absolutely no shock following the operation, and the usual subsequent ether sickness very much reduced, most of the cases showing none whatever. By the inhaler he expects to avoid the disadvantages of all methods of closed inhalers now in use, namely: That it may be easily and perfectly sterilized, that each patient anesthetised may have a clean inhaler, and the elimination of the carbonic acid gas, on the theories stated above.

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Materia Medica.

Conducted by W. A. Dewey, M. D., New York.

CUPRUM.—MENTAL AND NERVOUS SPHERE.

Mind and Emotions.—The mind of *Cuprum* is full of erroneous ideas and one follows the other quickly. This is often seen in maniacal attacks and *Cuprum* is one of the remedies useful in Mania; the patient tears and bites, looks wild and is full of insane gestures of mimicry and spiteful tricks. Illusions of imagination are present; he does not recognize his own family.

In Melancholia it may be useful where there is unconquerable sadness, and constant restlessness—melancholia agitata—as if some misfortune was impending; fears that he will lose his reason. Paroxysms of anxiety are present, the patient is full of fears. Memory is weak. The patient may hide himself away in the corner stupid and prostrated. It may come in in Dementia paretica with these symptoms and blueness of the surface of the body. The Delirium of *Cuprum* is mostly characterized by fear; he is afraid of everyone approaching him, he shrinks away and tries to escape. It is sometimes loquacious, but on becoming conscious he is frightened. In Paranoia *Cuprum* may be the remedy where the patient is imperious in manner and announces himself as a commander-in-chief.

Nervous Phenomena.—*Cuprum* is one of our great remedies in Meningitis, and clinically it has proved itself useful in meningitis from suppressed eruptions. When convulsions are present there is a violent headache, with intermitting, lancinating pains in various parts of the head. The patient screams out and the convulsions are most violent, the thumbs are clenched, the eyeballs rotate constantly, the face is pale and the lips are blue. The patient bites the tumbler; on awakening from sleep he is frightened. There are clonic spasms commencing in the fingers and toes and spreading. *Cuprum* is one of our best similimums to convulsions and spasms. To that opprobium of medicine, Epilepsy, it is perhaps conceded to be the oftenest indicated remedy. It is characterized by the extreme violence of the convulsions, and the face is pale. Bayes remarks that he has "cured some cases of epilepsy with *Cuprum* (6 or 12), but I have had more failures than cures," while Dr. W. M. Butter remarks, "In our hands no other remedy has as often proved curative." Other indications are cold sweat, blueness about the mouth. The ushering in of the convulsion with a shrill shriek or cry further indicates the remedy; epilepsy occurring at night or during menstruation. The return of the fit is usually regular and the convulsive movements commence at the fingers or toes or in the arms. The attack is followed by headache. Convulsions in children during dentition, and if caused by the suppression of exanthemata, will often call for *Cuprum*. There is blueness of the body, clenched hands, the body is stiffened and bent forward, and the muscles and tendons are contracted. Uremic convulsions, especially if they follow an attack of cholera, will call for this remedy. Cramps in the muscles, convulsive movements and spasms of all kinds call for *Cuprum*; the severe nervous phenomena of laryngismus stridulus and whooping cough are also often well met by this remedy. Angina pectoris may also call for *Cuprum*. There are sudden attacks of dyspnea or suffocation, with a slow pulse.

Chorea finds in *Cuprum* its remedy when it is periodical, with irregular movements commencing in fingers and toes; twitching is often confined to one side, and is better when lying; there is often laughter and grimaces accompanying. In Hydrocephalus, acute or chronic, *Cuprum* may be the remedy, especially if it be brought on by a retrocession of an eruption. There will be delirium, convulsions, stiffness of the neck, skin very pale, thirst, cold hands and feet, trismus or tetanus; cannot hold the head up; it comes in better in the stage of exudation. In Myelitis, when there are jerking and twitching of the muscles, short oppressed respiration, stiff, lame feeling in back and lumbar region, spasms of extremities, weakness, prostration and debility, *Cuprum* will be indicated.

Cuprum produces paralysis of all the muscles of the back up to the neck, also paralysis of the limbs; the lower limbs become edematous but retain their sensibility. Paralysis after cholera or typhus. Neuralgia, especially when of the abdominal viscera, will call for *Cuprum*; the pains are severe, cramping, and not relieved by pressure. Here, also, *Cuprum arsenicosum* is sometimes better than the *metallicum*.

Neurology.

NEUROLOGICAL NOTIONS.

BY W. A. DEWEY, M. D., NEW YORK.

Hiccough.—A persistent hiccough which had lasted three days in a young girl, not hysterical, and characterized by about thirty hiccoughs to the minute, was cured by traction on the tongue. It was noticed that the hiccough ceased when the patient protruded the tongue. It was due to a reflex action, taking its origin in a mechanical excitation of the base of the tongue and referable to the bulbar respiratory center.

The Spinal Cord is affected in pernicious anemia in most instances. Thirteen out of twenty-one cases were found to have spinal trouble.

Multiple Neuritis.—Dr. Saukhanoff, the celebrated Russian neurologist, believes that multiple neuritis is not only a lesion of the peripheral nervous system but also of the central nervous system, though not always manifest. In a case of the same he found lesions in the columns of Goll and Burdach and also in the antero-lateral columns. *Mercury* produces an acute multiple neuritis which, when it becomes chronic, is characterized by a pronounced muscular atrophy, diminished reflexes, and the co-existance of sensory and motor troubles. The tolerance of the patients to *Mercury* is now being looked into carefully by some of our allopathic confreres.

The Seventh Annual Congress of the alienists and neurologists of France will convene in Nancy on the 1st of August. The following topics will be discussed: 1. Pathogeny and Pathogenic Physiology of Hallucinations of Hearing. 2. Semiology of tremor. 3. Legislative questions pertaining to the insane. There will also be the usual excursions, banquet, etc.

Psychoses of Old Age.—Mania may occur under diverse forms. Its explosions differ from the same in the adult by their greater tendency to fury and incoercibility of movement, and also to exaggeration of erotic tendencies, which may be pushed to satyriasis and nymphomania. It is questionable whether it is curable or not.

Melancholia is the most frequent psychosis of old age—sixty-seven per cent., according to Fürstner. Simple melancholia does not present especially different phases, the depression is less profound. Hypochondriacal ideas predominate, many recover. Melancholia agitata occurs more frequently in females; there is extreme anxiety and violent agitation; there are especially ideas of ruin, culpability, sometimes of damnation, fear for the future, etc. Erotic excitation is often great; violent attacks are sometimes made upon persons around, and tendency to suicide is not rare.

Melancholia with stupor is exceedingly rare. Suicide is frequent in old age. One case only of folie circulaire is reported as appearing at 72 years. Mental confusion may occur; it appears to be connected directly with the atheromatous process. It is quite probably due to auto-intoxication. Prognosis not unfavorable.

Systematized deliria.—Two varieties, delirium of persecution and delirium of grandeur have been observed in old age. It is rare that either occur, and it is distinguished by its rapid progress and the predominence of hallucinations of sight. Moral insanity sometimes occurs and irresistably impels to dangerous and criminal acts. Hysterical insanity may also occur in the aged; it is especially a painful hysteria with splanchnic manifestations.

Epilepsy.—Gowers & Féré, in experimenting with *Borax* in epilepsy, where they found that it did little if any good, remarked a peculiar effect of the remedy to which the latter gave the name of borism. It consists of digestive troubles, dryness of the skin and of the mucous membranes, cutaneous eruptions, particularly eczematous in character, and finally a veritable cachexia due to a prolonged anorexia rather than to drug poisoning, which might be complicated with anasarca and uremia. It is not only a useless but dangerous remedy. So say the allopaths. They should hasten to discover our indications.

Progressive Muscular Atrophy has been held not to be an independent disease. Dr. J. B. Charcot, son of the great Charcot, in a recent thesis refutes this idea and shows that its evolution and lesions are peculiar to itself. Five personal cases are described, two with post mortem examination, in support of this ground. The sclerosis of the white fibres depends on the poliomyelitic process itself.

Tabes Dorsalis and Syphilis.—Storbeck formed upon an analysis of one hundred cases of tabes in Prof. Leyden's clinic that about thirty per cent. were syphilitic, which he does not seem to think is higher than might be expected from the frequency of syphilis, so that the relation of the two diseases does not seem to him established. Forty-eight authors have figured the percentage of syphilis in locomotor ataxia. Déjérine found it to be ninety-seven per cent. and Mayer none.

A New Sign diagnostic of locomotor ataxia has been discovered by Biernacki, having occurred in seventy-five per cent. of his cases. It is a lack of pain when violent compression of the ulnar nerve is made. The tingling of the finger is felt as usual, however.

Medical Treatment of the Genital Passion.—Dr. Gallavardin, of Lyons, has written a work on this subject. The reviewer of the same in the *Lyon Medical* (allopathic), after mentioning in a respectful vein cures made with *Staphisagria* 200 and *Causticum* 200, concludes as follows: "At the time the work of Dr. Gallavardin reached me I was reading the life and correspondence of Charles Darwin published by his son Francis, and I found that powerful Anglo-Saxon genius did not fear to submit to experiment the most improbable ideas. He called these experiments the 'experiments of an imbecile' and found much enjoyment therein. Thus, having remarked that the cotyledons of the *biophyton* were sensitive to the vibrations of the table he thought they might also be so to sound and made his son play the bassoon near one of these plants.

"And now why will you not try *Staphisagria* or *Causticum*, you will have for excuse the bassoon of Darwin."

Institutes of Medicine.

A QUESTION OF ETHICS—VIVISECTION.

BY R. N. FOSTER, M. D., CHICAGO.

A verdict of sixty thousand dollars damages against a prominent London physician by a jury of his fellow citizens is a vivid, not to say startling, reminder of the latent force resident in an ethical principle. It is so unusual for a physician of any grade to betray the confidence of his patient that the case of Dr. Playfair looms up before us in almost monstrous proportions. The facts, so far as we have been able to gather them from the lay and medical press, are few and simple.

We all know Dr. Playfair by professional reputation as a most distinguished physician, his work on

Obstetrics being recognized as one of the most able and complete character. He occupied the foremost rank among the physicians of England. He was highly esteemed as a man and a gentleman. In short, the professional world knows nothing but good respecting Dr. Playfair, and the same is true for the rest of the world.

This distinguished physician is consulted by a lady relative for some ailment justifying an examination. The examination leads the physician to believe that she is pregnant, and this is nothing to the purpose. Pregnancy, under the circumstances, was to be expected, but the period of her advancement, as estimated by Dr. Playfair, indicated that the lady had become so during the absence of her husband, who, it seems, had been abroad for some months. The whole point of the matter rests here. Dr. Playfair not only accuses his patient of adultery, basing the charge upon his ability to determine just how long she had been pregnant, but he furthermore communicates his opinion, without qualification or doubt, to his own wife, who is a relative of the patient. This he does in order to prevent his own family from being comtaminated by association with a woman thus charged with unchastity.

Whether the wife of the physician divulged this communication to others we do not at present know. The presumption is that she did so; otherwise there would be no apparent ground for the suit at law. However, it is very worthy of note that it can make no difference, either in law or in principle, whether Dr. Playfair made known his views to one person or to thousands; the breach of professional confidence is the same. Nor can the secrets of the medical confessional be imparted by the physician to his own wife with any more impunity than to a stranger. It may be that a husband ought to have no secrets from his wife; but this applies to his own secrets only, not by any means to those of his patients. It is to be feared that this principle is not always clearly recognized. The writer has known cases wherein it has been grossly violated.

Just here is where Dr. Playfair failed before the English jury. His situation was a most embarrassing one. It was pitifully serious. If anything would justify a physician in exposing the character of his patient (as he estimated it) it would be the necessity of protecting his own family from serious social and moral injury.

But grave as the complication is the profession and the world at large will agree, we think, with the law and the verdict in this case, that nothing whatsoever will justify a physician in betraying the confidence of his patient and making public the secrets of the medical confessional. The admission of any departure from this principle would keep society in perpetual turmoil, would inflict agony upon thousands of innocent persons, would render confidence between physician and patient utterly impossible, and the physician's work impossible also. If the physician may betray his patient then also may the lawyer betray his client and the priest his penitent. There is no possible way for us here but uncompromising adherence to professional duty. The soldier may not betray his country to save his family, nor the physician violate the most sacred time-honored principle of professional and lay relationship, even to save his children from undesirable associations. Indeed, one of the strong points against the physician in this case is that he had other means of defence. Dr. Playfair could have forbidden his patient plainly to associate with his family. No patient could under such circumstances defy the physician.

It has been thought that the amount of damages awarded was excessive. But it seems that this was not wholly determined by moral considerations. The loss to the plaintiff was not in reputation only in this case. For one result of the charge made against her by the doctor was to cut her off from an annuity, or something of that kind, amounting to about that whole sum. That such cases are of excedingly rare occurrence, either in the courts of justice or in the reports of the daily press, proves the fidelity of the profession generally to this unwritten law, and is one of the most honorable marks of its long history.

The writer is personally cognizant of one case involving the reputation of a lady where the physician demanded an exorbitant fee under threat of exposure. And had not the consulting physician in the case taken the strongest possible ground against such proceedings much trouble would have arisen.

A case curiously complicated occurred a few years ago in the city of Montreal. A physician was called to attend a man who had been wounded by the accidental explosion of a bomb. He discovered that his patient was a Russian nihilist who had been injured while making experiments, the object of which was to enable him to assassinate the Czar. To save the life of the Czar the physician gave his information to the Russian government. The wounded man recovered, returned to Russia with the intention of carrying out his plans, was arrested on landing and promptly executed. This result was due to the physician's action in giving information obtained from his patient to the Russian authorities. Was he right or wrong in so doing?

This case probably shows that the rule binding a physician to secrecy has its limits. The physician would have been accessory before the fact to the murder of the Czar in case his patient had succeeded in his design. It is difficult to suggest in such a case as this any other course whereby the physician could have saved himself from becoming an accomplice, both morally and legally, in a revolting crime. And while a patient has undoubted rights he has not the right to force his physician into such criminal alliance with himself or others.

On the whole, it appears from the case of Dr. Playfair that while his intentions were good and his motive honorable he nevertheless committed a serious breach of professional duty. And it is well for physicians to know that the laity, the law and the jury will all unite to sustain them in their honorable silence respecting the secrets of their patients.

And now permit a word respecting

VIVISECTION.

It would appear from a paragraph in a late issue of the CENTURY that the journal is ready to commit itself to the support of vivisection as a legitimate, useful, laudable, and even necessary branch of medical science. It will be the sincere hope of many readers of the CENTURY that no such position will be taken without due consideration. Vivisection is contrary to the principles of homeopathy; it is contrary to the opinions of many, very many, of the ablest physicians of the older school, such men for example as Sir Charles Bell and Lawson Lait; it is contrary to the best methods of hygiene, sanitation, dietetics, and the proper study of materia medica and therapeutics; it is in violent opposition to the sentiment of advancing civilization; it is inhuman.

The time spent in this illegitimate and atrocious work is time deducted from the humane, genuine, and truly scientific study of health and disease by the methods of our own special school and of men of all schools who have done the most to improve the health of the race. So far, vivisection has been responsible for the propagation of the toxine business, which, if fully carried out, would necessitate the continuous and wholesale poisoning of men, women and children with the virus of poisoned animals in order to maintain us in a state of health! Already it is known that the celebrated diphtheria antitoxin insures (?) immunity for only eight weeks! Six times a year we must all be treated to make us secure. Now, when have obtained like brilliant results in the prevention of all other diseases it is obvious that we shall have no time for anything but the absorption of toxines? This does not look like the natural and rational way to health.

There is a rational and a natural Physiology, Pathology, and Therapeusis. The study of them is open to us every hour, in every living or dying organism. We have not exhausted the lesson of these natural examples. The study of them is rational, natural, sane and sweet, and so will be the hygienic results. But that rational and natural science of health and disease is not to be learned in the unnatural, distorted and agonizing examples furnished us by vivisection. What have we learned comparatively from such frightful interrogations of nature as described by Dr. Matthew Wood, as follows:

"It is not alone the cutting of the flesh that is called vivisection, but the brain-burnings of Goltz, the bakings alive of Bernard, the crucifixions of Mantegazza, the electric stimulations of Brown-Sequard, the freezings alive of J. C. Coleman, the disease-producing feeding of animals upon the putrid lungs of human beings of Dr. Klein; the inserting of tubes into arteries, as advised and practiced by Staphen Hales, of Teddington; the covering of the shaven skins of animals with varnish of Drs. Kleinberg and Prolatus; the injection of putrid matter into the blood vessels of Dr. Saunderson; the starvings of Dr. Chossatt; the drownings and smotherings of the commission of professors from the Royal College of Physicians and Surgeons, London; stopping windpipes with corks; keeping animals forcibly under water until almost dead then restoring them to consciousness; holding the heads of Guinea pigs in basins of quicksilver; cramming the mouths and larynxes of dogs with liquid plaster of Paris until it solidifies—and scores of other operations published in physiological works."

I am persuaded that homeopathy needs none of this to sustain its progress or bolster up its reputation. It began in a healthy revolt from all that was violent and unnatural in previous medical opinions and methods. And is it now about to endorse a system of violation which is infinitely more monstrous and illusory than anything ever dreamed of in the days of Hahnemann? I think not.

Mezereum 2x relieved a case of neuralgia of the globe of the eye brought on by a general neurasthenic condition of the system. Pressure on the eyeball was painful, and light caused pain, especially artificial light, and there was lachrymation. Cold air and cold water relieved. However, there were numerous relapses. *Mezereum* relieved each time but did not seem to cure permanently. A few doses of *Kali iodatum* and *Iodine* given intercurrently completed the cure.

Surgery.

COUNTRY SURGERY.

BY O. A. PALMER, PH. D., M. D., WARREN, OHIO.

In calling attention to these country surgical cases I do not wish to be understood that I am not a believer in the modern methods of aseptic and antiseptic treatment. I fully believe that the improved manner of performing surgical work has been successful in many cases that would have been fatal under the old methods. The trouble with the new order of things has been that it was overdone for a time and many were anxious to reach what they thought were the extreme nice points, to satisfy some theory which they were hastening to prove or disprove. I know a leading abdominal and general operating surgeon who was formerly very particular about details; he even had the air of the room purified with a costly instrument, etc. Today he uses hot water only, and the air has its own way; still his mortality grows slowly less. In short, he has everything sufficiently clean, and his increased skill more than compensates for the "fine bug theories" he was so carefully testing. Every country practitioner knows how impossible it is to have to any extent what the careful operator would desire, unless it be carried from the office and there be time to put everything about the house in order. Only recently have I taken what I thought were great risks in one abdominal and one hand operation, where I could not find anything clean about the place. The abdominal case recovered, and the hand case after a week is doing well.

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In my last contribution I referred to an abdominal case that I will give as Case 4. Mr. D., aged 38, while blasting rock supposed the fire that was to cause the explosion had gone out and having waited the proper time concluded he would draw the charge and try again to explode it. As he was about to remove the charge and was over it the explosion took place. I cannot describe the condition in which I found him, but will give the general facts. He was thrown into the air about fifteen feet and when the workmen got to him was semi-unconscious. He was not just certain what had happened and wished to be taken home, where I found him about two hours later. His clothes were as black as powder and completely torn to pieces. His skin and every exposed part were colored black with powder smoke. His feet and lower legs, below the knees, were not injured. Both legs from the knees to the body were badly lacerated, and pieces of flesh as large as a man's hand were carried away and were never found. Three or four large wounds, as above mentioned, and a large number of small ones made up the injuries of the legs. One testicle and nearly all the scrotum were destroyed and taken away. The abdominal wound was severe. The accidental celiotomy was not nicely done. Whatever made the incision tore the flesh badly and left a very unsatisfactory wound to close. The opening into the abdomen extended from the pubic bone, on the right side, upward and outward to the short ribs, through which the bowels and part of the liver protruded. The abdomen was filled with sand and fine dust; the bowels were colored dark with powder-smoke, and full of fine gravel punctures. The liver had some gravel holes in it. The body, from the navel up, was not much bruised. The undersides of the arms from the elbows down were severely injured. A portion of the skin and flesh was gone, and what flesh was left was full of sand and gravel. The hands were in the same condition. I removed two fingers from one hand. The neck and face had many small injuries and had three or four ugly wounds. On one side a small stone lay on the carotid artery. On the other side a good deal of the flesh was carried away. The scalp wounds were slow to heal.

The treatment consisted in doing the best I could without any knowledge of abdominal or intestinal surgery or anything to do with which would be considered proper today. The clothes were removed and the body cleaned as best it could be, but the black skin could not be made fully white again. The open wounds could not be rendered aseptic; in fact, no one had any knowledge of such a thing then, twenty-two years ago. If I had had such a knowledge I should have been more anxious than I was. The abdominal wound was a great thing to me, as I had never seen such a case nor had I read anything of it. This patient weighed over two hundred pounds and was one of the strongest men I ever saw. He would not take an anesthetic to have his wound dressed, nor did he at any time order me to cease work or show any signs of pain. All the limb wounds were cleaned the best that impure water and impure vessels would allow, and every foreign body removed that could be discovered. I left the wounds open and dressed them with sweet and camphorated oil. Nature did her best to heal the parts and succeeded admirably; now and then I would find a pus cavity and remove a foreign substance of some kind. The intestines and abdominal cavity were cleansed with the same impure water and all that could be was removed from the cavity. The intestines were cleaned and the sand and gravel holes allowed to have their own way. For fear my patient would have pain after dressing the first time I gave him a dose of morphine before I went home. This dose, together with nature's power to contract the tissues around the openings, I always thought prevented leaking in the abdomen; possibly there might have been some leakage, as the lower angle of the external wound was left open for drainage, which was a lucky hit, as nature threw off a great deal of sand and bad material. For two weeks the bowels did not move, which gave them time to repair. In about a month the opening into the abdominal wall healed, and my patient was able to sit up in bed; in five weeks he could get into a chair nicely, and in six weeks walked about the house. The wounds of the legs and arms did not fully heal till the end of the third month. All there was left of the remaining testicle was removed, and the remainder of the scrotum used to cover the wound, which healed kindly. In six months this patient was practically well and concluded he had had enough of railroading; so he went to his people in Philadelphia, where the last I heard of him he was handling trunks.

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Case 5. Chas. M——, aged 11, was holding up fence posts for his father to drive, when, during a "hard hit," the maul slipped off the handle and struck the boy in the forehead, causing a fracture of the skull and insensibility. He was taken to his home with the idea that he would soon die. I was twelve miles away and it was three hours before I got to him. An examination revealed the fact that a portion of the skull two and three-quarters long and two and one-quarter wide was driven in on the brain, causing quite extensive injury and a good deal of hemorrhage. Some brain matter had been lost. He was nearly unconscious, but when I removed the pressure it was not long before he was able to talk. All the foreign matter and the blood, as nearly as possible, were removed and the wound partly closed. The next day, after the bleeding had ceased, the wound was closed with drainage. He did well for a week, when fever with chilly sensations came on and finally a severe convulsion. The wound was opened and a pocket of pus emptied, which gave immediate relief. The little fellow made a good recovery and had no more trouble of any kind, excepting that when he heard a loud noise it caused a pain in the wound. All of the first year after the injury the wound was quite sensitive. I removed all of the pieces of bone, which left an opening nearly two and one-half by three inches in the skull with only the skin over the brain. By allowing the hair to grow long, and with proper combing, it covered the scar so that it could not readily be seen. In six months he went to school again and appeared as bright as ever. In fact no change in his mental condition has ever been observed.

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In Chelin's Surgery, Vol. 1, I find the following case:

Case 6. A young man was ramming down the powder into his fowling piece with an iron ramrod; the gun went off and the ramrod struck the head of a person a few paces distant and entered a finger's breadth by the side and as much above the outer corner of the eye. At the root of the zygomatic arch it passed through the teguments at the back of the head, at the posterior superior angle of the parietal bone, a finger's breadth from the sagittal suture, and as much above the superior angle of the occipital bone, transfixing the head.

The wounded man immediately endeavored to pull the ramrod out, but ineffectually; but one of his companions at last pulled it out as straight as it left the maker's hands. The patient lost little blood and only at the apertures of the wound, which healed quickly by simple treatment, and no mental or physical derangements followed.

Associations.

HOMEOPATHIC MEDICAL SOCIETY OF NEW YORK COUNTY.

REPORTED BY J. PERRY SEWARD, M. D., 113 WEST 85TH ST., NEW YORK.

The Dispensary Question.—The prospect of final action on the question of abuses of medical charities attracted a crowded house at the April meeting of the society. The fourth and fifth of the series of resolutions had been again referred to the committee with instructions that they propose the same penalty for the promotors of the large as for the small dispensary in cases of abuse of charity. The committee, consisting of Drs. F. E. Doughty, C. E. Macy, S. F. Wilcox and E. H. Porter, presented a majority and a minority report.

Majority Report.—The majority reported the original resolutions, as follows:

Resolved, That it shall be deemed incompatible with good standing and membership in this society to establish, promote, or maintain a private dispensary.

Resolved, That in the opinion of this society all dispensaries should be incorporated under the laws of the state.

The report also recommended that these be amended by striking out the words "and membership," from the first, and by striking out the second entirely. The reason advanced by the majority was that they were unable to formulate any practicable course of action toward large institutions, the managers of which were not subject to the control or discipline of the society.

Minority Report.—Dr. E. H. Porter presented the following resolution:

Resolved, That it is the firm opinion of this society that its members now connected with any staff of any charitable institution, either hospital or dispensary, should refuse free treatment to those able to pay; and further that it shall be deemed incompatible with good standing in this society to do otherwise.

Dr. Porter moved his resolution as a substitute for those of the majority.

Dr. A. B. Norton then proposed to amend by striking out the resolutions of the majority, and substituting the following:

Resolved, That in the opinion of this society all dispensaries should become incorporated institutions under the laws of the state of New York, within a year from the passage of this resolution.

Dr. G. W. Roberts objected to this last amendment as in effect tabling the entire question, and merely giving expression to disapprobation of the abuses complained of. He felt that the minority report voiced the opinion of most of the members of the society. The men in large institutions should use as much discretion and care in selecting cases for charity as the young men in private dispensaries.

Dr. H. C. Houghton could see no good reason why any institution doing charitable work on medical lines should be exempt from the general laws of the state. He hoped the amendment would pass.

Dr. C. G. Pease said that the abuse of charities was not met at all by the amendment, which gives license to incorporated institutions to serve the wealthy as well as the deserving poor.

Dr. Porter remarked that he still considered the majority report unwise, unjust and impracticable. The minority report was forced by the action of the society and is itself to some extent unwise and impracticable. To adopt the majority report would be, to speak frankly, to cast a stigma upon a large number of members, who would leave our ranks. The adoption of the minority will do injury to the cause of homeopathy. Both should be tabled. The amendment, however, simply says that all dispensaries should be incorporated. It is not retroactive, fastens no stigma, and gives support to every dispensary that has a right to live.

Dr. F. E. Doughty said that while some might resign under the stress of the original resolutions, more would be obliged to withdraw in consequence of the minority resolutions. A man in his own private dispensary may refuse to treat a patient at his pleasure. But an attending physician on duty in a hospital must attend the cases assigned without regard to wealth or poverty. Refusal is equivalent to resignation, and the place is easily filled by a man who prefers the hospital service to standing in the society. Such a course would soon fill the staffs of all institutions with doctors who are not members of the society.

Dr. C. W. Cornell asked whether it is any more desirable that the institutions now in the control of the society be incorporated and the management given to outsiders.

Dr. Norton's amendment was then adopted as practically a substitute for the reports of the committee.

The following additional resolutions were presented by Dr. Porter and adopted without debate:

Resolved, That the medical staffs of all homeopathic charitable institutions bring at once and earnestly to the notice of the trustees and boards of managers these needed reforms in hospital and dispensary work; and further, that the secretary of this society be and hereby is instructed to send a copy of these resolutions to every such board of managers.

Resolved, That this society recommend to the trustees and medical boards of the various homeopathic charitable institutions in this city, the preparation of a proper form of statement of inability to pay, to be signed by those that are suspected of being unworthy recipients of charity; said statement to be retained by the institution in case evidence is needed that treatment has been obtained under false pretenses.

Trendelenburg Posture in Obstetrics.—Dr. F. W. Hamlin read a paper sent from Chicago by Prof. Leavitt, on "The Trendelenburg Posture in Obstetric Practice." The extension of the use of this surgical position to certain obstetric operations was advocated, and its indications pointed out. Among occasions for its use are the reposition of a prolapsed cord, version if impaction has begun, or anterior rotation of the chin in face presentation. The ease of improvising an apparatus by the use of a well-padded chair-back was described.

Dr. L. L. Danforth said that though he had never used the posture he could imagine its utility in a number of emergencies. He will make use of it at the first opportunity.

Adenoids and Their Removal.—Dr. C. E. Teets read an exhaustive paper on the proper method of the removal of the pharyngeal tonsil.

In the discussion Dr. H. C. Houghton told how he had been rescued from the "operative whirlwind." He said that he could not believe that a child of from three to seven years of age is not amenable to the action of homeopathic remedies in this location as well as any other. He gives the remedy internally and also applies it locally in a low trituration, and has good success. Cases of ear disease would be lessened if there were not what in midwifery would be called meddlesome practice.

Dr. Teets claimed that most of his twenty-five cases operated this winter were sent him by homeopaths, and had been carefully treated remedially without cure. The worst case had been prescribed for for three years. It is not safe to wait for nature to remove the growth, for the ear often suffers, and the damage becomes irreparable. He said that he never removed a growth unless it either obstructed the posterior nares or the eustachian orifices. As regards the suggested detrimental effect of the scar, Dr. Teets said that in a year after the operation it is impossible to see where it was operated, the mucous membrane is so well reproduced.

Appendicitis.—Dr. W. F. Honan read "Some Observations Regarding Appendicitis," based upon twelve cases treated by him without surgical procedure.

Dr. St. Clair Smith said that in the great number of cases he had seen in the past seventeen years, only three had been operated. Of the latter one died. Of those medicinally treated all recovered. Some had had recurrences, but they were of decreasing severity and increasing interval. He has been thus forced to take a radical position against surgical interference except in rare cases. He would apply the term medical manslaughter to some cases he has seen operated unnecessarily, and with fatal issue. In catarrhal appendicitis almost any surgeon would agree that it is folly to operate. Suppurative cases need not go on to abscess formation if properly treated from the beginning, and are amenable to medical treatment even if the conditions look very serious. If an abscess should form it is best to let it proceed, finally opening it and treating it like an abscess elsewhere. The cases that require operation are gangrenous with no adhesions, a class that develop obscurely, giving no indication until the condition is critical. By way of treatment Dr. Smith said that he followed a uniform course. A hot bran poultice, changed as often as necessary to maintain the greatest heat that can be borne without blistering, is kept applied for a week. He usually gives *Bryonia* from the start and rarely changes. *Veratrum viride, Mercurius corrosivus* or *solubilis* and *Arsenicum* are sometimes indicated. Dr. Smith still believes in the old practice of aspirating, relieving tension and allowing rapid absorption.

Dr. T. F. Allen warned against a favorite practice of the old school, the use of ice in the early stages. It seems to produce rapid breaking down into pus, and makes the cases in which it is used very serious. Dr. Allen is also afraid of poultices. *Bryonia* is usually the remedy in the early stages, but if *Aconite* and *Bryonia* are used together they are productive of grave injury. *Aconite* should be used with great caution, on account of its toxic action upon the heart, and its general depressing action.

Dr. G. G. Shelton said that the only case he had seen die was treated for the first few days with the cold pack. The physician in charge said it was a case such as Dr. McBurney never operated. An enormous accumulation of pus resulted, with a lumbar abscess and death from exhaustion.

Electrical Treatment of Fibroids.—In a paper with this title Dr. F. M. Frazer discussed the Apostoli treatment.

In discussing it, Dr. W. H. King showed the great advantage in the use of aluminum intra-uterine electrodes. Platinum is best, but its cost is prohibitive. There are objections to carbon or iron electrodes. But the aluminum electrodes are very cheap, can fit the uterine cavity, and are practically unaffected by the current. Cases not suitable for the treatment are such as have a tendency to malignant degeneration, soft fibroids, or the pedunculated sub-peritoneal variety. The most favorable are the pelvic variety, especially the submucus.

Materia Medica versus Ovariotomy.—Dr. S. Eliza Talcott, in her paper with this title, upheld the power of remedies in relieving ovarian diseases. The paper was discussed by Dr. Elizabeth Jarrett.

Other Business.—Drs. Luella G. Beecher, Geo. P. Holden, and E. D. Klots were elected to membership. The secretary gave notice of constitutional amendments.

MASSACHUSETTS HOMEOPATHIC MEDICAL SOCIETY.

The Massachusetts Homeopathic Medical Society held its 56th annual meeting at Steinert Hall, Boston, on Wednesday, April 8. As the Hahnemann Centennial Festival was in progress at the college building it was decided to dispense with the usual preliminary evening session and tickets admitting to the Festival Tuesday evening were issued to members desiring them. The meeting was called to order by the president, Edward P. Colby, M. D., and the routine business was quickly gone through. Dr. Warner, the necrologist, had to report the death of Dr. Daniel B. Whittier, of Fitchburg, a former president of the society and a very prominent and respected member of the profession in New England; also the deaths of Dr. Louis Whiting, of Danvers, and of Dr. L. A. Phillips.

The new members elected were: Drs. S. B. Elliot, Boston; E. A. Knight, West Newton; Florence N. Robinson, Lawrence; John Dike, Melrose; Annie L. Farrington, Cambridge; E. P. Fisher, Winchester; Horace M. Paine, West Newton.

Clinical Medicine.

The committee on Clinical Medicine was the first to report, and in the absence of Dr. Walter Wesselhoeft, chairman, Dr. Rand of Worcester took charge. Dr. F. P. Batchelder presented the first paper, which was the "Report of an Autopsy on a Case of Septic Endocarditis." Like so many others it was a case dating from puerperal infection. The whole body had a peculiar fetid odor, which was still noticeable in the heart, which Dr. Batchelder had preserved in alcohol and had at the meeting for the inspection of the members after the morning session.

Dr. J. P. Sutherland, in his talk on "Some Anatomical Anomalies of the Heart," dealt with the incomplete closure of the foramen ovale, a condition which he had found several times during the past few years, and of which he had some specimens present at the meeting. He thought that oftentimes a valvular trouble causing unequal pressure on the sides of the auricular septum might be the immediate cause of starting a separation at the edges of the closing of the foramen ovale, and once started it increased in size. Thus the peculiar cyanotic appearance noted in some cases of valvular disease may be due to a mixture of blood through an imperfectly closed foramen ovale.

Dr. J. P. Rand took for his part of the program the subject of Angina Pectoris. He reviewed several of the most accepted theories regarding this disease, none of which he thought wholly correct. Of the causes the tobacco habit was placed first. The clinical manifestations and his treatment were shown by citing two cases, one of which improved somewhat after the first attack but died suddenly a fortnight later. In the last case he used *Spigelia, Aconite, Glonoine, Brandy,* mustard foot baths, *Amyl nitrite* and dry heat applications.

In the discussion Dr. Morse thought a cool, collected physician the best remedy and that tobacco was not the cause but might be an aggravation. A case was reported where a mitral regurgitation, the presence of which had been confirmed by several excellent physicians, disappeared after several months' treatment in which *Sambucus* played the most important part, aided by such remedies as *Kalmia.*

Papers were to be presented by Drs. F. B. Percy, Duncan McDougal and Walter Wesselhoeft but none of these were able to be present.

Obstetrics.

At twelve o'clock the meeting was put in charge of Dr. George H. Earl, chairman of the committee on obstetrics, and the special subject put under consideration was "Puerperal Infection."

Emma J. Peasley, M. D. read an interesting and scholarly paper on "Varieties, Symptoms and Causes of Puerperal Infection." Following this was a paper by Dr. John J. Shaw on the "Therapeutics" in which he presented a case and its treatment. He held that the bichloride of mercury douche (1:5000) followed by a douche of hot water was the first and most important remedy, but drugs such as *China, Chamomilla* and *Veratrum viride* were also useful.

Dr. W. F. Wesselhoeft was to have presented the subject of the "Surgical Treatment," but shortly before the day of meeting found himself unable to do so and Dr. H. E. Spalding consented to speak on the subject. Not having had time to prepare a paper Dr. Spalding gave merely an informal talk, drawing from his experience, in which he had found that when the symptoms called for surgical interference a douche of boiled water followed by an antiseptic douche of bichloride of mercury (1:2000) and this again followed by a douche of boiled water often gave relief. If there was no abatement of symptoms after this curettement was indicated, for which the aseptic finger was frequently the best curette. In cases of infection from salpingitis, where there was nothing retained in the uterus, a packing of iodoform gauze was used. In pelvic abscess he had found aspiration more practicable in a private practice where the conditions for an aseptic operation either through the abdomen or vagina were impossible or difficult to obtain.

Dr. George H. Earl had prepared a paper on "General Treatment With Cases." Dr. Earl believed in the curette as the only proper means of determining any retained placental tissue and for work he preferred the dull curette. The douche was more abused than the curette, in the doctor's opinion, and he favored a dry packing of gauze since it removed the moisture so necessary to germ life and its presence was a constant stimulation to uterine contraction. Several cases were cited from his practice in which he had found the evidence in favor of dry packing over the douche. Dr. Earl was not accustomed to use anesthesia, even for curetting, either in his private practice or dispensary work.

President's Address.

At one o'clock the meeting adjourned to the Hotel Thorndike where lunch was served, after which the members listened to the president's address. Dr. Colby, in his address, devoted his attention to the condition of the society and the institutions in which it is interested. He entered an earnest plea for more attention to provings and for more work from women. It was advised to hold the next semi-annual meeting at Worcester in accordance with the invitation from the Worcester Homeopathic Society, also the resuming of the publication of the transactions was touched upon.

The work of the Massachusetts Homeopathic Hospital, of the Dispensary, and of the Medical School, was quickly reviewed, and their ever broadening sphere of influence and scope brought forcibly before the members of the society.

The affairs and reports concerning the Westborough Insane Hospital were dwelt upon fully, as they richly deserved to be. When the State Board of Lunacy and Charity published its annual report some astounding statements were found in regard to this Homeopathic Insane Hospital. The executive committee of the society felt that some inquiry into the condition of the hospital was necessary, and therefore made two visits to Westborough, one of them unannounced and at an early hour in the forenoon. At these visits they found things, in some cases, very contrary to what the State board had charged, while in other charges there were explanations, which, if they had been solicited, would have removed all sense of opprobrium from the hospital and its conduct. For example, the commissioners had "repeatedly noticed noise and confusion in some of the wards," but did not add that all the noisy, excited patients were grouped in certain wards and quiet patients in other wards, according to the custom in this particular hospital. Again, say the commissioners, the "hospital is untidy." The executive committee examined every room, from garret to engine room, and found no such condition at the time of their unannounced visit. A more serious charge was made when it was reported that "the trustees claimed recovery of patients, where other hospitals might discharge them as much improved or improved, also that the percentage of recoveries was based on the number of curable cases, while in other hospitals it was made from the total number admitted." The first part of this charge is worded so as to make it unreliable, the question not being what other hospitals may do but what they actually do, and as for the second charge the society's committee found it plainly and manifestly false, as shown by the printed records, which say that "of the curable cases which were admitted to this hospital in the year ending September 30, 1894, 68 per cent. were cured; while the highest rate of cures of similar cases in any other State hospital, during the same year, was 36 per cent." Other charges which had been made were found to be equally unjust and unfair.

At the close of the president's address the members returned to the hall where some business matters were brought up and a committee appointed to consider the recommendations made by President Colby in his address. The report of the special committee of investigation of Westborough Hospital was presented by Dr. J. P. Sutherland. The report took up the matter, much as was done by Dr. Colby, but at greater length and with even more forcible evidence against the report of the State Board of Lunacy and Charity. It was also said that a request for an explanation had been sent to the state board some time previous to this meeting but as yet nothing except the acknowledgment of the receipt of the request had been received.

Pedology.

The committee on diseases of children next had the floor, and the chairman, Dr. N. R. Perkins, first called on N. L. Damon, M. D., to report his "Case Simulating Acute General Tuberculosis, with Secondary Meningitis." It was an interesting and difficult case, but one which resulted in recovery.

Dr. A. E. Perkins was unable to be present and his paper on "The Necessity for the Early Examination of the Eyes of School Children" was read by the chairman. It was shown that myopia was very frequently developed in children in the school room and strong arguments were advanced for the early examination of the eyes and attention to general hygiene. These views were ably seconded by Dr. G. A. Suffa in his discussion of the paper.

Dr. N. R. Perkins reported a case which he diagnosed as atrophy of the optic nerve, but the patient changed treatment and his diagnosis was scouted as ridiculous. At the subsequent autopsy, however, the first diagnosis was substantiated.

Neurology.

The last committee to report was that on insanity and nervous diseases. Dr. J. F. Bothfeld first called upon Dr. J. R. Cocke who presented a short paper on a "Case of Primary Lateral Sclerosis," which he treated by hypnotism with very beneficial results, and as the doctor had the patient present he hypnotized him before the society.

Dr. Ellen L. Keith read a paper on the "Modern Care of the Insane," in which she spoke of the various kinds and degress of restraint now in vogue and compared the provisions for entertainment and occupation now with those of fifty years ago.

Dr. George S. Adams spoke on the "Curability of Insanity." He described the methods of classification and said that a large percentage of so-called curable cases were discharged as cured, and also spoke briefly of the increase in incurable insanity.

A case of myxedema was reported by Edith C. Varney, M. D., where thyroid extract had been used with excellent results.

Dr. J. F. Bothfeld's paper on the "Importance of Early Diagnosis of General Paresis" was omitted owing to the lateness of the hour.

BOSTON HOMEOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of the Boston Homeopathic Medical Society was held April 2. In the absence, through illness, of President William J. Winn, Dr. W. T. Talbot presided. At the business session a most important matter and action of the executive committee was brought before the society. At the preceding meeting of the executive committee it was voted that the Boston Homeopathic Medical Society memorialize and petition the city government of Boston to take such measures as shall furnish homeopathic treatment to any patient in the city hospital who may desire such treatment. Voted, that there be a committee to prepare such a petition and present the same to the city government. The committee appointed was: I. T. Talbot, M. D.; Conrad Wesselhoeft, M. D.; J. P. Sutherland. M. D.; H. C. Clapp, M. D.; and J. H. Paine, M. D.

On motions by Dr. A. Boothby and Dr. S. H. Spalding the action of the executive committee was adopted and recorded as the vote of the society. During the discussion of this vote Dr. I. T. Talbot explained the abruptness of this move as the result of a chance conversation which he had had with Alderman Lee, chairman of the board of aldermen, the preceding day. It seemed to Alderman Lee and others, both of his board and of the common council, that now was a most favorable time for obtaining such a right in the city hospital.

Section on Surgery.

As this meeting was devoted to the section in surgery Dr. J. W. Hayward took the chair. Dr. N. W. Emerson being ill his paper on appendicitis was not presented and Dr. Horace Packard was at once called upon to present his paper, "Five Years' Work in Surgery, Comprising 1,388 Operations—A Brief Report." Anesthesia was the first subject touched upon. Ether was the anesthetic the doctor preferred. The oxygen and chloroform which he had tried during the past year had not proved to be very markedly better than ether except in a few cases where the kidneys seemed crippled. The administration of a quarter of a grain of morphia, either by mouth or by recal suppository half an hour or so before the operation, had been found beneficial in controlling the reflex. Lacerated cervix was the subject next brought up and the temperature chart of one of the two patients lost from this operation was exhibited by the stereopticon. The work in amputations, prostatic hypertrophy, dislocation of kidney, and catheterization of ureters was quickly reviewed. Laparotomies were next in order and of these he reported a total of 245 cases including eighteen for hernia. Under vaginal hysterectomy were twenty-six operations with two deaths. Dr. Packard has recently been using a method of his own devising. In this he separates the bladder from the uterus anteriorly and the rectum from the uterus posteriorly, leaving the broad ligaments intact; through these openings are passed two especially designed retractors or shields which meet in the peritoneal cavity, above the fundus of the uterus. Then the womb is cut in two, from fundus to cervix with an electro-cautery knife. This being accomplished the necessary ligation of large vessels is done, a modified ecraseur is slipped over one-half of the uterus including ovaries and tubes, and then each half of the uterus is removed in turn. Dr. Packard claims for this method safety, bloodlessness, facility and ease of performance.

The next subject was malignant disease, in the treatment of which Dr. Packard felt that surgery was a failure. This section of the subject was illustrated by the projection on a plate of ground glass of a microscopical section of papilloma of the ovary. The projection was directly from the slide, not from a picture as with a stereopticon. The instrument used for this devised and made by Mr. F. F. Strong, a student at Boston University Medical School; it was not expensive and gave most excellent results, producing on the screen a picture distinct and large enough to be well seen and studied from all parts of the room.

Dr. W. S. Smith presented the next paper, on "Radical Cure of Inguinal Hernia." In this he favored the operation of Drs. Simpson and Treves of London, which he described in detail, and which gave the much desired results of total obliteration of the hernial sac, no pressure on the cord, and no interference in function of the cord.

In the discussion which followed, Dr. Boothby expressed himself as favorably impressed with Dr. Smith's method of operating for hernia. In regard to Dr. Packard's method of vaginal hysterectomy he thought it ingenious but did not see the necessity of cutting the uterus in two, since, in his experience, it was not the removal of the uterus which took the time but the closing of the vaginal vault, which is done as carefully as if it were an outside wound. On this point Dr. Boothby lays great stress, and thinks that his successful record of fifty such operations with one death is in no small measure due to care in this particular.

Dr. Emery cited a case of hypertrophy of prostate treated successfully by castration. Dr. Hayward raised the question as to the comparative use of ether and chloroform in England, in regard to which Dr. Smith said that during his recent trip abroad he had found ether used to a great extent, the London Hospital still sticking to chloroform, but elsewhere ether seemed to be in the ascendancy.

Dr. Myon W. Smith of Boston and Dr. C. W. Morse of Salem were elected to membership.

It is said that California has five large insane asylums in which are now confined above four thousand five hundred patients, it being held that the altitude of many portions of that state, with the stimulation of its climate, is in good part responsible for this large number of lunatics. It is not unlikely that the tendency of the people of California during boom times has had something to do with the nervous degeneration of so many of its people.

Correspondence.

MONTREAL NEWS.

Health and Weather.—Winter is doing a lingering business, with frequent spurts of boisterous and snowy activity, in spite of the fact that March is numbered with the things that were. During the past winter Montreal has been, to use old Dr. Wanless' expression, "abominably healthy," and even the present work of the "lightning change" artist, Jack Frost, and his coadjutrix, gentle Spring, has brought about no perceptible change in the said abomination. There have been no epidemics, nor many serious cases of the diseases usually prevalent at this season. There being no effect without a cause, the reason for so great a reversal of ordinary winter conditions as regards public health should be easy to find. Two probabilities present themselves, which may be taken for what they are worth, (please pay a little more for them.) First, there are three new homeopathic physicians doing patrol duty here since last summer, in fact considerable patrolling has been done, and second, this is the best telephone-wired city in America in proportion to population. In regard to the second probability, the ease and rapidity with which hospital or medical aid can be summoned oftentimes prevents serious consequences in the way of fatalities and spread of disease. Of course the bearing of the first probability on the case (not patient) is obvious. In spite of the unfavorable sanitary conditions, such as the low water in the river, the dirty streets (like Chicago's council, this one hasn't left money enough in the treasury to pay for any unnecessary innovations), the many sudden and sharp changes in the weather, the public health of Montreal has never been better; and another bull's eye is scored for homeopathy since this state of affairs has been brought about, the winter following the opening of the homeopathic hospital and the advent of the new doctors.

New Doctors—Talking about new doctors brings to mind the fact that McGill University turned loose ninety of them about April first and still has three hundred in process of preparation, with a new matriculating class to hear from.

Hospital Notes.—The new addition to the homeopathic hospital is about completed and Easter week will see the dispensary established in its new quarters which occupy the whole lower floor of the new building. The private wards are being furnished in handsome style by the wealthier patrons of homeopathy. A reception and sale of fancy articles are the features of the opening day and efforts will be made to secure the patronage of Lady Aberdeen, wife of Canada's Governor General, and well known in connection with the Irish village at the World's Fair. Of the new addition and the opening exercises more will be told in another letter. The hospital paper has proved a successful venture and has filled the usual "long felt want" of such publications. If any of the CENTURY's readers wish to keep informed of the progress of homeopathy in the Province of Quebec they had better send twenty-five cents for a year's subscription to this hospital journal.

Arthur D. Patton, M. D.

Montreal, Canada.

A HOMEOPATH NOT ACCEPTED.

Some time ago I made two examinations for the Northwestern Life Insurance Company of Milwaukee. Their agent asked me to make application as medical examiner, saying he liked my examinations and felt sure that I would be accepted. I did so, but was not accepted. The agent did not come to tell me that I was rejected but told another agent of the company that the reason was that I am a homeopath.

If you care to publish this in the MEDICAL CENTURY you may do so, as I think we ought to make them feel that we resent such treatment.

G. H. Ripley, M. D.

Kenosha, Wisconsin.

OHIO'S NEW MEDICAL LAW.

The new medical law in Ohio is now being enforced. From each physician an affidavit is required, showing that he is the legal possessor of the diploma which he is required to show to the board of medical examiners, and stating also the number of years in practice and where.

Graduates from medical colleges in good standing are admitted to practice upon approval of the board. No examination of recent graduates is required.

The board has the power to determine what shall constitute a college in good standing.

The Ohio law is quite simple, and it is believed it will do good. Some institutions not exactly up to standard—for instance, some that do not require dissection and clinical work—will probably be given a chance to put themselves straight or not allowed to go on. Some of the advertising doctors, some of whom are known not to possess diplomas, will have to go elsewhere. But the board has no power to prevent a graduate from a legal college in good standing taking up the work of the advertiser who may be compelled to vacate. Such is not or should not be the intent of any law. It is not the advertising so much as it is the extravagant claims and false reports that cast the shadow upon such men.

"Marvelous cures of deafness" have resulted from the removal of obstructions in the auditory canal. Physicians in good standing here accomplish as much, but the advertiser heralds the "cure," but as to "the what" and "the how" he is silent. "A trade secret!" some may say in defense, which is all bosh. The public is misled, of course, but well-equipped physicians, never.

Personally, we do not care to persecute these people and we do not wish to see them the objects of any injustice. The simple truth as to their methods is enough, and the law will only change things to this extent, viz., that the future advertiser must be a graduate from a college in good standing. Let the colleges do their work as it should be done; let the standard of entrance, the advancement of the student by examinations and daily work be progressive from year to year, the requirements of graduation include a four years' course, and the law will be fulfilled.

After that, character will do the rest.

T. M. Stewart, M. D.

Cincinnati.

A NEW THERMOMETER SCALE.

I desire to suggest to the medical profession, through the medium of the CENTURY, a new method of recording fever temperature. It has been in my mind for some months that we might simplify the fever thermometer and the measurement of temperature. We already speak of the patient having a temperature or no temperature. Now, if a person with a temperature registered at 98.6 degrees by the Fahrenheit scale is said to have no temperature—

then when it reads 99.6 degrees F. it must mean one degree of fever temperature. Let us have a new scale on the clinical thermometer. In the place of 98.6 degrees F. we will have 0; one Fahrenheit degree above that will be marked 1; one above that will be 2, etc., to 12 degrees. One Fahrenheit degree below "0" will be 1—,read minus one or one degree subnormal, and so on down to five or six degrees subnormal.

It seemes that if the advantages of this method must be very apparent. The scale would be an exact and comprehensive measurement of the fever. The subnormal degrees would also indicate plainly the gravity of the case according to the reading of the scale. Many of the laity are using the fever theremometer with or without our instructions; the above scale would appear more comprehensive and scientific to them. The change can be readily made as it is not a radical one. It will add approximately one and a half to the unit figure of the Fahrenheit numbers; 98.6 degrees F. will be 0; 100. degrees F. will be 1½; 104 degrees F. will be 5½. Such a scale will enable us to conserve much time and breath in writing and speaking of fever temperature.

I advise that all thermometers be aseptic (aseptible). I am at present using thermometers obtained of Sharp & Smith, of Chicago, having a perfectly smooth exterior, the scale of degrees being inside the tube.

A copy of the above has been submitted to Mr. H. Weinhagen, of New York, the well known thermometer maker. He writes me that the same suggestion had been made to him by a physician, name not remembered, some years ago. He approves of the scale suggested by the writer and will be glad to make such thermometers for the medical profession at one dollar each. Thus the cost will not be increased by a change in the scale.

H. W. Champlin, M. D.
Towanda, Pennsylvania.

SAN FRANCISCO LETTER.

College News.—The most important news from San Francisco this month is that preparations are being made for the commencement exercises of the Hahnemann Hospital College which are to take place on the evening of April 29, at Native Sons' Hall. Drs. E. R. Bryant, George H. Jenks and Sidney Worth are on the committee of arrangements and much is expected of them in making the occasion a success. Examinations are in order at the college. The expectant graduates are looked upon as being extremely bright and capable, and as M. D.'s will certainly be a credit to their alma mater.

State Society Meeting.—The next most important topic of the day is, of course, the jubilee meeting of the State Society which still promises to be a great social and professional success. Word has been received that the Washington State Society has postponed its annual meeting until June in order to give its members an opportunity of attending the celebration in San Francisco in May. Our secretary tells us that Drs. E. Weldon Young and Sarah Kendall, of Seattle, Washington, are very much interested, and are doing their best to have a good delegation from their state.

General News.—A new dispensary has been opened at 2050 Mission street, called the "Mission Homeopathic Dispensary." The physicians in attendance are Drs. T. I. Janes, D. G. Bennett, Tryphinnie B. Janes, C. J. Holmgren, H. Nevins and Hayes C. French.

Dr. Alice Goss has been appointed examining physician for the Des Moines Life Insurance Association, a natural premium company.

Dr. A. McNeil has just returned from a flying professional trip to Victoria, B. C., having been called there by Dr. Allen of Philadelphia.

Dr. Alice Bush, of Oakland, recently read a paper before the Alameda County Branch of the Pacific Coast Woman's Congress, entitled, "Hygiene in the Public Schools," which was received with much approval and was highly commented upon by the daily press.

Dr. C. W. Bronson of Alameda, professor of microscopy and histology at the Hahnemann Hospital College, has joined the Salvation Army and will hereafter take an active part in the good work, but will attend to his professional duties as well.

Dr. Clara H. Case has removed her office and residence to 1036 Sacramento street.

"Jack Robinson."
April 14, 1896.

OHIO STATE SOCIETY—OHIO NEWS.

Medical Century:—May 13th the Ohio Society of Homeopathic Physicians will met in annual session at Piqua, Ohio. A better place for holding the meeting could not have been selected. The hotel accommodations are very good, street car service excellent and the city and people are wide awake. Dr. Fahnestock, the jovial secretary of the Ohio society was a very busy man the other day when I had the pleasure of calling upon him—hands full of work pertaining to the welfare of the meeting. The Doctor has labored much to have the coming gathering of the homeopathic society a banner one. The location of Piqua is all that one could well wish for. Let the profession, with Samuel Hahnemann at the foremost pinnacle of fame, lead the meeting with a large attendance. It is the 100th anniversay of our school. Furthermore, it is demanded that we make a strong showing that we may assert ourselves for better representation on the new board of medical examiners.

"Brush up, Doctor! Get on the band wagon. Come up to Piqua and have a good time." These were the words that greeted me from Dr. J. S. Fahnestock, of Piqua, O., with a vim.

The smallpox scare at Dayton has somewhat subsided. Vaccinations have kept the profession quite busy.

Dr. Harrie Guy, just graduated at the Chicago Homeopathic College, has put out his sign at Bellefontaine, O.

Dr. Ida B. Woolsey, of Xenia, O., formerly of Ann Arbor, Mich., has entered the field in the growing little city of Xenia, 9,000 inhabitants, and reports very good business. She says the city could support an eye specialist, as no one here makes an attempt at the practice. For further information correspond with her direct.

Dr. D. O. McCreary, Semmes, Alabama, just graduated at Pulte, Cincinnati, has gone back to Semmes to practice homeopathy with a vengeance. Well, the man who goes south for our school has to have plenty of stability. The field is good, but the obstructionists of the other school have very little sympathy for any diploma not of their making.

Dr. J. W. Wine, formerly of Cook County Hospital, Chicago, is now practicing in Troy, O.

Dr. S. D. Clayton, Pulte, '96, has located at Dayton, O.

Dr. Chas. A. Marquart has decided to locate at his native home, Crestline, Ohio. He is doing very nicely. The doctor is a young man and has a long future before him, which promises to be bright.

Mansfield, Ohio, could probably support an energetic young man who wants to work; Fremont, Ohio, also.

Dr. M. P. Hunt, one of our surgeons, late of Ann Arbor, Michigan, but now located at Columbus, Ohio, has had a $10,000 malpractice suit brought against him for doing his duty. The case was an adult of this city who was operated upon for appendicitis. The operation resulted fatally. Dr. Hunt is a very conservative surgeon and a man who has had years of experience in this line of practice, and is being wrongfully attacked. He did only that which seemed to promise best toward saving the patient's life. What protection have our surgeons in such cases? However, I am glad to be able to say that Dr. Hunt is still here and doing plenty of good work for homeopathy in this growing city.

Another homeopathic eye, nose and throat specialist, Dr. A. B. Nelles, formerly of Bay City, Michigan, has opened an office at 122 East State street, Columbus, Ohio. Dr. Nelles graduated in the class of 1890 at Ann Arbor University. This will give Columbus two homeopathic eye, nose and throat physicians, Dr. B. I. Barbee being already located here in the new Ruggery building and enjoying a very lucrative practice.

Dr. H. E. Franck, formerly of Cleveland, Ohio, has located in the Ruggery building for general practice. Columbus is on the move and a good homeopathic sentiment prevails. It would seem as though the town ought to have more homeopathic physicians.

Dr. M. B. Carpenter is on the go all the time. Homeopathy is doing grand work for him and he for it in his large field of practice. Few in Columbus can take care of such a multitude of patients.

Down in the Hocking Valley we are leading the old school a merry dance. Dr. J. S. Hunt, Athens, Ohio, enjoys a very fine practice. In Nelsonville Drs. Junkermann and Welch have all they can attend to with the single remedy as their motive power. Dr. Hershberger and Dr. Peters of Lancaster, Ohio, find homeopathy well appreciated in their city. Dr. Peters enjoys a good practice in the country surrounding Nebraska, Ohio, a small village in the Hocking Valley, which is a very fine farming country.

In Circleville we are represented by Dr. Charles Naumann and Dr. Ralph Morden, while in Amanda we have Dr. Dennis, a Chicago graduate, doing very nicely. This goes to show that homeopathists might also do well in the following good towns: Gallipolis, with 5,000 people and no homeopath—a good town. Shawnee, 5,000 people. Coalton, 5,000 inhabitants. All three places are very good. Good paying practices await some one, as the people want homeopathic treatment. Why can't we accommodate them?

The rush for registering diplomas under the new Ohio practicing law has been quite large. While the law is a good one it will prove of very little value in reaching those now practicing medicine without a diploma. 'Tis to be regretted that we are only represented by one member of the homeopathic school on the new board, but we will assert our rights in the near future and have another member appointed. This is only just to the number of physicians practicing homeopathy from legitimate schools where homeopathy is taught.

Dr. J. C. Fahnestock, assistant secretary of the Ohio State Medical Society, has issued a special notice urging the profession to attend the Ohio state meeting at Piqua on May 12 and 13. Special railroad and hotel arrangement have been made for the comfort and convenience of those who may be able to attend.

Yours very truly,

A. E. Frankland.

Chicago.

INTERESTING LETTER FROM ANN ARBOR.

Medical Century—The second semester of the college year is now fully under way. Some additions have been made to the course of study, as well as some changes. Prof. Parmelee now meets the students twice a week, whereas he formerly met them only once. Prof. Hinsdale has taken charge of the course in pharmacy, which is intended to give every student a thorough knowledge of the preparation of our homeopathic drugs and remedies. As soon as the weather permits it is expected that the class will gather plants and herbs under his supervision and from these prepare tinctures, dilutions, triturations, etc.

Prof. LeSeure is to conduct a course in operative surgery early in the spring, in which each member of the class will perform several operations upon the human cadaver; it is expected that this course will also include some demonstrative operations upon lower animals, which the students will perform and then endeavor to effect a cure.

A nurses' training school has recently been established in connection with the Homœopathic Hospital and bids fair to be very successful. Prof. Hinsdale is now delivering a course of lectures on nursing before the members of the training school.

The board of regents have recently appropriated a sum of money for the benefit of the homœopathic library and I enclose a list of the books which have been added to those already in hand. Among these will be noticed the valuable works which the Century has recently published.

The Homeopathic Hospital is flourishing under its present management and the clinics for this year have been better than for some years before. This is especially true of the general medical clinic, which, under Prof. Hinsdale, has shown a great improvement.

The Hahnemannian Society has evidenced marked improvement and growth this year and is in a very prosperous condition. The society has recently issued a letter to all graduates of their department and ex-members of the faculty asking them to present their photographs to the society. Compliance with this request has been very gratifying and the society is already the possessor of a very fine collection, many of them of men who stand high in homeopathy.

The outlook for another year is more favorable than for many former years. Prof. Copeland reports that he is already in receipt of over one hundred inquiries from prospective students and is receiving more by every mail.

J. H. Ball.

Ann Arbor, 49 East Liberty Street.

GOOD LOCATIONS IN NEW YORK.

Medical Century—Wolcott, Wayne County, New York, and Port Byron, Cayuga County, New York, are good locations for homeopathic physicians. Each has a population of about 1,600 to 1,800 inhabitants, and good farming country around about. Wolcott has one old gentleman in practice. His line of practice is well known and the best families would employ a good man from the start. I will answer all questions and will help a good man to get business. The old school is very light in both places.

W. Louis Hartman, M. D.

Clyde, New York.

INTERNATIONAL HOMEOPATHIC CONVENTION.

To the Medical Century.—You have kindly referred to me some correspondence pertaining to the approaching convention in London. There is evidently some mistake in relation to the committees on the Fifth International Convention. The first committee was appointed by the Fourth International Congress at Dr. Hughes' request and consisted of Drs. Von Villars, of Dresden, A. Fisher, of Montreal, C. E. Fisher, of Texas, and *ex officio*, I. T. Talbot, of Boston, and Richard Hughes, of Brighton, England. The committee reported recommending that the next convention be held in England and that the exact date and place of meeting be left to the decision of the homeopathic physicians of that country, which report was unanimously adopted. As this committee consisted of delegates from different countries and was appointed by the only body that seemed to have any power to authorize another congress, which it actually did, I had the impression that it would also have some general direction in relation to it; but it seems that Dr. Hughes has thought differently, that the function of the committee ended with their report to the congress, and that he, as permanent secretary, is the only officer.

There is necessarily a good deal of vagueness and uncertainty in these matters, and as the time and place of the meeting was left to the homeopathic physicians of England perhaps the arrangements of the meeting might by inference be included in their duties, as well as in those of the so-called permanent secretary.

Now if the "Committee on the Fifth International Convention," appointed by the Fourth, has no authority or power is it not a question in regard to the power of any committee on this convention appointed by the American Institute, an entirely independent organization? The fact of it is, the whole matter is a loose-jointed, extremely flexible affair. If our two congresses in 1876 and 1891, with four and five hundred members respectively, and which went comprehensively over the ground covered by different branches of medicine in its relation to homeopathy, were failures, and, as some say, the session of 1881 was not a great success, it only remains for us all, with the experiences of the four previous congresses, to make this one a pre-eminent success, and for us Americans to do what we can to aid therein. If it accomplishes its purposes for the improvement or advancement of homeopathy and medicine generally it may be desirable to continue these congresses every five years.

But one thing is to my mind very plain. The American Institute, with more than sixteen hundred active members, earnest and interested in the cause, have it in their power to advance homeopathy more than any other organized body in the world. Fifty years of experience has done a great deal to point out what is practicable and profitable for them to undertake. The inestimable value it has already exhibited in the cause of medical education, which could not have been done by any other body than the compact, energetic and forcible American Institute, the encouragement of its State, county and local societies, its hospitals, dispensaries and journals, its consideration of national and State legislation and its gathering of statistics in various departments, have all been of immense value. It seems to me that we should extend our influence still wider, gathering statistics and information on homeopathy the world over; that we should select in every country the most learned, wisest, respected and reliable physicians of our school, make them honorary or corresponding members, according to their standing, and each year not only secure for our transactions the best possible essays and investigations, but send them out to these members and to medical institutions the world over. There are certain statistics that change so rapidly that they are of no use unless published annually. Certain others change so little that they continue of value for several years. These should be properly classified and published accordingly.

The proposed Materia Medica Convention, if properly and wisely managed and the great points of weakness in our materia medica are carefully considered, may accomplish much.

The appointment of special representatives from the different State societies promises much. If they can come together and carefully consider the best methods of conducting a State society and the different branches which naturally belong to it they may strengthen our State societies very materially. Take, for instance, the matter of inter-state delegates. Many societies appoint them, but there is no general method by which these delegates are properly notified of the meeting in the State to which they are appointed. There are a large number of similar subjects which should be considered at the time of this first meeting of the Interstate Society convention at Detroit.

But these are subjects apart from the International Convention in London, in 1896. Since this convention was determined in 1891 by five hundred American physicians, without dissent, and since it has been postponed some weeks to accommodate our physicians, we are bound in honor to do everything in our power to contribute to its success.

I. T. Talbot, M. D.

Boston, April 15, 1896.

GOOD LOCATIONS IN MAINE.

Medical Century:—There are several good towns in Aroostook county, Maine, of from 2,000 to 5,000 population, and the people are anxious to see homeopaths among them. Houlton, a town of 5,000 population, which has a tributary of 10,000 more within fifteen miles, is one of the best locations in the New England States. Homeopathy is well established in this part of the state. Anyone desiring further information can obtain the same by addressing me.

H. B. Esmond, M. D.

Houlton, Maine.

New Publications.

"Don'ts for Consumptives." *The Scientific Management of Pulmonary Tuberculosis. By Charles Wilson Ingraham, M. D., Binghamton, New York.*

This is a volume of 217 pages, purporting to teach how the pulmonary invalid may make and maintain a modern sanitarium of his home, with additional chapters descriptive of how every consumptive may apply the forces of nature to assist and hasten recovery, and also how best the defects of heredity may be overcome. The author is a practitioner of repute and a writer whose style is entertaining and to the point and who deals with the physiological, dietetic, hygienic and sanitary problems involved in the prevention, treatment and occasional cure of pulmonary tuberculosis in a pleasant and scientific manner. The book does not essay to prescribe a particular treatment for tuberculosis, relying largely upon diet, systematic exercise, proper attention to the personal comfort of the patient, the sanitation of his living rooms, and the general up-building of his physiological functions. If this book contained just what it does plus careful indications for well-proven and well-tried homeopathic remedies it would be a gem for the homeopath. It has all in the way of negation and very much in the way of affirmation that is required, and to these the homeopathician can easily add the important factor of the indicated remedy by the application of his materia medica. The book is to be commended in that it condemns the various proprietary cough-mixtures on the market, including inhalants and cough-suppressants. Its discussions of climate are from a view-point of reason, though we feel that it makes it too easy for the consumptive to try to get well in the climate in which his disease developed. To our mind no factor is so important in preventing consumption in those thus disposed, or in curing it in incipient destruction, as the factor of climate. The volume discussed is published by its author at $1.75. It is well worth the money for the good it contains and the bad from which it is free.

An Atlas of the Normal and Pathological Nervous Systems, *Together with a Sketch of the Anatomy, Pathology and Therapy of the Same. By Dr. Christfried Jakob, Bamberg, Formerly First Assistant to the Medical Clinic, Erlangen. Wm. Wood & Company, New York, $3.00.*

Jakob's Atlas of Nervous Diseases of Number Two of Wood's Medical Hand Atlases, of which Haab's Atlas on the Eye was Number One. It is a book of two hundred and thirty pages and seventy-eight plates, mostly colored, illustrative of the anatomy and pathology of nervous disorders, with complete descriptive text accompanying each. The plates are followed by text descriptive of the morphology of the nervous system, its structure and development, its anatomy and physiology, and sections on the general pathology and therapy and special pathology and therapy of nervous diseases. It is written by a student-scientist, and evidently aims to present a clear understanding of the structure and functions of the nervous system, rather than to elucidate treatment for its diseases. In that which it attempts it is eminently successful. The colored plates appeal to the brain through the eye, with the result that a careful student of their features will surely have a clearer understanding of the nervous system and its pathology than were they not consulted. The book is produced in Wood's usual excellent style. The remaining manuals of this series are one on Fractures and Dislocations, by Helferich, on Obstetrics by Schaffer, and another on Gynecology by the same author. The set will sell at fifteen dollars, net, by subscription.

The Practice of Medicine. *By Dr. Marvin A. Custis, Washington, D. C. Flexible morocco, with gold edges. Boericke & Tafel, Philadelphia.*

This little work is a pocket manual in which a brief description is given of the synonyms, definition, etiology, differential diagnosis, complications, duration, prognosis, and treatment of the various diseases considered. Under the latter heading are given the generally accepted hygienic, dietetic and accessory measures, and a liberal list of the most commonly used homeopathic remedies with clearly defined and variously emphasized indications. The descriptions are unusually clear and practical for a work whose chief merit is condensation. The volume does not aim to be a Raue, a Goodno nor an Arndt, but a pocket manual of more than usual practicality—an end it has easily attained. The book sells at two dollars and is well worth the money. It is not comprehensive enough to take the place of standard works on practice, but to our mind is the best pocket reference manual at present before the profession.

The Year Book of Treatment. *By Lea Bros. & Co., New York and Philadelphia.*

This octavo volume of above 450 pages fairly reflects the advancements made by the profession in 1895. A fair estimate of its value may be obtained by referring to its consideration of antitoxine in diphtheria. Beginning with results of investigations it tells us that the decision was made in the hospitals under direction of the Metropolitan Asylums Board, London, not to give out the figures and results attained until a year of painstaking investigation had passed. The time is not yet up, therefore no report can be given of how the agent is valued in England. In analyzing the effects upon the membrane the Year Book reaches the conclusion that it promotes the early separation of this, and that, therefore, there is less likelihood of septicemia. In discussing laryngeal obstruction it says that there is general agreement that here is where the remedy finds its greatest use. Referring to the temperature it tells that Roux and Heubner agree that this is promptly reduced while Wiederhofer and Kassowitz hold to the contrary and that Lennox Browne contends that it is even increased under its administration. The Year Book treats further of the subject under various headings, its efforts seeming to be to give what is said by the profession, with conservative conclusions of its own. It covers pretty near the whole realm of medicine and surgery in like manner, affording the busy doctor a reliable resume of what his profession is doing the world over. As such books go this is among the best.

Martin's Manual of Nervous Diseases.—*By George H. Martin, M. D., Professor of Nervous Diseases in Hahnemann Medical College, San Francisco.*

This manual is the first of the MEDICAL CENTURY's series of manuals for practitioners and students announced some months ago. It is a volume of three hundred and six reading pages and has a double-columned index of seven pages more. It is illustrated with thirty-nine illustrations, five of which are colored plates. The text, the figures in the text and the colored plates are all practical. The book is written after the style of a quiz-compend, except that the questions are limited in number and the paragraphs rather more than mere answers. In many instances they are clearly descriptive. For instance, under the head of Chronic Myelitis, on page 176, appears the question "What are the symptoms"? The answer to this covers twenty lines, which clearly set forth all the notable indications covering the diagnosis of this condition. The author and publishers alike preferred this method to the usual quiz-compend style, believing it would serve to better fix the description in the mind of the student and serve a better purpose with the practitioner than if the subject were divided into numerous short paragraphs.

The first part of the book deals with Anatomy of the Brain and Spinal Cord; Part II treats of the Symptomatology of functional Diseases of the Nervous System; Part III is devoted to Diseases of the Brain and its Membranes; Part IV treats of Diseases of the Cranial Nerves; Part V discusses Diseases of the Spinal Cord and its Membranes; Part VI is given to the Diseases of the Muscles; Part VII to Diseases of the Spinal Nerves, and Part VIII to Functional Nervous Diseases. As the author states in his preface, the book is not intended to supplant standard works on diseases of the nervous system, rather to simplify their study and to supplement them. When it is remembered that Homeopathy has practically no separate literature on this subject it will be seen that there must be a welcome for this manual. Its author is an unusually successful teacher in his subject and is recognized on the Pacific Coast as a painstaking diagnostician and thorough student in neurology. Though this is his maiden effort at authorship his arrangement of subjects demonstrates that he appreciates the necessity for system and understands full well the difficulty the average student of nervous diseases experiences in attempting to comprehend their study. Prof. Martin has made this comparatively easy. The busy doctor will find his volume a valuable book for ready reference and the college student will find it greatly helpful as he undertakes to analyze and comprehend the mysteries of nervous disorders. The indications for the homeopathic remedies are succinct, and all generally accepted hygienic, dietetic and auxiliary measures have been appropriated to the needs of the volume. The book is well printed and bound, the binding being of maroon sides and black back with gold lettering. The paper is good, the typography clear, the illustrations better then are usually found in works of the size of this—the whole making a very satisfactory compend from all viewpoints. The price of the book is $2.00 net. It is for sale at all pharmacies or supplied direct from the MEDICAL CENTURY office.

Syphilis in the Middle Ages and Modern Times. *By Dr. F. Buret, Paris, France. Translated by A. H. Alhmann-Dumesnil, St. Louis. Published by F. A. Davis & Co., Philadelphia, and 9 Lakeside Building, Chicago.*

This monograph is volumes two and three of a series being issued from the press of the Davis Company. It is a book of nearly three hundred pages, neatly printed and bound in blue muslin, the first part being devoted to a continuation of the subject of the ancient history of syphilis, the last ninety pages treating of the disease as known and recognized in modern times, these modern times dating with the fifteenth century. This treatise is in no sense a practitioner's manual, it dealing wholly with the subject discussed from the historian's viewpoint. It is pregnant with a consuming interest, its tales being entertainingly told and rich in historic lore.

The Accoucher's Emergency Manual.—*By W. A. Yingling, M. D., Ph. D., Emporia, Kansas, Member of the International Hahnemannian Association. Boericke & Tafel, Philadelphia and New York.*

Yingling's Manual is chiefly useful for the correct homeopathic prescriber or he who would become such. The author states that having relieved suffering and hastened to natural labor cases that would otherwise have been of necessity instrumental by the aid of the manuscript of his little book, and knowing from experience that the indicated remedy is the parturient woman's best friend, he has been induced to offer his aid to the profession. His brochure is a pocket manual of above three hundred pages, handsomely printed and bound in flexible morocco with gilt top. The indications for remedies are clear and concise, in no sense prolix, and the repertory at the close of the book will assist the repertory student to quickly find the remedy for which he is searching. One hundred and nine remedies are considered, the volume being thus relieved of any charge of routinism. Its author has that confidence in the homeopathic remedy that comes from careful study of the materia medica and adaptation of its knowledge to bedside work, and in so far as possible in a pocket manual has reflected that knowledge for the benefit of the homeopathic student and his colleagues of the profession. It is not to be gainsaid that this manual is worthy of a place in the therapeutic literature of the lying-in library.

Diseases of the Heart and Arteries. *By John H. Clarke, M. D., C. M., Edin., London, England, Editor of the Homeopathic World.*

Dr. Clarke has here given us a splendid treatise of nearly two hundred pages on the diseases of the heart and arteries, written from the viewpoint of the careful student of diagnosis, pathology, course of the diseases under consideration, and, more than all this, for practical purposes, from the viewpoint of the painstaking homeopathic prescriber. He correctly holds that nearly all cases of organic heart disease come on so gradually as to be amenable to proper hygienic, dietetic and remedial treatment. He discusses their causes and classification, their curability, the effects of alcohol and tobacco upon the heart, aneurisms, the remedial power of homeopathy, the effects of thyroidin, and closes with a comprehensive and clear-cut resumé of the symptomatology and adaptability of the homeopathic remedies he has found most useful. Of these there are fifty-eight, their symptomatology occupying thirty pages. Each is given specific place, according to its indications. Throughout the work there are recited illustrative cases, with treatment in extenso and minutiæ, these serving to illustrate the author's method of selecting the remedy, and giving additional value to the chapters on medicines. In many instances the attenuations prescribed are recorded. The book is published by E. Gould & Son, London, but may be had of the homeopathic pharmacies and book sellers of this country. It is commended as the most precise brochure before the homeopathic profession on the subjects discussed.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - Editor.

New York and Chicago, May 1, 1896.

THE HOPE OF THE FUTURE.

The signs of the times are propitious. Homeopathy has done nothing for the past twenty-five years half so important in relation to her substantial welfare as in having entered upon a season of revival and reform in regard to her materia medica. This is the rock upon which our superstructure must stand. In surgery, gynecology, diagnosis, pathology and other general branches of medicine we are on a common plane with other schools of practice, but in materia medica we must rest solidly upon the rock of our therapeutic tenet if we would remain distinctive as a system having the right to be perpetuated, and to be inscribed upon the pages of history as more than a mere caricature in medicine.

Our future depends upon a return to the methods of our founder, improved by a better understanding of the true scope of *similia similibus curentur* and the real possibilities of our proven drugs. Hahnemann enunciated a law that shall last throughout all the ages, and the application of proven remedies according to that law more nearly approximates an art in practice than the administration of remedies according to any other enunciated rule. But the fact remains that many of the remedies in common use by homeopathic physicians have been but imperfectly proven, and that many of the recorded symptoms in the books of the provers ascribed to them are the fancies of the individual rather than the pathogenetic effects of drugs. There is so much of this chaff with the wheat that it is quite impossible for the practitioner whose clientage is large and whose work is of a general nature to sift the golden grain of reliable data from that which is worthless, the result being that in all too many instances haphazard prescribing has become the rule, and the therapeutist reviews his symptomatology in search of the indicated remedy with an interrogation point forever in his mind. What can be relied upon, and what is worthless, must be determined in almost every prescription. It is true that there are practitioners who can adapt themselves to the incongruities of our materia medica and accomplish the purposes of their calling with it alone. But for every one able to do this there are a score or more who prescribe with an empiricism that is censurable, and this would not be were our materia medica builded upon a more scientific basis than at present.

A special menace to homeopathy is the carelessness of its profession in the matter of drug adaptation. What per cent of our practitioners give more than a moment's thought in making a bedside prescription in their routine work? How often are remedies prescribed, even in such desperate conditions as typhoid fever and diphtheria, upon a mere mental suggestion of their adaptability. It may be Rhus and Gelsemium, Bryonia and Rhus, Baptisia and Belladonna, Nux and Mercurius, all routine prescriptions with the careless practitioner, none of which are strictly homeopathic to any case, none of which are truly scientific prescriptions, none of which are accurate adaptations of remedies to the individual's needs. To speak truly, this carelessness is appalling in its extent. Furthermore, the drug-store prescriptionists have put up innumerable favorite prescriptions and offered them to us as easy methods of prescribing, doing much to make us careless in the selection of remedies, the result being that the homeopathy of the closing years of our first century would hardly be recognized by Hahnemann were he to drop in among us today.

All this shows the necessity for a reformation in our symptomatologies and materia medica. There is need of a sifter which shall sift the chaff from the wheat. We must clear the bins of extraneous matter which has been grafted upon similia by those who while claiming to be homeopaths have become isopaths and antidotists and visionists, and come right down to the pure grain of *similia similibus curentur* if we would keep pure our law and perpetuate the legacy that Hahnemann left.

Could Hahnemann have builded a separate system of medicine had he followed the course being pursued by most homeopaths today? Never. In many instances we are quite as crude as the eclectic or the allopath. Hahnemann confronted conditions before which the half-hearted follower of his law would quail and quake. It required painstaking adaptation of the remedy to each individual case for him to build a system of practice which has lived an hundred years, and we must return to the law, individualize our cases, and prescribe for each upon its own merits if we would continue worthy of a respectable place among medical systems.

In order that we may do this we must have a better codification of our materia medica. It cannot be expected that in these days of better hygienic understandings, better knowledge of sanitary laws, better methods of drug administration by our antipathic fellows and general carelessness among ourselves we will do better unless the way is made easier. This can be done. The wheat can be separated from the chaff. The true scope of similia can be proven and defined. The clinical and pathogenetic symptoms of our drugs can be paralleled. Our materia medicists are willing to do all we demand of them and all we encourage them in doing. Their conference at Detroit in June is the first substantial step toward the consummations so devoutly to be wished. At this conference important problems will be discussed and steps will be taken to institute measures looking forward to a materia medica which shall be accepted as reliable and worthy of general adoption. Whether the particular subjects to be discussed please us all or not; whether the men selected as essayists and disputants suit us or not; whether we believe much or little will be accomplished at this conference or not, we should be there, participate in it and be a part of it; for its work is of vital interest to us all.

The future success of our school depends upon materia medica revision. The spirit of Hahnemann must be re-breathed. His doctrines must be reenunciated. His practices must be revived. The scientific adaptation of drug-possibilities to disease-manifestations forms the only really accurate method of treating the sick, and this adaptation can only be rendered reasonably certain through materia medica revision and therapeutic reform. The Detroit conference has these ends in view. Shall we not help shape them?

MISSOURI'S STATE MEETING.

The first of the state society meetings to be held this spring has met, held a successful session and adjourned. The Missouri Institute of Homeopathy celebrated the twentieth anniversary of its founding at St. Louis on the 21st, 22d and 23d of April. There were in attendance about sixty physicians. There should have been an hundred. But it is recognized that the financial condition of the country has affected the medical profession badly, that there has been a season of unusual healthiness extending over a period of some years, and that there was nothing of special importance before the Institute this year to bring the doctors together. St. Louis turned out to the meeting in good numbers and kept her attendence up to a satisfactory standard throughout the session. It cannot be righteously claimed that there was neglect of the local profession toward their state convention. Kansas City and St. Joseph were not represented as they should have been in point of numbers. The president was from St. Joseph and performed his duties in an admirable manner, to the satisfaction of all, while the Kansas City contingent managed to keep the political strife well in front during a session or two. While not more noticeable, perhaps, than at other conventions yet it was easily observable that there were those present who had axes to grind and whose presence was actuated largely by political reasons, who were present and in action when questions of this nature were up and who were away when the literary and scientific features of the program were receiving attention. It is always thus at medical, as at other conventions, to some extent, but politics should not be allowed to become of paramount importance. It may be necessary occasionally for the masses to rise against self-constituted moulders of the destinies of societies in which all are alike interested, but unless there be a principle at stake or a rebuke to administer politics should be kept well in the background at all medical meetings.

The scientific features of the St. Louis meeting were eminently satisfactory. The papers were of rather unusual practicality, there was remarkable freedom from offensiveness in their discussion, clinical experiences and views were sought freely and as freely imparted. the whole going to make up a valuable menu. The social features were largely of the character of personal courtesies, which were heartily enjoyed by the visitors.

An important feature was the selection of Dr. W. A. Edmonds, senior editor of the *St. Louis Journal of Homeopathy*, as the Institute's choice for the professorship of homeopathy recently created by the legislature in the State University at Columbia. The curators will name a professor on this subject at an early date. The Institute's choice is well equipped for this important position, and should he be selected will do honor to the trust and credit to us.

The election of officers resulted in the selection of Dr. W. R. Richardson, St. Louis, for president; Dr. VanSickle, of the same city, for vice-president; Dr. W. A. Brady, Kansas City, for secretary, a re-election; and Dr. W. H. Young, St. Louis, for treasurer. The next meeting will be held at Kansas City, in April, 1897.

The Chicago contingent very much enjoyed the St. Louis meeting and hold that it is proper that the St. Louis profession shall favor the Illinois state meeting at Ottawa on the 12th, 13th and 14th of May, with their presence. Thus far Chicago has done the visiting. St. Louis and all of Missouri will meet with a warm welcome at Ottawa.

Reference to the list of association news-notes appearing in these columns will show a large number of state society meetings for May. If all are as successful in every essential particular as was the Missouri meeting the profession over the country will be benefited. Nothing is lost by building up strong state societies. On the other hand, it cannot be gainsaid that lasting benefits are to be derived from attendance upon these meetings by those who go for the professional good fellowship and practical gain, rather than for the axe-grinding and political maneuvering that is sometimes observable. Missouri has done well. Let Illinois, Kansas, Wisconsin, Kentucky, Iowa, Minnesota, Ohio and other states holding their annual meetings this month do as well, or better, and our cause will be strengthened throughout the entire West and Northwest.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. C. W. Payne has located at Creston, Iowa.

Dr. W. M. Plimpton has located at Glenwood, Iowa.

Dr. A. W. Howe, Iowa University, '96, has located at Hazelton, Iowa.

Dr. J. C. Chandler, a '96 graduate, has located at Tacoma, Washington.

Dr. C. E. Fisher has resigned from the faculty of Hering Medical College.

Dr. W. F. Hocking has removed from Newton, Iowa to Knoxville, Iowa.

Dr. W. F. Hunt, Iowa University, 1896, has located at McIntire, Iowa.

Dr. E. A. P. Hardy, a Chicago collegiate of '96, has located at Brantford, Ontario.

Dr. W. R. Dashiell, late of San Antonio, Texas, has located at Hillsboro, that state.

Dr. E. E. Ellison, who has been attending Hering College in Chicago the past year, has located at Ontario, California.

Dr. A. W. Slaught, formerly of this city, has located at Estherville, Iowa, having bought the practice of Dr. R. W. Salisbury.

Dr. Chas. Lowry, formerly of Austin, Texas, but more recently of Baltimore, has located in Topeka, Kansas, succeeding to the practice of Dr. W. H. Banstrup.

There will be held in Chicago, on June 10th, a national conference of representatives of state boards of health of the United States and Canada, in the Auditorium.

Dr. C. W. Day, of Chicago, has gone to Europe, to be absent until about July 1. He expects to take a special course in medical and surgical study in the Royal Infirmary at Edinburg.

Dr. T. L. Macdonald, Washington, has been so crowded with surgical duties in recent months as to feel the need of a rest from additional labor, and will take a much needed vacation soon.

Drs. E. H. Pratt, C. E. Fisher, J. P. Cobb, Wesley A. Dunn, N. B. Delamater and H. W. Pierson, all of Chicago, attended the recent meeting of the Missouri Institute of Homeopathy at St. Louis.

Drs. F. W. Rich, of Riverside, Illinois, and Charles D. Rich, of Redlands, California, suffered a sore bereavement recently in the loss of a brother by drowning, while on a trip in the South Seas in search of renewed health.

Dr. Harley Parker, Hering Medical College class of '95, is pitching ball for the Chicago's in the national league that he may accumulate money for a post-graduate course and upon which to locate. This energy deserves success.

Mr. C. K. Brown, who for a number of years has been manager of the Buffalo Homeopathic Pharmacy, has purchased the business, merchandise, accounts and good will of Mr. Tappan Halsey and will continue the pharmacy business in his own name.

Dr. J. M. Dart, of Salt Lake City, has been made temporary president and treasurer of the Utah State Medical Board and Dr. John T. White, of the same city, has been elected temporary secretary. Drs. Dart and White are members of the homeopathic profession.

Dr. J. Richey Horner, of Allegheny, Pa., is sorely afflicted, having suffered the loss of his wife by death, which sad event occurred the first week of April. The sympathies of Dr. Horner's many friends in the medical profession will be freely tendered as his bereavement becomes known.

Dr. J. F. Cooper, of Allegheny and Dr. C. M. Cranch of Erie, Pa., have been appointed by the state medical council to hold examinations in Pittsburg in June. This is a decided convenience for those who contemplate locating in the western part of the state who expect to take the Pennsylvania state examination.

Dr. A. W. Burnside, one of Chicago's best known and oldest homeopathic physicians, died at his residence on Washington boulevard, on Monday, April 20th, after a lingering illness. Dr. Burnside was one of the "old guard" of Chicago's homeopaths, though never prominently identified with college or other public interests.

The annual election of officers of the Homeopathic Medical Society of Chicago, be sure and get the name right, will be held at its June meeting, which will occur on the second Thursday of that month. President Halbert has made a good presiding officer and an enegetic worker for the society's interests. Let us try to do as well for the new association for next year. No meeting will be held this month.

Dr. A. K. Crawford, Chicago, left on April 25th for several months absence in Europe. He will spend his time in the hospitals of Paris, and will also study suggestive therapeutics with Bernheim at Nancy. Dr. Crawford has kindly consented to contribute to the pages of the Medical Century from abroad. He will not return to his Chicago home until in August.

Under date of March 20th the president of the Minnesota Institute of Homeopathy, Dr. D. H. Ogden, and the secretary, Dr. H. C. Aldrich, issued a preliminary circular urging attendance upon the forthcoming meeting of that society, and giving a full list of the bureaux of the institute. Efficient work brings success in our state society meetings. A good secretary is half of the society.

The Rock River Institute of Homeopathy held its fifty-fifth quarterly meeting at Morrison, Illinois, the early part of this month, with Dr. C. B. Kinyon, president, and Dr. A. W. Blunt, secretary. A dozen or more members from both sides of the Mississippi were present and an interesting menu was served. A feature of these meetings is the presentation of clinical cases for examination and treatment. The next meeting will be held at Fulton in October.

The Women's Medical Club, Chicago, is considering the thought of developing a great Woman's Hospital in this city, in which women physicians only shall be employed. There is already a Woman's Hospital in Chicago in which the women do the professional as well as all other work pertaining to it. Why should not the Woman's Medical Club direct its energies toward placing it upon a more substantial footing than now. There is here a nucleus which is deserving of their best effort.

The commencement exercises of the Homeopathic Medical College of Missouri were held on the evening of the second of April at the Pickwick Theater, St. Louis, at which time nineteen graduates for the degree of medicine were graduated. The banquet of the alumni association was held at the Southern Hotel in the evening and was attended by two hundred and fifty graduates and friends of the college. Among those who responded to toasts Dr. J. W. Streeter, of Chicago, spoke to "The Homeopathic Physician—The Modern Magician."

The report of the department of health for the city of Chicago for March shows seventy-five deaths from diphtheria, sixty-five from typhoid fever, two hundred and thirty-five from consumption, ninety-two from developmental affections, eighty-one from convulsions, one hundred and fitfy-two from bronchitis, two hundred and sixty from pneumonia, fifty-three from other diseases of the respiratory organs, fourteen from appendicitis, sixty-two from chronic nephritis, thirty-two from puerperal diseases and ninety-one from violence. The total deaths for the month were 1,988 giving a ratio of 1.24 per 1,000 of population, or an annual ratio of 14.76.

Always glad to recognize merit in new inventions devised by members of its profession the MEDICAL CENTURY gives editorial notice to the practical invalid bed devised by Dr. Gorham of Albany, which is clearly the best of all invalid chairs or beds of which it has knowledge. Dr. Gorham has coupled in his bed the essential features necessary for rest and recumbency, and at the same time all the requisites for the easy transference of the position of the bed to those necessary for the comfort of the patient in eating, drinking and performing his daily physical functions. It is not deemed an intrusion upon the editorial columns of the CENTURY to call attention to the advertisement of this most excellent combined vehicle and restful device appearing in our advertising pages.

When it comes to getting up successful enterprises for the raising of monies for homeopathic interests the Boston profession beats the world. Their Hahnemann Centennial Festival was the most comprehensive and attractive affair held in this country in the interests of homeopathy for many a year. The chief features of the bazaar were fancy tables and tables devoted to housewives' articles, confectionery and flowers, to which large numbers of saleable articles were freely contributed by the profession and its friends. Exhibitions were given in physical culture, domestic sciences and the X-rays, with varied and novel musical and dramatic entertainments throughout the week by local amateur talent. A Children's Paradise was a special feature of interest. Here were to be seen the mechanical hen, electric dancing dolls, American Louvre, Lilliputian restaurant, children's table and candy shop and other interesting features. The programme for the week offered a large number of unusual attractions.

Well-founded rumors are afloat that committees from the faculties of Hering Medical College and the National Medical College, Chicago, have been appointed and have held meetings with reference to consolidating these institutions if possible. This is a step in the right direction. No trivial reasons should be allowed to operate to prevent the union. This accomplished, Dunham College and the International Medical Mission Institute should unite with the amalgamated institution or go out of business, thus reducing the number of homeopathic colleges in Chicago from six, as now, to three. Eventually fourther consolidations may be accomplished. Nothing within reason should be refused by either the National or the Hering in the present attempt to come together. The profession and its wishes and needs should be considered as of some importance in matters of this nature. In union there is strength. In the present condition of Hering, the National, Dunham and the International Institute there is neither that strength nor wisdom that is demanded by higher medical education and the best interests of the profession at large.

A very neat program for the forty-first annual session of the Illinois Homeopathic Medical Association, to be held at Ottawa on the 12th, 13th and 14th of May, has been issued by Secretary Dunn. The officers are, Dr. J. J. Thompson, Chicago, president; Dr. N. P. Smith, Paris. first vice president; Dr. Julia Holmes Smith, Chicago, second vice president; Dr. F. E. Downey, Clinton, treasurer; Dr. Wesley A. Dunn, Chicago, secretary; Dr. W. W. Stafford, Chicago, provisional secretary. The censors are Drs. T. C. Duncan, Chicago; J. B. Dunham, Wenona, and C. B. Kinyon, Rock Island. The bureaux are chairmanned as follows: Obstetrics, F. E. Downey; Medical Legislation, J. A. Vincent; Gynecology, Dr. C. B. Kinyon; Materia Medica, Dr. H. C. Allen; Pediatrics, Dr. Julia Lowe; Rhinonology, Laryngology and Pneumonology, Dr C. Gurnee Fellows; Ophthalmology, Dr. George F. Shears; Neurology, Dr. N. B. Delamater; Clinical Medicine, Dr. W. A. Smith; Sanitary Science. Dr. Julia Holmes Smith; Pathology, Dr. H. A. Noyes; Medical Literature, Dr. Chas. Gatchell. The society will be called to order at 10 A. M. A splendid list of papers have been prepared for the occasion. The local committee of arrangements have fairly outdone themselves toward the securement of accommodations and attentions upon the part of the local profession and the people of Ottawa, and should be rewarded by a large attendance from Chicago and the state generally. It has been the complaint that the Chicago profession neglect their state meeting when it is held in other than their own city, and it is to be hoped that the experience of this month will serve to refute this indictment. On Tuesday evening, May 12th, there will be public addresses by Drs. Julia Holmes Smith and R. N. Foster, and on the evening of Wednesday there will be a public reception at the Clifton House.

The following resolutions pertaining to the antitoxin question and the officious intermeddling of the local board of health were offered and adopted at the March meeting of the Homeopathic Medical Society of Chicago:

WHEREAS, The health department of Chicago having given official approval to an alleged specific remedy for diphtheria, and having vigorously urged upon the city government, the people and physicians of Chicago the employment of this agent in all cases of said diseese, and

WHEREAS, Having failed to find, after careful investigation of the course pursued by health boards of other cities and previous health boards of this city, any record of the adoption and employment by a health department of an official remedy for a specific disease, or that any other health board has made official effort to unduly influence or control the action of individual legally qualified physicians in the treatment of patients submitted to their care, and

WHEREAS, The health department of Chicago having issued a series of statistical bulletins to prove the alleged superiority of this special treatment over all others, and

WHEREAS, The Homeopathic Medical Society of Chicago having good reasons to seriously doubt the reliability and accuracy of the figures offered by the health department, after careful study of said statistics and those obtainable from the best foreign and American sources, and

WHEREAS, Careful investigation having revealed that homeopathic statistics collated at home and abroad show a much smaller mortality from diphtheria than statistics pertaining to antitoxin have exhibited, it is hereby

Resolved, That the province of boards of health clearly lies in the direction of public hygiene and sanitation and that we view with manifest disapproval any exercise of power and influence outside of this province as an encroachment upon the independence of the private physician, an embarrassment to his individual action, and the invasion of his legal and professional rights.

Resolved, That the practicing physician is necessarily the most competent authority to determine the value of medical treatments in general and particular for his clients and the public.

Resolved, That while we do not deny the possible value of antitoxin in rare forms of diphtheria yet we affirm that the indiscriminate use of this or any other agent in all cases of actual or supposed diphtheria is absolutely unscientific, in some cases dangerous, even fatal, and that reliable statistics obtainable to this date do not reveal its results to be as satisfactory as those obtained under generally accepted homeopathic and auxiliary methods.

BOSTON BUDGET,

Dr. H. E. Spalding has returned from his trip to California.

Dr. N. W. Emerson has been quite ill but has now recovered and is attending to his practice.

The bill against vivisection, which was reported at length in THE CENTURY a month ago, was recently killed in the legislature by a large majority.

Dr. W. J. Markley made a short trip to Boston last week. Dr. Markley graduated from Boston University Medical School last June and is now settled in Portsmouth, N. H.

The Boston University began the spring term on Monday, April 13th, after a ten days' vacation during which the school buildings were given up to the festival of the New England Hahnemann Association.

The recent and sudden death of Dr. L. A. Phillips came as a great shock to his many friends in Boston. Dr. Phillips was a member of the local homeopathic medical society and a former president of the Massachusetts Surgical and Gynecological society.

Dr. Alonzo Boothby recently went to Pittsburg, Pennsylvania, to operate on a patient in that vicinity. While there he visited Dr. McClelland in Pittsburg and on his way back stopped in New York, where he saw Dr. Helmuth operate and had a few words to say in the surgical clinic at the Flower Hospital.

The Massachusetts Homeopathic Hospital has just sent out its annual report, showing 1,329 patients treated during the past year with a mortality of less than 2½ per cent. Over 1,000 operations were performed with a death rate of 1.6 per cent. The city government has given the hospital a tract of land in a neighboring block of which is to be erected a nurse's home, the want of which has long been felt. Dr. James B. Bell entered on his three months' term of service as surgeon at the hospital, April 1, and at the same time Dr. J. Heber Smith took charge of the medical department. C. E. Montague of the graduating class at the medical school, received the appointment as interne for one year and entered upon his duties April 1.

The daily papers of April 3 contained an item to the effect that Councilman Jones of the city government had asked the trustees of the city hospital if it were not possible for a ward in the contagious department to be set aside in which patients could be treated homeopathically if they desired it. There is no desire to have the two schools in conflict at the hospital, but Mr. Jones thinks it only just that children who are obliged to enter the city hospital should have an opportunity to be treated according to the desires of their parents. The report appearing on the day following the action of the Boston Homeopathic Medical Society in this matter shows that the time for making the request was well chosen. The following day, April 4, an interview with Dr. Rowe, superintendent of the city hospisal was published. In this he takes the ground that it would be impossible to grant such a right since there is no board of visiting physicians in the contagious department of the hospital, but it is under the charge of an expert in that line. He says it would be like putting a unitarian and a trinitarian minister over the same church. In spite of this opposition the homeopaths still feel some hope of obtaining the rights and privileges due to them, to homeopathy, and to the thousands of their clients whose taxes help to support this large hospital but who can have therein only old school treatment.

The New England Hahnemann Association held its festival and bazaar, in aid of a permanent endowment fund for the medical school, at the college buildings during the week of April 6 to 11. The large lecture rooms and laboratories were converted into most attractive halls and booths. On the tables were many useful and interesting articles for sale. One of the most attractive tables was that of the hospital, which was attended by nurses who, in their neat blue dresses, white aprons and caps, gave an especially unique and pleasing feature to their room. Aside from the usual features of a fair there were morning lectures on cooking delicacies and dainties by Miss Maria Daniell of the "New England Kitchen," and in the afternoon similar lectures by Miss Lincoln, author of the "Boston Cook Book." Both of these courses were attended and enjoyed by many regular visitors at the fair. In the evening entertainment was provided in the form of a sleight of hand and musical exhibition, and again by a lecture by Mrs. Livermore on "A Plea for the Unborn," and still other evenings were devoted to exhibitions of different systems of physical training, by such famous instructors as Dr. Dudley A. Sargent, of Harvard, Miss Mary E. Allen, from the Women's Gymnasium, Mr. R. J. Roberts, from the Y. M. C. A., Mr. G. F. Hoffman, from the B. Y. M. C. U. gymnasium, and expositions of the Swedish system and the system employed at the Emerson College of Oratory. The working of the X rays was shown and explained. Many other interesting and unique features tended to bring together a goodly crowd and though it is too early to tell the exact amount made it is thought that several thousand dollars were cleared.

WASHINGTON WHISPERINGS.

After an illness of three months Dr. Janney has resumed his professional duties.

During the past month Drs. L. B. Swormstedt, H. H. Hawxhurst, L. B. Wilson, and G. H. Leo have been on the sick list with an attack of la grippe.

The March meeting of the Washington Medical and Surgical Club was held at the residence of Dr. T. L. Macdonald. Many interesting cases were presented and discussed.

In the last sixty operations at our hospital only two have shown the least sign of post-operative suppuration, and that not of sufficient moment to retard or complicate recovery.

The trustees of the homeopathic hospital of this city are erecting a fire escape for the use of the occupants of the hospital. This is an improvement that will be appreciated by the friends of the institution.

Acting upon the advice of Dr. Shears, in his last Institute paper, Dr. T. L. Macdonald has recently done two primary nephrectomies for cystic kidneys. Dr. Shears recommends this course in suitable cases instead of a resort to simple nephrotomy.

Our physicians are talking up Institute matters and making arrangements to attend the meeting at Detroit. A large delegation will go from here. After one has attended one meeting of the Institute he is apt to be so interested that he will never want to miss subsequent meetings.

In our last communication to The Century your readers were fully informed of the action of our medical society with reference to the bogus homeopathic medical college in our city. After hearing the testimony of the managers of the bogus college and the committee from the medical society the district commissioners decided to make an adverse report on their application for a charter. Their only chance now for relief is through congress, and it can safely be predicted that they will never receive a charter from that body.

The April meeting of the Washington Medical Society was a very interesting one. The Bureau of Diseases of Children made its report. The chairman of this bureau was Dr. W. F. Corey, the Gladstone of the medical profession. Whenever a bureau of which Dr. Corey is chairman is announced to make a report there is always a large attendance, as the membership expect a treat; and they get it, too. Excellent papers were read by Drs. L. E. Rauterberg, M. M. Moffitt, L. B. Swormstedt, Ralph Jenkins, and W. F. Corey.

Dr. T. L. Macdonald says that theories to the contrary notwithstanding the Trendelenberg position is not infrequently the cause of respiratory failure during operations. Either the prolonged cerebral congestion, or the upward pressure of the viscera against the diaphragm (or both), are responsible for it. He has several times been compelled to lower his patient to the horizontal position with immediate improvement in the respiration. The same operator recently removed, for your correspondent, a sixty pound multilocular ovarian cyst in a woman over 74 years of age. She is making an uneventful recovery.

Dr. Chas. L. Bliss, for many years an old school practitioner, recently became converted to homeopathy through the reading of one of our little handbooks that was given to him by a physician of our school. After close study of our Materia Medica and methods of prescribing he took a course at the Metropoliton Post Graduate school of medicine at New York, returned to Washington and made application for membership in our medical society. He passed a most critical examination by the board of censors and was admitted to membership in our society at its last meeting. The doctor has located at 1106 New York avenue. We wish him success.

The Southern Homepathic Medical College of Baltimore, celebrated the anniversary of Hahnemann's Birthday by holding its fifth annual commencement and banquet on the evening of April 10. There were four graduates in medicine and four graduates from the training school for nurses. The hall was well filled with the friends of the graduates, and the exercises were of an entertaining character. The opening address was delivered by Dr. J. B. G. Custis, of Washington, and the valedictory by Dr. J. S. Barnard, of Baltimore. The banquet was held at The Stafford, and was presided over by the mayor of Baltimore. Toasts were responded to by Dr. Eldridge C. Price, Hon. Alcaeus Hooper, Drs. R. W. Mfflin, A. J. Robbins, E. Z. Cole, Rev. T. P. Frost, C. E. Hill, Esq., Drs. C. B. Gilbert, J. B. G. Custis and W. R. King, of Washington. Those present from Washington were Drs. S. S. Stearns, W. F. Corey, T. L. Macdonald, J. B. G. Custis, C. B. Gilbert, W. R. King, F. A. Swartout and R Kingsman.

MEDICAL ASSOCIATIONS NEWS-NOTES.

The Maine Homeopathic Medical Society will hold its thirtieth annual meeting in Portland on Tuesday and Wednesday, June 2 and 3.

The Kansas Homeopathic Medical Society will meet in Topeka on May 6, 7 and 8. Dr. C. F. Menninger of that city is president.

The New York Medical Club holds its meetings monthly. Dr. J. W. Dowling is its secretary and treasurer. It has no other officers.

The Lehigh Valley Homeopathic Medical Society meets bi-monthly at the residence of members. Dr. E. H. Jackson is president and Dr. H. A. Fehr, secretary.

The Philadelphia Clinical Society meets semi-monthly at the residence of the members. Dr. C. M. Thomas is president and Dr. Wm. H. Bigler is secretary.

The West Jersey Homeopathic Medical Society holds quarterly meetings at Camden, with Dr. T. E. Parker as president and Dr. Wallace McGeorge as secretary.

The Denver Homeopathic Club meets on the fourth Monday evening of each month at the Brown Palace Hotel. The president is Dr. E. H. King, the secretary Dr. J. C. Irvine.

The Oxford Medical Club, of Philadelphia, meets at the residence of members on the fourth Friday of each month. Dr. C. H. Brown is president and Dr. H. B. Coy is secretary.

The Homeopathic Medical Society of Allegheny County meets at Pittsburg on the second Friday of each month. Dr. J. R. Horner is president and Dr. E. H. Pond is secretary.

The Alumni Association of Hahnemann Medical College of Philadelphia meets annually in Philadelphia, with Dr. L. H. Willard as president and Dr. Wm. W. Van Baun as secretary.

The Hahnemann Club of Philadelphia meets monthly at the residence of members. Dr. Thos. S. Dunning is the president of the society and the late Dr. M. M. Walker was secretary.

The Philadelphia Medical Club meets the first Wednesday of each month at the residence of its members. Its president is Dr. E. M. Gramm and its secretary is Dr. E. W. Mercer.

The A. R. Thomas Club of Philadelphia, with Dr. E. R. Snader as president and Dr. A. A. Morris as secretary, meets at the residence of members on the second Wednesday of each month.

The Beaver County Homeopathic Medical Society of Pennsylvania holds monthly meetings at the residence of its members. Dr. J. S. Boyd is president and Dr. Wm. Raymer is secretary.

The Homeopathic Pharmaceutical Association of Pennsylvania meets in Philadelphia at the call of the president. Its president is Dr. F. J. Slough and Dr. E. P. Anshutz is its secretary.

The Illinois Homeopathic Medical Society will meet at Ottawa on May 12, 13 and 14. Dr. J. J. Thompson, Chicago, is president, and Dr. Wesley A. Dunn, also of this city, is secretary.

The Homeopathic Medical Society of Northern Pennsylvania holds meetings bi-monthly at Scranton and Wilkesbarre. Dr. A. A. Lindabury is president and Dr. Anna C. Clark is secretary.

The East End Doctors' Club of Pennsylvania meets the first Saturday of each month at the residence of members. Dr. J. H. McClelland is president and Dr. R. H. Marshall is secretary.

The Schuylkill County, Pennsylvania, Homeopathic Medical Society holds quarterly meetings at the homes of members. Dr. E. E. Bashore is the president and Dr. D. S. Straub, secretary.

The Omaha Homeopathic Medical Society meets on the third Thursday evening of each month. Dr. H. P. Holmes is president, Dr. O. S. Wood, vice-president, and Dr. J. E. Mann, secretary.

The Boenninghausen Club, of Philadelphia, holds monthly meetings on every fourth Wednesday at the office of the secretary. Dr. Geo. W. Parker is president and Dr. Geo. W. Smith is secretary.

The South Central Pennsylvania Homeopathic Medical Society, with Dr. J. Ross Swartz as president and Dr. S. G. A. Brown as secretary, holds quarterly meetings at Harrisburg and York.

The Homeopathic Medical Society of Germantown, Pennsylvania, meets monthly, on every third Friday, at the residence of members. Dr. H. K. Mansfield is president and Dr. J. H. Closson is secretary.

St. Louis has a Hahnemann Club which elects its presiding officer at each meeting and for that meeting only, the secretary this year, Dr. J. A. Campbell, being elected annually at the January meeting.

New Jersey State Homeopathic Medical Society holds semi-annual meetings, May and September, usually at Trenton, N. J. Dr. T. Y. Kinne is president and Dr. F. P. McKinstry is secretary.

The Women's Homeopathic Medical Club of Philadelphia, meets at the president's office on the first Monday of each month. Dr. Harriet J. Sartain is president and Dr. Anna M. Marshall is secretary.

The Pharmacological Society, of Hahnemann Medical College of Philadelphia, meets in Philadelphia monthly, on the first Tuesday, with Dr. Chas. Mohr as president and Dr. Chas. A. Ayers as secretary.

The Homeopathic Medical Society of the County of Philadelphia meets on the second Tuesday of each month at Hahnemann Medical College. Dr. Chas. Mohr is president and Dr. E. M. Gramm, secretary.

The Homeopathic Medical Society of the State of Pennsylvania meets annually. Its president is Dr. Wm. W. Van Baun and its secretary is Dr. E. M. Gramm. The society holds its meetings at different cities.

The Communipaw Medical Club, New York, meets at the houses of its members without fixed dates. President, Dr. E. H. Porter; vice-president, Dr. Jas. Hoffman; secretary and treasurer, Dr. L. A. Opdyke.

The Central Homeopathic Medical Society of Pennsylvania meets every second Wednesday of each month, at the residence of its members. Dr. Howard Cheyney is president and Dr. R. H. Piper is secretary.

The Trousseau Clinical Club, of Philadelphia, holds monthly meetings in Philadelphia, on the first Tuesday of each month. Dr. F. M. Lawrence is president of the society and Dr. Wm. D. Culin is secretary.

The Saturday Night Club of Microscopists meets at the Hahnemann Medical College, of Philadelphia, the second Saturday of each month. Dr. J. C. Guernsey is president and Dr. W. D. Bayley is secretary.

The Chiron Club has for president, H. B. Minton, M. D.; for vice president, W. I. Pierce, M. D.; for secretary-treasurer, J. W. Dowling, M. D. Its meetings are held in New York on the second Monday in each month.

The Cleveland Homeopathic Medical Society holds monthly meetings. The officers are Dr. D. H. Beckwith president, Dr. W. T. Miller vice-president, Dr. H. H. Baxter treasurer, and Dr. Hudson H. Bishop secretary.

The Colorado Homeopathic Medical Association will meet in annual session at Colorado Springs on May 27th and 28th. Dr. C. N. Hart, Denver, is president, and Dr. J. P. Willard, also of Denver, is secretary.

The president of the New Jersey Medical Club is Dr. Frank Nichols, Hoboken. The secretary and treasurer is Dr. C. B. Holmes, Rahway. Its meetings are on the third Wednesday of each month, place optional.

The Meissen Club, of New York, has for president Dr. W. I. Pierce, for vice-president Dr. D. J. Roberts, and for secretary and treasurer, Dr. C. H. Helfrich. Its meetings are on the third Friday of each month at the Arena.

The New York Homeopathic Union is this year officered as follows: President, Edmund Carleton, M. D.; secretary, Emma D. Wilcox, M. D. Its meetings are held on the third Thursday of each month at 53 West 45th street.

The Homeopathic Medical Society of the 23d ward of Philadelphia holds meetings at the residence of its members on every third Wednesday of each month with Dr. A. D. Krewson as president and Dr. S. G. Godshall as secretary.

The Alameda County Homeopathic Medical Society holds monthly meetings at 1016 Broadway, Oakland, California. Dr. D. R. Hill is president; Dr. Susan J. Fenton, vice president, and Dr. C. H. Chamberlain, secretary and treasurer.

The Miama Valley Homeopathic Medical Society holds semi-annual meetings, the next of which will be held at Dayton, Ohio, on the first Tuesday in May. Dr. W. A. Geohegan, Cincinnati, is president and Dr. Frank Webster, Dayton, secretary.

The St. Louis Homeopathic Medical Society holds monthly meetings. Its annual meeting, at which time it elects officers for the year, is held the first Saturday evening in April. The president is Dr. L. C. McElwee, the secretary Dr. Lizzie Gray Gutherz.

The Albany County Homeopathic Medical Society is officered as follows: President, Dr. G. E. Gorham; vice-president, Dr. W. J. McKown; secretary and treasurer, Dr. E. G. Cox. Its meetings are held on the second Tuesday in January, April, July and October.

The executive committee of the New Jersey Chiron Club consists of Dr. W. S. Baker, Dr. H. H. B. Sleight and Dr. E. J. Howe. Dr. E. D. G. Conkling is secretary and treasurer. Its meetings are held on the second Thursday of each month. Place optional.

The Homeopathic Medical Society of Eastern Ohio will meet at Akron on the third Wednesday of this month. The president is Dr. John Deetrick, of Youngstown; the secretary is Dr. R. B. Carter, of Akron, and the treasurer is Dr. R. B. Johnson, of Ravenna.

The Washington Homeopathic Medical Society meets on the first Tuesday in each month except July and August at the Ebbitt House. Its officers are Dr. P. S. Stearns president, Dr. W. F. Corey vice-president, Dr. E. A. Lathrop secretary and Dr. W. R. King treasurer.

The Homeopathic Clinical Society of Maryland holds monthly meetings on the last Thursday of each month except July and August in Baltimore, and occasional meetings in Washington. Dr. Lewis R. Palmer is president and Dr. W. N. Panebaker secretary of the Baltimore branch.

The New York Pedological Homeopathic Society meets on the third Wednesday of each month at 8 P. M. Its officers are: President, J. B. Garrrison, M. D.; vice president, F. W. Hamlin, M. D.; secretary-treasurer, F. M. Wall, M. D. The meetings are held at 334 West 58th street.

The Medical Investigation Club was organized in Baltimore in November, 1881. Its membership consists of Drs. Elias C. Price, Eldridge C. Price, Robert W. Mifflin, Oliver Edward Janney, George T. Shower and Henry Chandlee. It has no regular officers, appointing a scribe at each meeting.

The Homeopathic Medical Society of Chicago, be sure to get the name right, holds monthly meetings on the second Thursday of each month except July and August, its annual meeting being held in June. Dr. H. V. Halbert is president and Dr. W. W. Stafford secretary for the current year.

The Cedar Valley Homeopathic Medical Society met at the Irving House, Waterloo, on Wednesday, April 8th. This society meets every three months. Dr. D. W. Howard, Independence, is president; Dr. J. S. Coon, Gladbrook, vice-president, and Dr. C. K. Stewart, Waterloo, secretary and treasurer.

The Washington Medical and Surgical Club meets on the third Thursday in each month at the residence of its members in turn. Dr. R. Munson is president this year, Dr. W. F. Corey vice president, Dr. C. A. Davis secretary Dr. L. B. Swormstedt treasurer and Dr. T. L. Macdonald librarian.

The San Francisco County Homeopathic Medical Society holds monthly meetings on the first Monday of each month, at Druids' Hall, on Sutter street, near Powell. Dr. Geo. H. Palmer is president, Dr. Geo. H. Martin, vice president; Dr. Guy E. Manning, secretary, and Dr. F. G. Canney is treasurer.

The York Homeopathic Materia Medica Society meets at 9:30 P. M. at 334 West 58th street on the 3d Wednesday of each month with the following officers: President, Martin Deschere, M. D.; vice president, B. G. Clark, M. D.; secretary-treasurer, Chas. Ver Nooy, M. D.; Collaborator, E. S. Munson, M. D.

The Northern Homeopathic Clinical Society is the name of a local medical association covering Duluth and Superior, which meets on the second Friday of each month. Its officers for this year are Dr. C. C. Pillsbury, president, Dr. F. C. Bowman, vice president; and Dr. W. W. Routh, secretary and treasurer.

The Cincinnati Homeopathic Lyceum meets twice monthly, on the first and third Monday evenings, in Pulte Medical College building. Dr. C. E. Walton is president; Dr. C. C. Meade and Dr. W. S. Hatfield, vice presidents; Dr. J. H. Davis, secretary; Dr. J. D. Meade, treasurer, and Dr. Laura Brickley, corresponding secretary.

The Homeopathic Medical Society of the County of Kings, New York, meets on the second Tuesday of each month, except July and August, at 44 Court street, Brooklyn. The president is Dr. H. J. Pierron; vice president, Dr. F. E. Risley; secretary, Dr. W. S. Rink; treasurer, Dr. W. T. Hudson; necrologist, Dr. M. T. Hopper.

Jersey City has a medical club known as the MacMahon Club, which holds meetings on the first Wednesday of each month except July, August and September at the Hotel Washington. Its officers for the current year are, president, C. E. Putnam, M. D.; vice president, E. L. Clark, M. D.; secretary and treasurer, J. P. Fletcher, M. D.

The Organon and Materia Medica Club of the Bay Cities of California holds meetings on the first and third Fridays of each month, at 606 Sutter street, San Francisco, or at 1068 Broadway, Oakland. Dr. J. M. Selfridge, of Oakland, is president; Dr. A. McNeil, of San Francisco, vice president; and Dr. W. E. Ledyard, San Francisco, secretary.

The District of Columbia branch of the Maryland and District of Columbia Clinical Society holds an annual meeting and special meetings upon call of the president at the Ebbitt House. Dr. W. R. King is president, Dr. R. Jenkins vice president, Dr. R. Kingsman secretary, Dr. L. D. Wilson clinical recorder and Dr. L. B. Swormstedt treasurer.

The Northwestern Homeopathic Medical Association meets in Toledo semi-annually. Dr. L. K. Chapman, of Defiance, is president, Dr. C. E. Stafford, of Auburndale, is secretary and Dr. L. K. Maxwell, of Toledo, is chief of staff of the homeopathic department of the Toledo hospital. The staff of the hospital meets four times a year.

The Missouri Valley Homeopathic Medical Association meets annually. The next meeting will be held in Omaha in October. The officers are: Dr. M. T. Runnells, Kansas City, president; Dr. F. J. Elliott, Kansas City, vice-president: Dr. W. A. Humphrey, Plattsmouth, Nebraska, secretary, and Dr. C. F. Menninger, Topeka, Kansas, treasurer.

"The St. Paul Society of Homeopathic Medicine and Surgery" is the name of a local association resident in St. Paul, Minnesota, which holds meetings on the second Monday evening of each month with an annual meeting in October. Its present officers are Dr. Arthur M. Eastman, president, Dr. Sheridan P. Cobb, vice president and Dr. Oscar H. Hall, secretary and treasurer.

The South Dakota State Homeopathic Medical Society will meet at Redfield at such time this spring as the officers may select. Dr. George H. Fulford, Sioux Falls, is President, Dr. J. H. Smith, Groton, is first vice president, Dr. H. C. Birch, Redfield, second vice president, Dr. Wm. Lowe, Madison, secretary, and Dr. J. A. Baker, Mitchell, is treasurer of this frontier society.

The Academy of Pathological Science, New York, is officered as follows: President, Geo. T. Stewart, M. D.; vice president, W. G. Fralick, M. D.; secretary-treasurer, G. W. McDowell, M. D.; assistant secretary, H. S. Coles, M. D.; Curator, W. H. Bishop, M. D.; pathologist, G. F. Laidlaw, M. D. The meetings occur on the fourth Friday of each month at the homes of members.

The Homeopathic Medical Society of the County of New York has elected the following officers for the current year: President, Chas. Deady, M. D; vice president, L. L. Danforth, M. D.; secretary, H. W. Paige, M. D.; treasurer, C. S. Macy, M. D.; librarian, W. I. Pierce, M. D. The meetings are held on the second Thursday in each month at Berkeley Lyceum Hall, 19 West 44th street.

The California State Homeopathic Medical Society will hold its next annual meeting at San Francisco, on the second Wednesday in May. Dr. C. B. Currier, of San Francisco, is president; Dr. H. M. Bishop, of Los Angeles, is first vice president; Dr. Florence N. Ward, of San Francisco, second vice president; Dr. Eleanor T. Martin, of San Francisco, secretary, and Dr. C. L. Tisdale, Alameda, treasurer.

The Homeopathic Medical Society of Westchester County, New York, has the following officers for 1896: President, E. P. Swift, M. D., Pleasantville; vice-president, P. H. Mason, M. D., Peekskill; secretary and treasurer, R. P. Fay, M. D., Yonkers. The annual meetings are held on the last Wednesday in January, in Yonkers. The semi-annual on the last Wednesday in June, at a place decided at the previous annual meeting.

The Alumni Association of the New York Medical College and Hospital for Women, has officers as follows: President, Rita Dunlevy, M. D.; vice-president, Sarah C. Spottiswood, M. D.; corresponding secretary, Emily Charles, M. D.; recording secretary, Emma D. Wilcox, M. D.; treasurer, Louise Z. Buchholz, M. D. Meetings held on the third Thursday of October, December, February and April, at 213 West 54th street, usually.

The Connecticut Homeopathic Medical Society has for president, Dr. E. C. M. Hall, New Haven; for vice-president, Dr. A. W. Phillips, Birmingham; for secretary and treasurer, Dr. W. S. Mills, Stamford; and for librarian, Dr. G. H. Wilson, Meriden. Its meetings are held on the third Tuesdays of May and October. The next annual meeting will be at Hartford, May 15. Every other annual meeting is held at New Haven. The October meeting in place to be appointed by society.

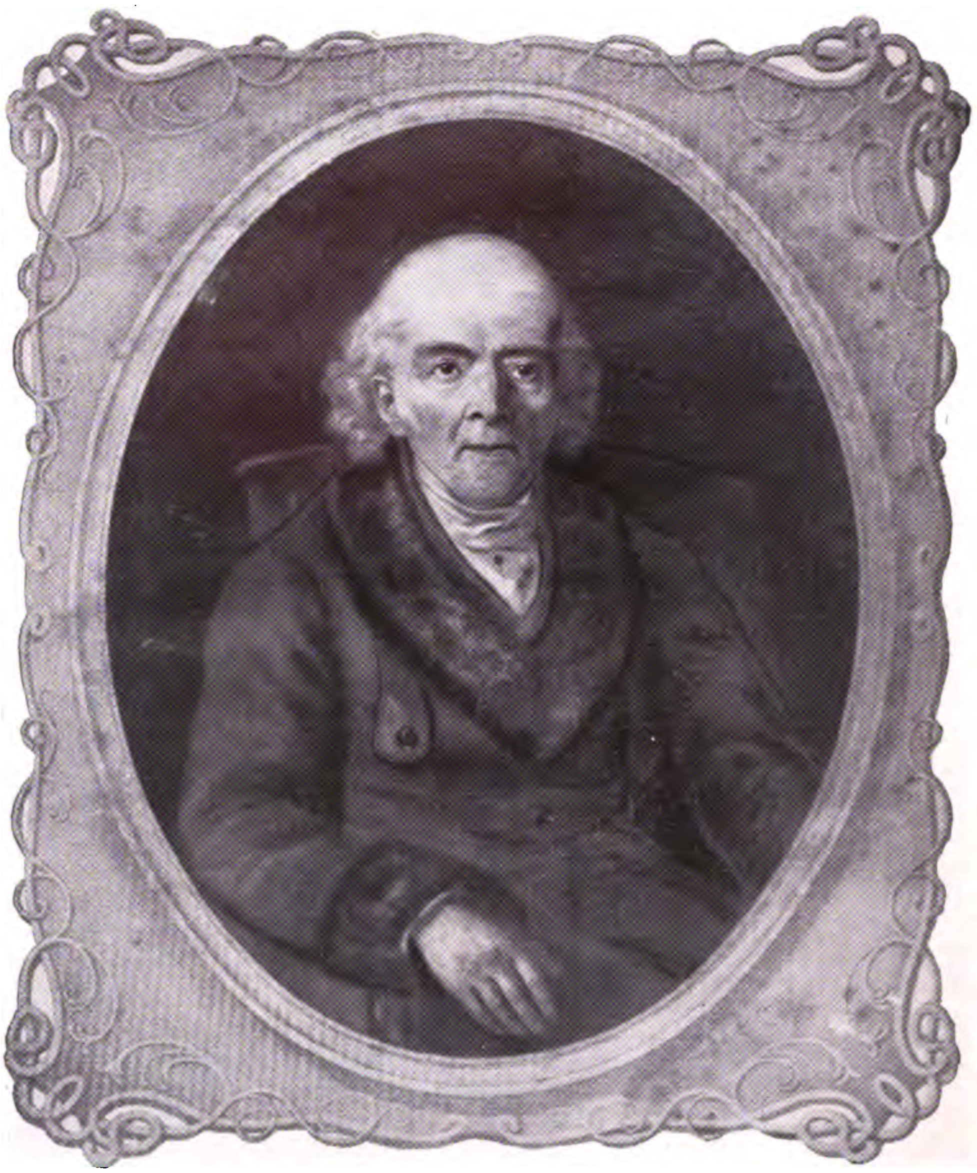
The next meeting of the Homeopathic Medical Society of Ohio will be held at Piqua on May 12 and 13, 1896. It is officered as follows: President, Dr. W. A. Phillips, Cleveland; vice presidents, Dr. Thomas M. Stewart, Cincinnati, and Dr. Emma L. Boice, Cleveland; secretary, Dr. A. C. Roll, Toledo; assistant secretary, Dr. J. C. Fahnestock, Piqua; treasurer, Dr. T. T. Church, Salem; neurologist, Dr. D. H. Beckwith, Cleveland. An unusual circumstance noted in connection with this society is the fact that the president and both vice presidents are oculists and aurists.

The Homeopathic Medical Society of the State of New York is officered this year as follows: President, E. H. Wolcott, M. D., of Rochester; first vice president, G. G. Shelton, M. D., of New York; second vice president Irving Townsend, M. D., of New York; third vice president, A. R. Wright, M. D., of Buffalo; secretary, John L. Moffat, M. D., of Brooklyn; treasurer, Chas. Deady, M. D., of New York. The annual meeting is at Albany on the second Tuesday in February. Semi-annual meetings are held at a place and time then decided. The next will be held in New York City.

The New Jersey State Homeopathic Medical Society holds annual meetings at Trenton on the first Tuesday of May, each year, with semi-annual meetings to be held at times and places determined upon at each annual session. This year Dr. T. Y. Kinne, Paterson, is president; Drs. G. D. Woodward, Camden, Joseph Shreve, Burlington, and C. H. Hubbard, Camden, vice-presidents; F. P. McKinstry, M. D., Washington, is secretary, Wallace McGeorge, M. D., Camden, is corresponding secretary, A. W. Bailey, M. D., Atlantic City, is necrologist, and J. J. Carrie, Beverly, is treasurer. The State society is said to be in a flourishing condition. The next meeting at Trenton promises to be one of unusual interest owing to the fact that the New Jersey profession is after an insane hospital.

The Kentucky Homeopathic Medical Society will meet in Louisville in eleventh annual session on May 20 and 21. The officers for the current year are Dr. Allison Clokey, Louisville, president; Dr. J. B. Lacer, Owensboro, vice-president; Dr. H. S. Keller, Frankfort, secretary; and Dr. J. T. Bryant, Shelbyville, treasurer. There are ninety-five homeopathic practicing physicians in Kentucky, of which number fifty-two are already members of the state society. About a dozen more have applied for membership and will be voted upon at the next meeting. The Covington and Newport physicians affiliate chiefly with the Ohio state society but will doubtless unite with their own state association at early date.

The Kansas State Homeopathic Medical Society, whose twenty-eighth annual session will be held in Library Hall, in Topeka, on Wednesday, Thursday and Friday, May 6, 7 and 8, has issued a very neat program of its forthcoming meeting, on the title page of which is an embossed sun flower, the chosen flower of the Jay-hawker state. The officers of this society are Dr. C. F. Menninger, Topeka, president; Dr. C. A. Bozarth, Herrington, vice-president; Dr. T. E. Raines, Concordia, corresponding secretary; Dr. E. W. Boardman, Parsons, recording secretary; and Dr. Peter Diderick, Kansas City, treasurer. An excellent list of papers is announced as making up a menu of unusual attractiveness. Special hotel rates have been secured at the Copeland hotel, which will be headquarters during the session, and a fare and a third will be granted over the railroad in Kansas, provided there are one hundred paid fares.



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SAMUEL CHRISTIAN HAHNEMANN.

THE ABOVE PORTRAIT OF HAHNEMANN IS FROM AN OIL PAINTING FORMERLY OWNED BY A PERSONAL FRIEND AND PATIENT OF HAHNEMANN'S, MR. ALEXIS EUSTAVIEVE, FORMERLY CONSUL-GENERAL OF THE UNITED STATES TO RUSSIA. FROM HIM IT DESCENDED TO HIS SON, AND FROM HIM IT WAS HANDED DOWN TO HIS DAUGHTER, MRS. F. S. COIT OF BUFFALO, FROM WHOM IT WAS BORROWED THAT THIS LIKENESS MIGHT BE REPRODUCED.

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Institutes of Medicine.

HOMEOPATHIC CENTENNIAL AT BUFFALO.

HOMEOPATHY AS A SCIENCE.

BY G. R. STEARNS, M. D., BUFFALO, NEW YORK.

It is not the province of this paper, nor have I the opportunity, either in its preparation or the delivery, to enter at all exhaustively into the scientific aspects of homeopathy as a distinct branch of medical treatment. My idea has been rather, in view of the anniversary character of this meeting and the general tone befitting such an occasion, to point out briefly a few facts pertaining to the groundwork of our faith as homeopaths, and the relation of our law of similars to the great body of scientific truth. Carroll Dunham, in his classical writings treating of this general topic, and a host of lesser lights before and after him, have covered the ground too thoroughly and carefully to need more than brief suggestion here. However we may differ among ourselves regarding minor details in the application of the law ennunciated by Hahnemann we all agree that there is one common meeting-ground for all of us who do march under his banner, and that is the acceptance of that law as a working basis of scientific truth. In the domain of thought no step has been of more moment, none fraught with more far-reaching results, than the elucidation of the inductive mode of reasoning and its formulation by Lord Bacon and his literary associates of the sixteenth century. This method of interrogating nature by a careful study of her processes and, by combining the results of a broad and varied observation, the formulation of a law which will not only satisfy the demands of all the facts so observed but prove applicable to all cases coming under the same principle for all time to come, are the only true and reliable courses for such investigation. Such was the formulation by Newton of the law of gravitation, and such again with equal originality by Hahnemann of the law of similars in the application of remedies to diseased conditions in the human economy.

It is to be remembered that it was by way of a protest against the utterly unscientific methods of his time that Hahnemann was led to follow out the line of research which culminated in the promulgation by him of that law under which we still labor with ever-increasing efficiency. Furthermore, it must be borne in mind that it was not as a mere working hypothesis, based upon merely theoretical inference, that he promulgated his doctrine, but as a true law of cure in the highest sense, as resting on the firmest of ground—that of clear inductive reasoning.

On such firm basis is formulated the general law that the selection of a remedy for any diseased state should be guided not by empirical experience with various medicinal substances, employed under similar circumstances, nor yet by any theoretical application of the supposed sphere of action of the drug to an equally uncertain theory as to the exact nature of the disease in question, but by the previous testing of the effects of these drug substances on the healthy human body and then the choice of such an one as has developed symptoms similar to those manifested by the patient under treatment. By this method, the law, if properly applied, must be accurate and unvarying; by any other the whole scheme of medical practice is in a state of constant chaos—varying with every changing breeze of theory as to the essential nature of disease.

The question of how the law works has no bearing whatever on our acceptance of it as an established and demonstrable truth; as well may we deny the universality of the law of gravitation on the ground that we cannot understand the rationale of its application, or the means by which the far-famed and proverbial apple of Sir Isaac Newton was induced to fall to the ground rather than to remain at its accustomed perch or to go flying off into indefinite space upon separating from its ancestral branch.

Understand that I am speaking now simply of the law of similars—*similia similibus curentur*—the watchword and ground of our faith, not particularly of the somewhat mooted questions of dosage, the Psora theory and other minor corollaries of Hahnemann's teaching. However closely allied these may have been to the main law as there enunciated they were never given out as forming a necessary part of that law, and the stability of the law itself is by no means affected by their acceptance or rejection. We may not, however, utterly ignore these allied topics even in this brief review, inasmuch as they are more or less inseparably connected, in the public mind at least, with our method of treatment. But even here, it seems to me, if looked at in the proper light, we need not take an apologetic ground or cease to maintain our right of claim to scientific accuracy. The psora theory itself, as shown by Wesselhœft and other commentators on the writings of Hahnemann, so far from being unscientific, was an attempt toward a more accurate classification of diseases in accordance with the best light in an age of imperfect and rudimentary knowledge of pathological conditions, nor does it affect either the application or the general applicability of the law of cure.

The subject of dose has become, though erroneously, even more closely associated in the public conception of homeopathy than the doctrine of similars—all-important as the latter has been shown to be. In the light of his protest against the crude and unsatisfactory methods of his time, wherein the effects of the treatment were frequently, in truth, much worse than the disease, Hahnemann was led to contend for the smallest dose of the remedy, selected according to the law of similars—and the single remedy at that—capable of producing the desired result in rousing the depressed or dormant powers of nature to throw off the effects of the disease under treatment. In his researches in this direction he evolved the further corollary of developing the dynamization or potentializing of remedies through systematic division by dilution, trituration and succussion.

Here comes in the apparent ground for the pseudo-scientist of all ages—and he still lives and flourishes today—to exclaim at the unscientific weapons of the homeopathic armamentarium, scoffing at the theoretical impossibility of producing effects from substances subdivided far beyond the limits of any conceivable recognition. It strikes me that the sneer of such scoffers is decidedly premature and that the argument for a scientific basis is away over on the other side.

Without attempting to enter at all deeply into the details of the argument, let us take for the sake of illustration two facts attested to be such on apparently incontrovertible authority: First, that a bucket of water may be poured over a man's head and the temporary shock quickly recovered from, while if the same amount of water be made to fall from even a slight height drop by drop on the head at regular intervals the poor victim will be bordering on insanity ere the whole supply has become exhausted. Another alleged fact: A man may dash down a schupper of lager beer and show not the least indication of exhileration, even from its frequent repetition, and yet let that same man undertake to finish but one of those schuppers in teaspoonful doses continuously repeated and he will succumb to its intoxicating effect long before its completion.

These are but crude examples of facts noted in every day's experience in the employment of remedies—and that is that the dynamic effect of any drug does not by any means increase in direct arithmetical or even geometrical proportion to the size of the dose, but frequently rather the contrary if the question of repetition be considered at the same time. The only proper and truly scientific course to pursue in such investigation is with clear unprejudiced mind to observe truthfully and accurately facts presented by practical experience in typical clinical cases and then honestly to accept the fair conclusions to be drawn from such observations.

A mind of any decent calibre and acumen will recognize the undeniably positive effect of an utterly imponderable dose of *Amyl nitrate* taken by olfaction just as readily as the expected sequence to a tablesponful or two of castor oil or a grain of *Morphia sulphate.* Why should not that mind go but one step farther and accept the testimony of repeated experience in the use of the highly attenuated remedies of our pharmacopea administered on a strictly scientific basis and producing foretold results time and time again?

The afore-mentioned small-calibre pseudo-scientist of yesterday would have scoffed at the idea of taking photographs (and I mean photographs, not skiographs or skoliographs) through an intervening barrier of rubber, wood or other substance utterly non-transmissible to light; and yet it is done every day now and it is the cathode rays that accomplish the work, though it has been clearly shown by Röntgen that the cathode rays themselves do not extend beyond the limits of the Crookes' tube in which they are generated. Now if the luminosity set up in the glass of the tube by these same cathode rays develops a new system of rays outside of the tube (now known as Röntgen's "X" rays), these latter recognized only by the wonderful results achieved, is it unreasonable to assume by analogy that the molecular activity of a drug may develop in the medium employed in dilution or trituration a higher grade of molecular activity—not to be recognized as such by any of our methods of research, however delicate, but shown by positive results on the sensitive plate of the suffering human frame to which it is administered? I do not suggest this as any definite explanation of how drug action may be developed or "potentized," but simply that it may be so as a scientific fact since we see its results every day. I therefore contend that not only is the law of *similia similibus curentur* a working basis of scientific truth but that its corollaries are also accurate and reasonable.

I would only emphasize, in closing, our right as scientific men and students to make use of every advance made in the study of disease—its etiology, diagnosis, pathology and morbid anatomy—the duty incumbent on us as members of a profession which demands so much of each one in these days of marvelous progress and development to keep abreast of the times and to help on the grand work, and at the same time to stand by the noble law of similars in the application of remedies—as the scientific method of all ages.

TRUTHS OF HOMEOPATHY.

BY J. W. HODGE, M. D., NIAGARA FALLS, N. Y.

Every subject which affects the interests, conduces to the comfort, or influences the health of the public is one on which information ought to be generally diffused, regarding which facts cautiously collected and accurately set forth should be made accessible to all. Upon this basis I propose within the narrow limits of this paper to review a few of the truths of homeopathy, after having first alluded briefly to the status of medical practice previous to the discovery of the homeopathic law of cure by Samuel Hahnemann.

The practice of medicine from its earliest history until the time of Hahnemann was regarded as simply an empirical art, not capable of elevation beyond general rules and expediencies. It seemed given over to conjecture and uncertainty, and was governed only by loose, empirical methods. Experience was said to be the mother of wisdom. Verily, in medicine, she had been rather a blind leader of the blind; and the history of medical practice was a history of men groping in darkness, finding seeming gems of truth, one after another, only in a little while to cast each back to the vast heap of forgotten baubles that in their day had also been mistaken for verities. What today was believed was tomorrow to be cast aside certainly had been the law of advancement up to the time of Hahnemann's discovery and promulgation of the homeopathic law of cure.

Nearly everything in medicine was shrouded in mystery or veiled in obscurity. There was scarcely a conceivable absurdity that men had not tested by experience and found, for a time, to be the thing desired. Bleeding, blistering, purging, mercurial salivation and kindred absurdities were indiscriminately and dogmatically practiced upon the unfortunate sick.

In those days if there was anything the matter with a man the doctors almost invariably let out his blood. Called to the bedside, they took him on the point of the lancet to the verge of the grave and then practiced all their art in trying to bring him back. One can hardly imagine how robust a constitution it required to stand the assault. Had it not been for the discovery of the homeopathic law of cure it is not at all improbable that physicians would still be bleeding their patients; for long after the old practice was found to be a mistake and the law of similars accepted as a truth hundreds and thousands of ancient doctors still clung to it, and carried around with them in one pocket a bottle of jalap and in the other a rusty lancet, sorry that they could not find another patient with faith enough to permit the experiment to be made again.

No body knew better than Hahnemann the extent of mischief wrought by the prevailing medical practice. He was an allopathic physician, as he would afterwards have termed it. He was right abreast of his time in the then dominant school, and prescribed for his patients *secundum artem*, according to art, as it was called. What art? What was the art of medicine at that time? It was, to quote one of its journals, "a jumble of inconsistent opinions;" or in the words of the famous Dr. Rush "an art that multiplied diseases and increased their mortality." So, we see, Hahnemann was strictly a "regular" physician, but was not content with this very good position in society. He believed it was the duty of the physician to heal the sick; and he saw with keen regret that the *secundum artem* method either failed to heal or made the patient worse.

Higher far than that of his contemporaries was the conception Hahnemann formed of medical practice. No man better than he understood the utter falsity of the theories and methods of his predecessors and contemporaries. His mind was bent upon the discovery of the real in medicine; hence it became necessary to work in a manner theretofore unknown. Nearly everything relating to the practice of physic was in a state of chaos and confusion. True, more than one earnest searcher after truth had perceived a glimmer of light through rifts in the dark clouds of mysticism and ignorance. A Haller, an Alexander, and others, had caught glimpses of the true way, but none had been found with power to penetrate the surrounding gloom and ability to reach the true therapeutic goal beyond until Hahnemann appeared upon the scene. With a mind stored with a wealth of knowledge and trained to inductive research, he began the great work of investigation by interrogating nature herself, carefully noting the relations of causes and effects, and endeavoring so to relate them as to avoid mere conjecture. Eschewing all the empty theories then in vogue he prosecuted the study of nature with diligence and precision. Feeling assured that in the harmonious adjustment of nature in which every molecule of matter is subservient to law mankind must also be confined within similar bounds he felt that in disease, as in health, law must reign. Sustained by an unbounded faith in the justness of his position he diligently sought such law, confidently believing that it must be amenable to the use of man. Impelled by such thoughts, Hahnemann communed with nature's works, studying her phenomena, that he might learn her ways. After long and patient research, by personal experiment and inductive reasoning, Hahnemann was enabled to evolve from the domain of doubt and uncertainty the great law of therapeutics, expressed in the symbol *similia similibus curentur.* Until the sway of this law had been acknowledged the practice of medicine had never risen above the inferiority of an empirical art.

Thus was born the science of therapeutics,—that is to say, the science by which medicines may be intelligently applied for the cure of disease, and not blindly as in the past. Today, after the lapse of one hundred years since its promulgation to the world, there is known to science no other promising method of applying medicines for the cure of diseases save the homeopathic—"in accordiance with which we select such a drug as will excite within the healthy human organism the greatest number of symptoms similar in character to those of a given case of disease, which drug will, when given in such case in properly potentiated and diminished doses, remove the totality of symptoms of this diseased state—that is to say, will remove the entire existing disease in a speedy, thorough and permanent manner, restoring health."

The homeopathic law of cure is one of the simplest and at the same time one of the most comprehensive of laws, and its very simplicity is in conformity with views but recently enunciated by investigators in other departments of scientific research. The infinitesimal quantities of drugs in some of the homeopathic attenuations have long been a subject of criticism by the opposing school of medicine. Those not skilled in homeopathic therapeutics often doubt, because they are unable to comprehend the fact, that very minute particles of drugs are efficacious in the cure of disease. As well might one doubt the existence or efficacy of the contagium of small-pox because he cannot weigh or measure that which enters the system to set up the disease. Where is the chemist who will presume to tell us how much in weight of the infectious principle of scarlatina it requires to set up this disease? The profound effects of imponderable doses of drugs in the cure of disease is no more wonderful than are thousands of other patent facts in nature. How much of substance of any odorous body enters the nostrils of one perceiving its fragrance? A grain of musk may continue throwing off particles for years, impregnating oceans of air, without perceptible decrease in weight. Is it illogical, then, to believe that minute drug atoms may also be capable of similar action within the system by developing a sphere of force that shall be fully as potential as the perfume atoms? Surely we have irresistible evidence in the great light of advancing science that in order to be powerful and persistent a substance does not require to be appreciable to the senses, and that the imponderable forces are usually the greatest—as witness the effects of light, heat, electricity, etc.

The paradox of homeopathy is that its very success in healing physical and mental ills tends to make unthinking people skeptical of its efficacy. A man is aware that there is something wrong with him, an ache, a pain, fever, nausea, something unpleasant, in short, he is ill, and he consults a homeopathic physician. The latter having observed his symptoms gives him a small dose of what seems to be nothing but a mild powder, or some sugar pellets. The patient goes his way and, generally, in a very short time forgets his unpleasant symptoms—his illness; forgets that he was sick, forgets that he called on the doctor (sometimes forgets to pay him); and when he recalls the occurrence concludes, too often, that "nothing ailed me after all." If only the medicine had burned his interior like the old time Thompsonian "No. 6," or had hustled his inner organs like an ordinary allopathic dose, or had done anything unpleasant to remind him that he had swallowed a dose of drugs, he would have had great respect for it.

Have you not heard of the great philosopher who once went mooning for one fixed provable fact, that no one could dispute, on which to rest his system? He lit upon the fact that "I think, therefore, I exist." No one, he believed, could successfully assail that fact. It was self-evident. Yet scoffers have disputed it; have said that the great philosopher got the cart before the horse—the cart being the thinking and the horse the existing.

Very little can be proven about disease or its cure, not even that a microbe is the original sin of disease, although this is supposed to be scientific. The fact, however, remains that thousands of scientific physicians have domonstrated at the bedside thousands of times to their own satisfaction and to that of their patients that diseases are cured by the adminstration of imponderable doses of medicine.

Another seeming inconsistency in the practice of homeopathy appears in the fact that some of its practitioners prescribe large doses of medicine. Homeopaths do not deny that cures can be effected by large doses of drugs. *Similia similibus curentur*, is the main law proved and supported by them. The question of the size of the dose is a debatable one. All that is maintained by homeopaths is that cures are made with imponderable doses. Even of the higher attenuation there always has been, and probably will be for a long time, a difference of opinion as to the size of the dose. Some practitioners prescribe the tinctures and thereby effect undeniable cures; others use the higher attenuations exclusively and likewise are undoubtedly successful. The sum of the evidence would seem to show that different individuals and diseases are differently influenced by drugs, according to their respective degrees of impressibility, and that the size of the dose is of far less importance than the similarity of the symptoms to those of the disease against which it is directed. "Diseases are often self-limited," or "the patient may not have had the supposed disease" are statements sometimes urged by unthinking people against the reliability of homeopathic cures by minute doses. Both of these statements may be equally used against all methods of cure.

It is gratifying, while contemplating the truths of homeopathy, to know that they are receiving continually increasing confirmation from the advance of science, as is evidenced by the steady increase in the number and standing of homeopathic colleges, hospitals, practitioners, and patients, and the rapid manner in which its teachings and remedies, together with their mode of preparation, are being pilfered and adopted by the allopathic school of medicine. Whether she admits its truth or not, it is an indisputable fact that the allopathic school is continually appropriating much of homeopathy without returning either thanks or credit. That homeopathy will eventually take the place of the old school practice is no longer a matter of doubt in the minds of those who have experienced its benefits. Nor is it reasonable to suppose that intelligent people who have had the opportunity of judging of the comparative merits of the two systems will subject themselves, or their friends, to the painful and often injurious means employed by old school doctors.

Niagara Falls, New York.

HAHNEMANN'S INFLUENCE UPON THE MEDICAL PROFESSION.

BY J. M. LEE, M. D., ROCHESTER, NEW YORK.

A century ago when Hahnemann announced his homeopathic principle therapeutics were most rudimentary and crude. Allopathic practices of those days may be aptly compared to "a tropical forest where growth was dense, wild and unrestrained, subject to no law and without order; in short, it consisted of a chaotic mass of theories and practices which had sprung up here and there along the highway of medicine, measured by its thousands of annual milestones, and which had been allowed to stand or fall as they could, until a dense entanglement ensued."

For fear that we may not, in these days of medical progress, realize what this crude system, or lack of system of medicine was, I will transcribe from a medical work of those days a single prescription for cancer of the uterus. "I would advise the use of the *balneum-semicupium* (a sitz bath of a decoction of many plants) to cleanse and soften the parts and open the lacunæ which are full of slimy mucus, and so expel it by means of emollients; and when the uterus comes by this means to a better condition, then I think it will be proper to strengthen it by the vapor of the fumigation A (five ingredients), thrown on live coals, which will presently mount up in smoke. The lady may receive it in a proper manner by covering it with her petticoats. She must likewise once a week, in the morning fasting, drink the purgative draught B (six ingredients), and at five o'clock in the afternoon take the gentle opiate C (five ingredients). The other days of the week she may swallow, thrice a day on an empty stomach, three of the pills D (eight ingredients), drinking each time an ounce of the mixture E, cold (five ingredients)."

Thus it is seen, this woman with a deadly disease was compelled to sit up to the waist in warm water, in which proper plants had been boiled, to expel the cancerous ichor by means of the so-called emollients and also take this blunderbuss prescription of twenty-nine vile and nauseating drugs. She succumbed shortly after this course of treatment was inaugurated, and the doctor was surprised as he had given her all the known remedies at once.

It is no wonder that Hahnemann, who as a boy was taught to think and reason for himself, when developed by the best education obtainable in his German fatherland, refused to accept such medical doctrine. Neither is it strange that when he announced his discovery his associates, classmates, in short, his entire school of medicine, sought to convince the public that his system was based upon an insecure foundation and that he and his disciples were visionary and incompetent.

Hahnemann was sneered at, persecuted and driven from city to city. An allopath wrote: "The author has seen in his forty years practice many systems of medicine pass like thunder clouds, and so, too, this homeopathic delusion will come to an end without it being necessary to abuse it." Another thought homeopathy was a mere fashion, and as soon as any other novelty occupied the general mind it would (to use his own inelegant expression) "evaporate in a bad smell."

Neither of these predictions proved to be correct; homeopathy was based upon a natural law. Its founder was a scientific physician who was willing to sacrifice all personal comfort, if necessary, for the establishment and perpetuity of the system of similia, which he believed would revolutionize medical practice. His success, as likewise that of his followers, was marvelous, and brought hundreds of converts from the old school. They worked in their new field with a zeal born of intense enthusiasm over the flattering results of the milder mode of cure. Homeopathy did not "evaporate," neither did it "go out of fashion," but it spread over Germany and other countries in an astonishingly short space of time. Everywhere it cured a much larger per cent. than the old practice, and that, too, without bleeding or any unpleasant methods.

The allopaths soliloquized: "The people like it, we did not invent it, and something must be done to check its progress." And so they changed their tactics; urged that homeopathy was contrary to results of experience; that it was criminal for its followers to allow patients to die without bleeding, "suffocated in their own blood." They exclaimed: "Voice of thunder! Crime!! Murder!!! The law should take cognizance of it."

A professional warfare arose which was scarcely surpassed in bitterness even by the relentless persecutions of Nero. The allopaths bound themselves together in associations; rigid codes of ethics were framed to shut out the homeopaths, and every medical man from the college professor down to the medical student holding views friendly to homeopathy was ostracized. An allopathic physician of New York City was expelled from his society simply for purchasing drugs from a homeopathic drug store. Bliss, of Washington, was excommunicated for serving on a board of health with a homeopath.

In those days the stiff-necked members of the school of "scientific medicine," as they are now pleased to have it called, would not notice on the street their own classmates who had discarded the allopathic practice, and often refused to recognize the laity who employed them. One would think from reading the history of those times that the vocabulary did not contain qualifying adjectives sufficiently venomous to characterize the homeopathic doctor or to express the deadly hatred the allopath felt for him.

Our school paid little attention to such treatment but studied the materia medica fervently, with a full consciousness of its necessity. The result was that ere long their success in practice created a public sentiment which gradually forced the old school profession to abandon its former attitude of out-spoken hatred and tyranny and to discontinue some of its pernicious practices. Finally, the more liberal minds among them refused to be bound by any code and consultations were frequently held by members of the unfriendly schools. The lives of Garfield and Beaconsfield were too valuable for mere professional jealousy to deter doctors from the employment of curative measures, let them come from whatever source they may, and the representatives of the antagonistic schools met in frequent friendly consultations over the illustrious statesmen, regardless of code, while two great nations approved and applauded. These and other similar cases served as signals for thorough agitation of the code question, and with the exception of antiquated fossils the old school has voluntarily laid it aside. So far as we are personally concerned it makes but little difference; it indicates, however, a marvelous change of heart—perhaps I had better say, change of attack. They no longer consider it expedient to insult the millions of the wealthy and more intelligent who employ the homeopathic system of practice.

The laity are aware of the superior results of our treatment, and the self-styled "regulars" know full well that no amount of anathematizing or Gould prize essays can influence them to disbelieve their own eyes and senses. Neither can they convince the laity that our school of practice is based upon a shaky or insecure foundation. They know that it is built upon a natural law which is as enduring as the law of gravitation, and that it has not been changed since given to us by the distinguished Hahnemann.

It is indeed amusing to note the different points of attack made upon us. First, we are not worth noticing, and homeopathy would die out like a "fashion" or "evaporate in a bad smell;" next, a professional warfare arose and when the smoke and fire of open battle died away they attempted to despatch us by means of state help. For a decade, which extended up to five years ago, they tried to legislate us out of existence under the pretext of raising the standard of medical education. We joined issues with them year after year and always came out victorious. Finally we determined to make a move for separate boards for the three schools; they joined us, and whenever a demand has been made for advancement we have gone them one better, and in New York, today, we have the best medical law in the country. It requires all students to have an education as a prerequisite to the entrance upon medical study equal to that of the graduate of a registered high school or academy, and this must be determined by the regents of the university and not the medical college. After this requirement, the student must study four years of nine months each before he can be examined for the degree of doctor of medicine. The law provides that at least six months of each year must be spent in attendance upon medical instruction at a regularly equipped college.

As the legislative scheme did not succeed they have formulated another plan of attack which is perhaps more formidable than any of the others. It is to absorb homeopathy without recognition of the services of any of its physicians. The pseudo-regulars ask us to drop "homeopathic" and then we can go into their societies, practice what we please and be just as good as they. Shall we do it? Shall we prove deserters and drop the work entrusted to our care by Hahnemann? Shall we give up the contest on the eve of victory? Or shall we march into the promised land like true soldiers?

Even if the old school were prepared to receive the trust, have we so far perfected the work assigned us as to say to them, "Here is a perfect materia medica, take it, go and cure all curable diseases." Are not the pathogenic effects of many drugs yet unknown to every therapeutist? Are not still other remedies only partially understood? Is there not plenty of work for the provers yet to do? I am aware of the great wealth of golden harvest already stored in our works on materia medica, but is not chaff mixed with the wheat to a great extent even here? Are not T. F. Allen and Richard Hughes, in short, the materia medica section of our glorious national body, aroused this centennial year as never before to winnow out the chaff? Is not the combersomeness of our materia medica, in part at least, to blame for the "empirical drift" or polypharmacy on one hand and the "repertory doctors" on the other? I am not reflecting on repertories, or those who make them their chief study; they are a necessity to the homeopath; but when one spends all his time studying them the sciences auxiliary to medicine must suffer. These physicians are very successful with cases coming under the law; but those coming within the range of other fields of practice are often irreparably neglected by misapplication of the law.

These errors, as stated above, are being corrected; and when this is accomplished, our system of medicine will stand out brighter and more certain than ever. We are not disposed to complain as it now is. The work already accomplished by us is simply wonderful; Hahnemann's influence upon the old school has brought them from the most crude and irrational practice to that which often closely resembles our own system. Even though we had done nothing more than teach them that their practices of a century ago were worse than no medical treatment, we should have rendered a service to the world which would have immortalized the name of Hahnemann and of homeopathy; for at the time Hahnemann made his discovery phlebotomy was resorted to for nearly every disease to which the human system is heir—cholera, pneumonia, fevers and even consumption. The victims of the lance were numbered by the thousand, to say nothing of excessive medication, polypharmacy, blistering and other barbarous methods. The basis of the old school—if it ever had any—has not changed; they are still without law or guide, wandering about ready to follow the latest theory or fashion, and when exploded to relegate it to their rubbish heap with the accumulations of the ages. Many of their cruel procedures, and much heroic dosing, have been abandoned during the last two decades. Up to that time their text-books contained here and there illustrations of drug action on the principle of similia, but they were not aware of it as a school. Some of their leaders, however, had keenness of perception sufficient to make the application, but not the honesty to give Hahnemann credit for his services to the profession.

Lauder Brunton, Phillips, and Ringer, of Great Britain; Strumpell, of Germany; and Bartholow, of this country, are their chief captains. These "great reformers" have unscrupulously extracted from our literature new points, new indications, new remedies, and palmed their plagiarized works off as revelations of pure original investigation. Their brethren enthusiastically receive these productions and regard them as great accessions to their therapeutical resources, mainly on account of the "new remedies" and their homeopathic indications.

Their medical journals also contain many new uses of old remedies, and although they seek to cover the sources of their information by their ingenious phraseology it is apparent to us all that homeopathic books have been freely consulted. The following excerpt from a long list of similar ones is a fair sample of old school homeopathy: "In the wheezing and cough of children with bronchitis good results may be obtained with tarter emetic, one grain to two pints of water, a teaspoonful every half-hour." In Hahnemann's time it was not uncommon for them to prescribe twenty to twenty-five grains of tarter emetic to the dose in pneumonia; now they are down to the 1-250 of a grain for children. This author, in his closing paragraph says: "Many troubles could be treated with small doses and benefited as much, and often more than to administer large doses;" and we would add—especially so provided they get their homeopathic indications as correctly as those by which they prescribe tarter emetic. "A diamond flashes the light none the less because the gem is stolen."

Two decades ago it was a crime for one of their physicians to purchase drugs from one of our pharmacies; now they can use drugs off the same shelves, even out of the same bottles, from which the homeopaths draw their supplies. The principal products of these institutions are "tablet-triturates" manufactured after our own decimal scales; they are received with acclamation the world over, and all their prominent physicians prescribe them.

One of the above pharmacists in his announcement says that the success which has attended this method of dispensing medicines in small quantities is due to thoroughness of division of the remedies, the quickness and ease with which they are diffused in water or the stomach, and their elegance and novelty of appearance. Quite a compliment for our method!. But where did they learn this? Is not the answer apparent, and the source about as thinly masked as Ringer's indications for the use of *Mercuric bichloride* in dysentery? We have used remedies triturated in exactly the same way as the above and prescribed them in powder form during the last century; now they moisten the triturate with alcohol, press it into tablets, and try to pass this process off as orignal with themselves, without adding a single important point. Why do they not have the frankness to at least give us credit for our homeopathic methods and to admit that much of their advancement is due to Hahnemann's influence? Many of them do appreciate the value of homeopathy but they will not acknowledge it; they prefer to absorb the work of Hahnemann and his school without giving us due credit, while a few "old timers" continue their former methods of warfare; they declare that we have not made a single important discovery or developed a desirable method, and that the new school is slowly but surely dying out. The *Medical Record*, even in the face of our unprecedented growth, says that homeopathy is a "social disorder which the United States is surely outgrowing."

This remarkable statement is characteristic of the non-homeopathic school, and contains about as much truth as most of the other things they say about us. Seventy-one years ago homeopathy was not known to the American people; now we have sixteen thousand practitioners, over six thousand of whom are converts from the allopathic ranks. These men have organized one hundred and forty-three splendidly equipped state associations and six national societies, including our American Institute of extraordinary strength. Our thirty-five ably edited journals and thrifty writers afford us the latest scientific research of the age, and stimulate a healthful growth. The one hundred and twenty-five well equipped hospitals afford abundant opportunities for thoroughly developing all the specialties of medicine. Asylums, dispensaries, and colleges too, have sprung up in every quarter of the globe. That our twenty colleges have done good work is shown by the grand reports that come to us from everywhere. With such training as our students receive nowadays it is no wonder that the most intelligent, most enlightened, and most wealthy people of the land flock to us. It is carefully estimated that two-thirds of the taxable property of certain cities of the United States is owned by patrons of homeopathy, and in others it is safe to place the public wealth held by citizens who employ homeopathic physicians at from one-third to one-half. The specialties which our school has taken up, and notably so during the last fifteen years, is a marked factor in this wonderful growth. Beside the earnest materia medica workers before referred to we have pathologists, gynecologists, laryngologists, ophthalmic, aural and general surgeons, as well as specialists in other departments. The phrase, "The homeopaths have no surgeons" or skilled workers in any other department of medical science, is no longer applicable to us.

What is the significance of this glorious army of special workers? Is it not that we shall cluster all the sciences auxiliary to medicine about the grand principle enunciated by the great Hahnemann, defended and developed by our forefathers, and march on from victory to conquest?

HOMEOPATHY IN ITS RELATION TO THE OTHER SCHOOL OF MEDICINE.

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The above title will give an opportunity to consider the real relation of old and new schools toward each other, and I will endeavor to view the subject from both standpoints.

First: Attention is called to the relation of the new school to the physicians and to the methods of the older school.

The policy of the homeopath has always been to treat his allopathic brother with every mark of courtesy that is due from one gentleman to another. The long-established, if unwritten, law still holds good, very plainly, to permit in our every relationship to him only one rule to govern, and that the "golden rule." It is a matter of record that we avoid disparaging remarks upon any and all occasions, as much so as in our conduct toward one of our own school. By this line of conduct we certainly in the days gone by have set a good example of civility, honesty and gentlemanly demeanor.

Surely this rule should be continued, and no matter what the provocation from them, we should never allow it to be said that we have done to them one thing, by word or deed, that could be taken exception to by the most punctilious gentleman.

When we come to consider our relation to their methods of curing disease the field widens materially. The unfixed and varying winds that govern their views of disorders of the physical system, and how to cure them, lead naturally to the steady introduction into their practice of novelties, which appear and become popular and as soon die in general favor and become obsolete. This constant change of method and procedure is, to be sure, somewhat bewildering to us who practice in allegiance to an unchanging law of cure, but still it can do us no harm to watch the rise and fall of their new devices which are so oft and loudly advocated and so soon fall into disuse.

In regard to their researches in pathology and bacteriology, we can and should listen respectfully and earnestly, ever ready to make practical application of the new truth as soon as well and firmly proven; but let us not make the error of accepting every device put forward before it has lived long enough to give evidence of a right to a permanent place.

In therapeutics we certainly will seldom be able to find new light from them, since our paths are so divergent and their tendency is so much to imitate our methods, rather than to originate from their lawless chaos of treatment anything that can advance our knowledge in safe and permanent lines of action. While all this is true, it should yet hold good that it is our duty and privilege to profit by all their researches and experiences and to apply them when we can, as we can, in the light of our own safe and unchanging law of cure.

In considering the reverse side of the subject, viz., the relation of the older school to that founded by our revered Hahnemann, a decidedly new range of facts comes into view.

The history of the now finished cycle of one hundred years can and does show us a somewhat different picture. It must in honesty and candor be stated that their attitude to us as physicians and men has been and is in striking contrast to our punctilious adherence to the known rules of forbearance, courtesy and honesty.

From the moment, almost, that Hahnemann proclaimed his new theories as to proving drugs on the healthy to learn their healing virtues he was ridiculed and persecuted. So, too, have those who adopted his cause from that time to this been the subject for butt and ridicule. To be sure, during the last third of the century the followers of traditional medicine have become more quiet and less outspoken in their conduct toward us than were the medical men of Germany when they almost drove our brilliant founder from one town to another, and finally were able to congratulate themselves that he had migrated to France.

Today all this is modified in outward appearance, since at least we have a recognized legal equality with themselves; but it must be confessed that the rank and file love us none the more than did their predecessors seventy-five years gone by. So plainly true is this that our legislative committees in every state in the union understand well that they must always be on the watch for bills which now and then are introduced in the legislatures, framed with a view to curtail our growth and our liberty of action. So, also, is it true in our individual experiences, that while the exterior conduct is generally smooth and affable when we meet them yet in many cases this guise is but skin deep and we must keep constantly watchful to avoid treachery. The code of ethics and the "golden rule" seem to have no application in their dealings with homeopaths.

Much might be written in discussion of the point as to how much good generally comes to the patient from consultation with the allopathic physician. Often it is done at the request of relatives of patients, and when done to decide a point in diagnosis, or surgical procedure, valuable results may and should come; but when the question is one of medicinal treatment the advantage is certainly little if any.

It is well known that in every state except New York the code of rules of old school medical societies does not permit consultations with us; also it is well known that the large city of New York brought about a different rule for this State. This, it is easy to see, was accomplished by pressure upon the society by the large army of old-school specialists in the metropolis, who would presumably be benefited financially by the opportunity to consult with us.

While all that has been so far stated is true in the main, it is also to be noted that numerous individual cases are seen where representatives of the two branches get along very comfortably and satisfactorily together.

This is all the more remarkable when one recalls that in most, if not all allopathic medical colleges, one or more lectures are given yearly in which, by tissues of false statements, the students have ground into them a hatred and contempt for Hahnemann and his followers.

Referring, finally, to the tendencies of the old school to the use of moderated doses of medicine and often doses chosen homeopathically, a very rich and interesting field opens to us.

A cultured and intelligent newspaper editor not long ago told me that his allopathic family physician had recently told him that homeopathy had done much to lessen the doses of their own system. He might have gone further and added that many of their prescriptions are distinctly in accord with the new system that "likes cure likes." For example: they have for years been using syrup of ipecac for producing nausea and vomiting; now they have made a great and original discovery, viz., that the same drug, if given in minute fractions of a drop to a child with nausea, will cure the same symptom of vomiting and nausea. In recording this strange fact they hasten to admit that they do not understand how it is accomplished, but whatever it is, it is not homeopathy. So too it has but just come to their attention that arsenite of copper in very small doses may be given a person with violent cholera morbus, and produce a cure. How, they know not, only it certainly is not homeopathy.

To observe their tendency to appropriate our truths without acknowledgment one need only to glance at Phillips' Therapeutics, published some ten years ago.

It is a well known fact that some of their men do read Hughes' Pharmacodynamics, and are willing to admit it.

Such a circumstance was recently related to the writer.

By way of summing up, it may with seeming truth be claimed that we aim always to speak of and treat the old school men with respect, and that our homeopathy is the same as when the Master mind left it for us. If some would claim that we have changed, by giving larger doses than some say Hahnemann employed, it is only fair to remind the critic that Hahnemann himself used low attenuations largely, and as low as do we. The one prerequisite for a homeopathic prescription is the selection of the drug according to our law; the size of the dose is optional.

On the other hand, the old school men still fall far short of treating us as they do their own men, and, meantime, are using our medicines in our own way, in unusually moderate doses, without acknowledgment, except in rare cases.

HOW DOES PATHOLOGY AID IN THE APPLICATION OF THE LAW OF SIMILARS?

BY W. A. DODS, M. D., FREDONIA, NEW YORK.

It would almost seem to be a work of supererogation at this late day in the history of homeopathy to take any time in showing that a knowledge of pathology forms and always has formed a necessary part of the armamentarium of the homeopathist, were it not for the fact that in these days of discovery, when an almost entire change has taken place in our views of disease causation, it is well for us to keep the law, and particularly the great facts underlying the law, well in mind; and, also, for the further reason, that some of "our friends the enemy" seem still to insist upon threshing over again the old straws of misstatement and vituperation, forgetting apparently that by so doing they are only making themselves proper subjects for the kindly offices of the gentleman who is supposed to do his work on the first of April.

It is not the purpose of this paper to discuss the law of similars, either as to its truth, falsity or limitations, for here its truth will be assumed, but simply to show as concisely as possible that a knowledge of pathology is a necessity in order to its best and most certain application.

At the very foundation of the application of the law of similars lies the proving of drugs upon the healthy; indeed, without the knowledge thus obtained it would be impossible to apply the law at all. This proving of drugs is, however, nothing more nor less than the production of artificial or drug diseases, by the study of which and by comparing them with natural diseases (if we allow the term) we are enabled to make our prescriptions.

Disease being a "failure or perversion of normal physiological action, either in the material construction or functional integrity of the living organism," it would seem to be plain that in order to properly and thoroughly compare drug diseases with those produced by other causes, be those causes what they may, we should know not only the external evidences of the disease, the symptoms, objective and subjective, but also any tissue-changes which may be present; and it would seem to be just as important that we should be familiar not only with the symptoms produced by a drug but also with any tissue-changes which it may be capable of producing.

While it is readily conceded to be perfectly true that the aggregate—the totality—of the symptoms is a sure index to the proper remedy, yet is it any more wise to prescribe without taking the pathology, where it is known (and it is devoutly to be wished that it was oftener and better known), of both disease and drug into account, than it would be to form a diagnosis by the same method? I think not. Symptoms, both objective and subjective, are the indices, the signboards, which enable us to trace the disease-process back to its site; a knowledge of pathology assists us in weighing those external indications and giving to each its proper amount of importance; it has also shown us that certain conditions which were once considered as diseases are but symptoms, and in this way has aided in forming a correct diagnosis, which would neither be so easily done nor so likely to be accurate if made upon symptoms alone unaided by pathology.

It is in the same way that pathology helps us in the selection of the remedy. Wherever cases of poisoning or experiments upon animals have made us acquainted with the organic lesions produced by any drug we have thereby gained an insight into the sphere of action of that drug, which is not only invaluable but which it would be hard to conceive of our obtaining in any other way. It is from such sources as these that we gain the information which enables us not only to compare symptom with symptom but, also, lesion with lesion.

One example will be sufficient to make clear the point sought to be brought out. Take the record of cases of phosphorus poisoning and compare not only the symptoms but also the lesions found after death with those of acute yellow atrophy of the liver and the picture of a perfect similimum will be before you. Would this picture, let me ask, be so perfect, or, better, so positive, were the pathological lesions omitted from either side?

It may be objected that this is the most perfect example of correspondence between drug and disease that could have been selected from the materia medica; what of it? Would it not be a consummation to be wished, and is it not an object well worth working to attain, to so increase our knowledge of our drugs that they will all show equally perfect pictures of some disease?

SOME OF THE SIGNS OF THE TIMES.

BY C. E. WALKER, M. D., WEST HENRIETTA, NEW YORK.

Looking back through the years of the century that is now drawing to a close, and from the signs left here and there in the march of time, we may read much of its progress, its successes and its failures. The poet tells us we should count time by heart throbs, feelings, human progress and events, not by figures on the dial. The close of the nineteenth century is bristling with events. It is putting the limitations on certain lines of progress and opening up a wondrous vista in others.

Every science and art seems to have had periods of advance, rest and relapse; more than this, some seem to have reached, speaking temporarily, perfection. In painting and sculpture the masterpieces of Angelo, Raphael, Titian and Rubens have never been surpassed, if equaled.

In architecture the Ionic, Doric, Corinthian, Tuscan and Composite are models, and novelties consist merely in new combinations. In music Beethoven, Mozart, Bach, Hayden and Handel seem to have given every possible principle and style, leaving examples in every class which have not been exalted. In literature the works of Homer, Virgil, Milton and Shakespeare stand as types of perfection for all ages. In each of these we find the advance and perfection, the result of an overwhelming interest, an intensity of purpose, an exaggerated fashion sometimes amounting to a mania.

The church of Rome in its zenith of wealth and power became a vast building association and thus a very nursery of the building genius. When these palatial temples needed adornment Rome became the mother of art, and today we call the works of that period masterpieces. Philosophy has lived almost entirely in the systems of Aristotle and Bacon; and mathematics and logic may be said to be in a state of rest.

But if we cannot cope with the past ages in art and literature we are far in advance in mechanical inventions. Mechanics and many of the sciences have made prodigious strides in progress and are ever moving on to a broader and higher place of usefulness. Mechanical ingenuity is one of the wonders of the age. It was only seventy-five years ago that Stevenson presented the idea of traveling by steam. He thought he could safely reach a speed of twelve miles an hour; the idea was scouted and laughed at, as one of the impossibles.

Last October a train ran into this city of Buffalo from Chicago at an average time of sixty-five miles an hour and attained the phenomenal speed of ninety-two miles per hour over a short portion of the distance. Yet mechanical experts tell us that steam has about reached its limit. Electricity must take up the march of progress and carry us into realms unknown.

There is scarcely a relation in life that is not seriously affected by the question of rapid transit. Our mode of transportation has developed from the floating buoy to the horseless carriage. Rapid movement by individual direction is wondrously destined to revolutionize our methods of living, and, unfortunately, to increase the tendency to disease, especially of nervous disorders.

Dr. Talcott, in his last report of the Middletown State Homeopathic Hospital, says that during the last few years he has noticed a tendency to an increase in melancholia. As one of the causes he says: "The inventions of the present age are responsible for some of the mental despair that prevails in the community and the nation.

"The steam engine, the telegraph and the telephone are some of the modern means for rapid transit and quick communication. All these form an aggregation of causes that tend to intimate association and close relationship between tho otherwise isolated nations of the earth. This constant mingling with or hearing about others begets similarities of purpose and feeling. Rapid transit contracts the swelling stateliness of the earth and this contraction leads to such a narrowing of the dimensions of the globe that intimacy with all its parts becomes possible. Sometimes all the pleasures of the earth are tried and found wanting and then subsequent existence leads to ennui and melancholy."

Medicine is among the few sciences, though ever moving, which have never yet gone beyond the stage of probability.

Let us look at some of the signs of its advancement.

Medicine is not an exact science. It is built up of theories and these are sustained by experiment and observation. It has usually been called the most liberal of all the learned professions. In its early days it certainly merited that reputation, for among the ancient pagans medicine and philosophy marched side by side. Physicians were the wise men, they cultivated the sciences of the East and sent them broadcast over the West. The works of Aristotle, the father of philosophy were preserved by physicians. Dean Millman says that the philosophy of Aristotle under the escort of medicine subjugated in turn Islam and Christianity. If this is true it is also true that the progress of science and medicine received a severe chock in the rise and spread of Christianity and a corresponding decline of Greek culture and ideas. The diffusion of the new faith was followed by intellectual darkness; mental slavery was substituted for freedom of thought and opinion. The love of truth was supplanted by the love of mysticism. Medicine left its high plane of scientific basis and descended to the Egyptian jugglery of fanaticism, superstition and witchcraft. Charles Kingsley, in his historical novel of Hypatia, vividly sets forth the scenes and actions of this period. Religious fanaticism coupled with the bigotry of ignorance reigned supreme; the beautiful and highly cultured Hypatia was literally torn limb from limb by a mob of wild beasts who thought themselves Christians. The scientific mind could but sympathize in this general tendency, and became imbued with a love of discussing questions equally captious and trivial.

Dogmatism is thus an infection which science imbibed from theology. Professors of medicine, following the pious example of their theological brethren, devoted themselves to theories instead of discoveries.

The liberal tone of medicine soon gave way to captious criticism and idle speculation. If the monks possessed the keys of heaven physicians were anxious to obtain the elixir of life. Theories of disease and theories of medicine sprang up in all directions. Theories that seemed to be established beyond question by one generation were kicked over as trash and nonsense by the next. Every new idea and theory advanced was looked at with scorn and derision. It was assailed on all sides until it either sank beneath the sea of opposition and became a thing of the past or survived the ordeal and became a living truth.

That we have men who have laid down principles that have stood the test of time and the storm of opposition upon which the whole science of medicine rests is evinced from the noble works of Hippocrates. He trod the narrow path of genius and laid down broad principles of scientific research that centuries have not overthrown. Vesalius with stout heart and firm step trod this way and found that it led him to the gibbet, thence to rescue anatomy and make it a science in spite of the howls of a superstitious community. He gave that intensity of thought to anatomy that Angelo gave to his sculpture or Raphael to his painting.

William Harvey avoided no ascent, however difficult, gaining one at last which threw open to clear vision a new world, setting at naught many false theories and misconceptions of the internal structures of the human body and the function of the vital fluid. He was persecuted for his opinions until the day of his death, and brought upon him the odium of the whole medical profession to such a degree that for a long series of years medical students, before they could obtain their diplomas, were obliged to swear to their disbelief in this medical heresy.

Here strove John Hunter, proving for the first time in the history of the intellect that genius may be the mere child of industry. With this same concentration of thought and oneness of purpose labored Samuel Hahnemann, until he had planted the germ of a therapeutic principle and by his patient, persevering toil conferred upon suffering humanity the basis of a system of therapeutics that is founded upon a truth as certain and unchangeable as is the discovery of Newton's law of gravity.

A century ago Hahnemann promulgated the law of similars as a principle of drug action upon the human body. It was assailed and scorned by the medical mind, yet the public soon learned its virtues. While he was scoffed at by his colleagues with all the reproach and opprobrium that the most inveterate rancor could invent patients flocked to him in crowds for relief. The new idea prospered and so did Hahnemann. The reformed school of medicine was founded upon a truth, and truth cannot be killed. It may be assailed, trodden into the dust of opposition by hate and blind fanaticism, but it will not down. "Truth crushed to earth shall rise again," is as true as it is old.

All great questions or new ideas must pass first opposition, then discussion, and finally adoption or rejection. If truth be the corner stone adoption must come. Hahnemann's therapeutic principle could be demonstrated as easily as a problem of Euclid. His opponents did not know anything about the homeopathic principle, nor were they willing to learn. This same species of bigoted intolerance has been manifested in later days, as is nicely illustrated by a statement I heard an old school college professor make not many years ago: "I don't know anything about the so-called homeopathic law, nor do I want to know anything about it; but I do know that certain drugs in minute doses will cure a chain of symptoms that the same drug will produce in large doses." He admitted the fact but would not entertain the principle.

Men willing to think and investigate became convinced that there was an underlying principle in drug action that would bring system to the therapeutic chaos. Adherents flocked to the Hahnemannian standard; a reformed school of medicine was organized and received legal recognition from nearly all the countries of Europe. Its progress in this country has been most rapid. The reason is evident. America has been the asylum for all new ideas and all new departures. It is the cradle for liberty in thought and liberty in action and the hotbed of progress.

The signs of the times point to the homeopathic school as a therapeutic school. The time was when this term was eminently appropriate and it is today in a certain sense. The generations of physicians of the reformed school that have passed away did give their whole attention to developing Hahnemann's principle to the neglect of all the collateral branches of medicine. Drug provings and the remedy indicated by the totality of the symptoms were the thoughts uppermost in the minds of the profession. Physiology, pathology and the history of disease were secondary matters.

The pendulum of symptomatology swung so far in the minds of many of the foremost of our school that we merited much of the ridicule that was heaped upon us by our opponents.

I was told by an eminent professor of materia medica in one of our foremost homeopathic colleges less than twenty years ago that if a man was well grounded in Jahr's Materia Medica and Clinical Guide he would be well equipped for the practice of medicine.

Surgery was not thought of except in extreme cases, The indicated remedy would do more than the knife, as I was led to believe by hearing a doctor from a Western city report the positive cure of an ovarian tumor of enormous size by *Apis mellifica,* in the 30th potency.

The pendulum is swinging back and the responsibility of its swinging too far lies with the homeopathic profession of today. In surgery we stand abreast of the times. No better work can be done than does our Helmuth of New York, Willis of Brooklyn, VanLennep of Philadelphia, Lee of Rochester, Wilcox of Buffalo, Wood of Cleveland, or Fisher of Chicago. Our specialists in their various departments are doing a work of which we are justly proud.

Our hospitals cannot be excelled in point of completeness of outfit or in the results obtained. Our colleges are thoroughly equipped. Histology, pathology and bacteriology are now considered essentials and not novelties. We have been among the foremost to demand a higher medical standard in medical colleges, and Dr. Wm. H. Watson, of Utica, —one of our prominent men—has but recently made a vigorous protest against the Stanchfield medical examination bill, which tends to lower the standard of the preliminary examinations to medical schools.

In public health and hygiene we take a prominent place, and it will be but a few years before the reformed school of medicine will have an equal footing with the old school in the army and navy.

With all this advancement and progress are we losing sight of the distinctive feature of our school? Are we doing as much for the advance of the science of therapeutics as we are to push forward the collateral branches of medicine? Are we neglecting our materia medica and sinking into the easy rut of routine prescribing? Have we no Hempels or Herings or Dunhams or Farringtons in our ranks of today? Our system of therapeutics needs constant study; there is much pruning to be done, much chaff to be winnowed. We want scientific medicine coupled with scientific homeopathy.

The signs of the times lead us to expect greater results from our various societies in the future than we have even had in the past. The profession at large are becoming more interested in society work. In organization there is power. All general progress in our profession must come through society work. The stay-at-home and no-membership doctor is a doctor in trade. He earns a living and dies as he began, merely a doctor for the fees he gets. He is like the sutler of an army, he is looking for the dollars but not for the victories.

The American Institute of Homeopathy is our national society and fills its place. It carries all the dignity of the profession and records all advancement in our school.

Our state society is our society of legislation. Its meetings are becoming less scientific and more parliamentary. Its officers and committees keep an eye on the law makers and a finger on the popular pulse. It is through them that we have our Middletown State Hospital and a separate medical examining board, and it is through them that we look for a Collins Farm Hospital, and constant aggressive work all along legislative lines.

To our society, the Western New York, with its quarterly meetings, we look for results fraternal and scientific. Frequent meetings make better friends. We come to know each other better and cement friendships that shall be life-lasting. Our opportunities, scientific papers and discussion are undisturbed by extraneous matters that necessarily detract from the interest in more pretentious bodies.

Our membership numbers a hundred and a half. It should be doubled. Western New York is a stronghold of homeopathy and physicians residing in this territory should be alive to their responsibility. The century that will soon dawn upon us is promising to all progress. The burden is upon us as a medical profession to push medical progress and as members of the homeopathic school it is for us to make scientific therapeutics scientific homeopathy.

West Henrietta, N. Y.

HAHNEMANN CELEBRATION IN BOSTON.

BY H. O. SPALDING, "THE CLUNY," BOSTON.

"Hahnemann deserves many centennials and he will probably get them," said an editorial in the *Boston Journal* a few weeks ago, and certain it is that every follower of the great teacher and student was in full accord with the sentiment. Even then elaborate preparations had been made and were being made for a centennial festival under the auspices of the New England Hahnemann Association, organized more than a year ago for the purpose of substantially aiding Boston University School of Medicine as necessity demands and occasion offers.

Having decided to celebrate, the next question to be considered by the association was the way in which to celebrate. Since philanthropists of this country think that the care of the spiritual part of man and the making and breaking of laws are more worthy objects to be fostered by their money than the care and healing of the sick, they have taken pains to give endowments to theological and law schools rather than to medical schools. Therefore the large majority of medical schools are reduced to a condition of self support and struggling poverty, and Boston University Medical School is no exception to the general rule. This school has always been in the vanguard of the progressive colleges of the country and has helped to set the pace in the rapid rush of medical education, toward a more scientific basis, toward an increase in clinics and in laboratory work, toward a higher plane of perfection that has been the rule during recent years. But the time has come when fees from the students are not sufficient to provide for the needs of the well-equipped laboratories or the ever growing clinics, and fully recognizing this condition of the school the New England Hahnemann Association decided to celebrate in a most substantial way, that is, to celebrate in such a way as to raise money for a permanent endowment fund for the medical school.

Preliminary to the big centennial festival the Association held its second annual meeting and reception at the college building on January 13. On February 14 a special meeting was held, the centennial festival fully decided upon and entrusted to a special committee of arrangements, consisting of Drs. John H. Payne, George B. Rice, Winthrop T. Talbot and William F. Wesselhœft. Under the guidance of this committee plans were considered and put under way, details arranged and the thousand and one things incident to such an enterprise were all systematized and accomplished, with the result that on April 6, a well appointed, profitable and entertaining festival was inaugurated at the Boston University Medical School.

As for the festival itself, there was a bewilderment of attractive and useful articles for sale, and so many instructive and entertaining exhibitions were offered the visitor that one hardly knows where to begin.

Entering the main building, in the room at the left was an exhibit from the Narragansett Machine Company, consisting of photographs of gymnasiums fitted out by this company; also ranged along the walls were chest weights, variously patterned dumb-bells, clubs and more complicated machines for exercising special sets of muscles. Some of these last appliances were uncomfortably suggestive of instruments of torture used during the middle ages. In another part of this room were tables covered with physiological and electrical apparatus,—resistance boxes, switches, galvanoscopes, cardiographs, sphygmographs and various other scientific graphs. Other tables held bottles and boxes of drugs, medicinal plants, and preparations. This room was in charge of students, who explained matters to the mystified but interested members of the laity who entered.

Coming out of this exhibit the visitor crossed the hall and entered darkened rooms, where he found himself in the presence of that mysterious, all-seeing power, the X ray. Under the guidance of Mr. Griffith this new and strange "animal" was put through its paces and made to exhibit its wonderful powers. In one of the rooms Mr. F. F. Strong exhibited his projection apparatus with which he throws, by means of a peculiarly powerful oxyhydrogen light, various microscopic objects on a ground glass screen where they appear distinctly and magnified some 15,000 diameters. This apparatus was constructed by Mr. Strong, a student working at the school, and during the week he showed in this way the circulation in the frog's foot, blood corpuscles of man and animals, organs and appendages of insects, microscopic vegetation, bacteria and other minute objects.

In leaving this building the visitor went down stairs to the basement, there passed through the lunch room, where those working in the bazaar could get their meals, and ascending a short flight of stairs found himself in the new building. On the ground floor the large physiological laboratory had changed its appearance and was now a cooking school, lecture room and restaurant. In the adjoining room was an exhibit of sterilizing apparatus and scientific cooking appliances. In the large room on the second floor the long rows of narrow tables with their glittering bell-jars and microscopes had given way to wider tables draped with white cloth and festoons and heavily laden with useful and ornamental articles, from plain aprons up to large dolls, with a complete trousseau on the children's table; then in one corner was the candy table, and in another place was the flower table. The ladies from neighboring towns took charge of different tables, and here were the East Boston, Natick, Cambridge and Providence, R. I., tables.

On the third floor one usually finds the library, but in its place are long tables bountifully supplied with articles which made the "pennies burn a hole in the visitors' pocket," and behind these tables were nurses from the Homeopathic Hospital, in their blue dresses, white caps and aprons. This was known as the hospital table, and proved one of the most profitable, turning over some eight hundred dollars to the treasurer. In a small room adjoining was the "Old Oaken Bucket," where a true bucket was pulled up from a mimic well, containing not spring water but bottles of ice cool refreshing drinks, which were much in demand after visiting the hot, crowded rooms. The reception room of the college societies was on this floor but was devoted to the table of the ladies society of the school. Here was "The Gregory," a soda fountain, from which "fizz" was drawn by some of the young women of the college, and in another corner some of the new students, not willing to be outdone by the women, had set up in the grocery business and were carrying a profitable business in first class goods at the lowest prices.

The top floor is usually occupied by the Pathological laboratories and museum, but during the festival the children had full sway. Here was one of the most unique features of the fair, "The Children's Paradise." There were candy tables, a pop-corn booth, and such inducements for children to part with their money, and in the large room was a Punch and Judy show to be laughed at. Here there was a regular menagerie; there were monkeys to be fed, a racoon, a "Happy Family," composed of a dog, guinea pigs and rabbits, cages of song birds and parrots, a duck pond, a frog pond, and other things equally attractive to the youngsters.

The visitor carried away with him an impression of hunting, garlands, electric lights and music.

The bazaar was far from furnishing the entire attractions, for the large chemical lecture room and the amphitheatre were both fitted up for giving entertainments of various kinds.

On Monday evening an entertainment of magic and music, both instrumental and vocal, was given by some of the best amateurs in the city.

On Tuesday Mrs. Mary A. Livermore gave an interesting lecture, entitled: "A Plea for the Unborn." This was under the auspices of the Homeopathic Medical Society of Massachusetts.

The next evening was devoted to physical culture, and the talks by eminent instructors were illustrated by class and individual drills and exercises. Dr. Dudley A. Sargent, director of the Hemenway Gymnasium, Harvard University, took for his subject, 'Gymnastic Training for the Weak and the Strong." He talked very entertainingly and showed the advantages and different forms of training for those who are not athletes as well as those who are. Since no evening devoted to physical culture could be considered complete without giving some time to the physical training of modern women, Miss Mary E. Allen, the head of the Allen Gymnasium for Women, explained her methods and aims. Lastly, Mr. Roberts, director of the Y. M. C. A. Gymnasium, gave a demonstration of his system. His part was very similar to that given before the Boston Homeopathic Society a few months ago.

Thursday evening brought a continuance of the same subject, Mrs. Charles W. Emerson first giving a class demonstration of the method of physical culture used at the Emerson School of Oratory. This was followed by an exposition of the far-famed Swedish method and movements. To end the evening, Mr. German F. Hoffman brought a class from the B. Y. M. C. U. gymnasium, and gave an interesting illustration of his methods. Thursday was the banner day for entertainments, since, besides the evening of physical culture, during the day the members of the Brookline Charity Club gave some Gibson Tableaux, presenting a dozen or more of that artist's most popular cartoons. The music for this entertainment was furnished by Miss Wesselhœft, a daughter of Dr. Conrad Wesselhœft. In the afternoon of this same day a lecture entitled, "On the Trail," was given by Capt. S. E. Howard. This dealt with that subject, ever-fascinating to the Eastern mind, cowboy life and cattle herding on the Western plains.

During the week Miss Daniell, of the New England Kitchen, gave series of five morning talks and demonstrations on the preparation of food for the sick and young. In this same line Mrs. Mary J. Lincoln gave a course of five afternoon lectures and demonstrations on the cooking of delicacies and odd dishes in that appetizing way that only the author of the Boston Cook Book knows how to do.

Such is a brief and inadequate account, in the main, of the Hahnemann centennial celebration in Boston; but it is not all, for there have been several gifts to homeopathy in Boston which are in the nature of a celebration, as they show the evident favor in which Hahnemann's followers are held and the power that they have. There was the gift to the hospital, and the gift from the city of a site for the nurses' home, and the action of the city government in asking why homeopaths could not have a share in the city hospital, while for the future a dramatic entertainment is to be given, in a down town theatre, for the benefit of the scholarship fund of the Medical School. The play to be given on May 21 is "Sweet Lavender," the cast being made up of members from the professional ranks in the city.

NEW YORK HAHNEMANN ASSOCIATION CENTENNIAL MEETING.

By J. Perry Seward, M. D., 118 W. 85th St., New York.

The centennial of homeopathy was celebrated by the profession of New York and vicinity by the inauguration of a movement designed and destined to bring a new era of harmony and enthusiasm to its metropolitan adherents, the establishment of the Hahnemann Academy of Medicine.

The meeting was held in Carnegie Chamber Music Hall, on the evening of Hahnemann's birthday, April 11th. On the platform, besides the officers of the association, were Drs. T. Y. Kinne, W. T. Helmuth, W. M. L. Fiske, L. D. Wilder, L. Hallock, E. H. Porter, H. M. Dearborn, A. B. Norton, and J. B. Garrison.

After the rendition of a Nocturne of Chopin by Mlle. Torrilhon, President Deschere introduced the orator of the evening, Dr. T. Y. Kinne of Paterson. His Centennial Oration was an eloquent summing up of the career and character of the founder, and was warmly received. A Centennial Poem by "Our Helmuth," depicted in his well known style the present eminent position of homeopathy and its future triumph.

Several selections by the Ladies' Mandolin Club followed. The important business of the evening was introduced by Dr. E. H. Porter. After alluding to the comparative stagnation in the school in New York, when compared to the enthusiasm and prosperity in several other communities, he pointed out that the condition could not be remedied by an appeal to a sentiment merely. The Hahnemann Association, if it is to accomplish anything, must have a practical work, whereby the faith that stirs within us shall give evidence of its life and existence. He announced that there is proposed the erection of a Hahnemann Academy of Medicine, for the use and advancement of the homeopathic profession and the benefit of the public at large. It is designed to be a home for homeopathy. Its lecture rooms, library, reading rooms, and assembly rooms will furnish a centre of action. Its establishment and maintenance will concentrate energy, combine enthusiasm, put an end to factional feeling, and strengthen our power to move public opinion.

The following resolutions were read by Dr. H. M. Dearborn and enthusiastically adopted:

WHEREAS, A century has now elapsed since Hahnemann ennunciated the only symmetrical and scientific principles of therapeutics which have stood the test of time, and even of indifferent application, because founded on the observation of natural phenomena, and.

WHEREAS, The introduction of these principles into the science and art of medicine has added in untold measure to the welfare, comfort and happiness of the human race, past, present and yet to come, and

WHEREAS, The accurate observations and philosophic inductions of Hahnemann have led the vanguard of modern scientific research in the study and demonstration of the mighty forces resident in infinitesimal and imponderable matter, both in relation to cause and effect, and today continue to harmonize with the progress of the age looking to the prevention and cure of human ills, and

WHEREAS, Familiarity with and practical demonstrations of these truths have nearly always bred conviction in the unbiased mind, and proved anew that knowledge is the only true foundation for science, practical art and enduring faith, and

WHEREAS, There are centered in and about this empire city of the western continent greater interests, wider and more far reaching influences, and a large number of practitioners and patrons of the new school of medicine than in any like extent of territory the world over,

Therefore be it

Resolved, That it is eminently proper that the Hahnemann Association, founded to do honor to the memory of its renowned namesake and to emphasize its profound appreciation of a great epoch in medicine, should rededicate its purpose, influence, and continued efforts to the establishment in this great medical center, destined at no remote period to be the peer of all cities of all lands and climes, of an institution around which may cluster all the single and collective interests of the school, and which in turn may give support to all our educational and public organizations.

Resolved, That the requisites for the success of such an undertaking are a large professional and lay membership, incorporated as a permanent society, ownership of a suitable building containing a library, reading and assembly rooms, to be forever free to the members, and under proper regulations to the general public.

Resolved, That the foundation of an institution which may be called the Hahnemann Academy of Medicine, would not only accomplish the original objects of the Hahnemann Association and be more enduring than annual banquets or monuments of bronze, but would also tend to further perfect the science and art of liberal medicine, redound to the honor of the profession and the beneficence of mankind.

Dr. Helmuth gave the plan his hearty commendation, and Dr. Fiske expressed the good will of the Brooklyn profession.

Dr. A. B. Norton announced as the first step to be taken the securing of a large lay and professional membership and proposed a plan for this purpose. The proposition was endorsed by Drs. Shelton and Doughty. Dr. Doughty laid stress upon the power of such an organization to gain recognition from the public in any enterprise of value to the school. The subject of raising funds for the academy was referred to the executive committee with instructions to report at the November meeting.

HAHNEMANN CENTENNIAL AT PITTSBURG.

BY H. BALLOU BRYSON, M. D., PITTSBURG.

The Hahnemann Association of Western Pennsylvania was conceived at the county society meeting no longer ago than March the 13th; it was born, christened, and had its guardians appointed at a popular meeting at Carnegie Hall only a few weeks ago. At that time it was decided to give a banquet on April 10th, to commemorate the one hundredth anniversary of Hahnemann's announcement of the law of cure, and the one hundred and forty-first anniversary of his birth.

In this short time the association has mustered a membership of two hundred; and at this, its first annual dinner, one hundred ladies and gentlemen sat down. This dinner was given in the beautiful theater of the old and aristocratic Pittsburg club. The details and appointments were all excellent. The stage was set with a profusion of potted exotics, behind which the orchestra was stationed; the theater was tastefully decorated with the flags of all nations, typifying the broadcast sway of our now one-hundred-years-old law; the tables, arranged in U-shape, were decorated with the choicest flowers to be found in the city having the finest and largest conservatory in America; while, conspicuous among all were a life-size bust of Hahnemann, and Sculptor Niehaus' models of the Hahnemann monument and statue.

The committee to be congratulated on the eminent success of the occasion consisted of Dr. W. W. Blair, Mrs. J. H. McClelland, Miss Willard, Miss Metcalf, Mr. John M. Ferguson, Dr. E. R. Gregg and Mr. H. S. Paul.

The dinner was concluded at 10 o'clock, when the aftermath, "the feast of reason and flow of soul," began. Mr. Wm. Metcalf, president of the board of trustees of the Homeopathic Hospital, was introduced as toast-master, and proved a happy selection.

Letters of regret from Gov. Daniel H. Hastings and Congressman John Dalzell were read.

Spicy, entertaining, and enthusiastic responses were made as follows: "A City's Welcome," by Hon. H. R. Ford, mayor; "Honor to Men of Science," by Mr. J. A. Brashear, our world-famed astronomer; "Hahnemann, the Scholar," by Dr. J. C. Burgher; "Medicine and the Commonwealth," by Lieut Geo. Lyon; "Hahnemann, the Physician," by Dr. C. C. Rinehart; "Hahnemann, the Leader of a Great Medical Reformation," by Dr. J. H. McClelland; "Advancement of Science a Nation's Advantage," by Gen. James A. Beaver, judge of Superior Court and ex-governor. This was concluded at 11:45.

And so ended a fitting tribute to the memory, life, and labors of him who was at once an originator and a reformer,—who founded an original system of therapy, and compelled the reformation of the then existing system.

HAHNEMANN CELEBRATION AT DETROIT.

BY D. A. MACLACHLAN, M. D., DETROIT.

The vitality displayed by homeopathy in Michigan during the past forty years has excited the wonder and admiration of careful observers. Laboring against almost overwhelming odds and almost unsurmountable difficulties, harassed by foes without and within, and all but ground to earth time and again, the profession of this state has risen and girded herself and gone hopefully and sturdily forward again.

A year ago was perhaps the darkest time in our history, but when the clouds hovered in ominous darkness the courageous profession of Michigan concentrated their efforts and by a determined onslaught upon their foes won a more decided victory than any previously achieved. That victory is being followed up closely, and point by point the lost ground is being recovered.

When it became known that the American Institute desired to come to the succor of Michigan and to celebrate the centennial of homeopathy at Detroit the veterans of the recent war promptly undertook to welcome and entertain the national association, notwithstanding the fact that that they had hardly yet recovered their breath and regained their strength from the struggle that had occurred at Ann Arbor and the hard-fought battles contested in Lansing before the legislature. It cannot be gainsaid that the near approach of the American Institute meeting has had a salutary effect in awakening the profession of this state to the interests of homeopathy, and as the anniversary of Hahnemann approached there grew a zeal prompting its celebration in some suitable way. At a meeting of the Grace Hospital staff it was suggested that a committee be appointed to devise a suitable celebration and report at a meeting of the general profession a week later. At this meeting it was decided to make the occasion a social one and to set a "Hahnemann Dinner," with the usual accompaniments. The staff committee, consisting of the writer, and Drs. Miller, Sterling, Orlemann and Stevens, was continued for the purpose of completing arrangements, and on the evening of April 10 a large number of the profession of the state met in social relation at the Russell House.

Very few of the Detroit profession were absent and the following members of the profession from over the state graced the occasion by their presence: Drs. Folsom, A. J. Hayward, J. S. Hayward and Lenfesty of Mt. Clemens; Sinclair of Grand Rapids; Saxton of Jackson; Hinsdale, Copeland and Fowler of Ann Arbor; Wilson of Cleveland; Rachel Davidson of Flint; D. M. Nottingham of Saginaw, and Levenway of Battle Creek.

An informal reception was held in the parlors. A handsome model of the Hahnemann monument, to be erected and dedicated in Washington next year, stood in the middle parlor and was greatly admired. That this project, begun in 1892, should have been so cordially supported, and that the success of the enterprise should be so certainly assured, was the subject of much favorable comment.

The banquet was spread in the large dining hall, the guests being seated at nine o'clock. The tables were beautifully ornamented with flowers, and music was dispersed during the dinner by Hangs' mandolin orchestra. The courses were rich and numerous, an hour and a half being pleasantly spent in social chat and feasting. The "Feast of Reason and Flow of Soul" which followed is indicated by the accompanying program:

"Life and Times of Hahnemann," by Dr. M. C. Sinclair; recitation, "How Sandy Proposed," by Miss Belle Preston; "The Character, Learning and Genius of Hahnemann," by Dr. C. F. Sterling; a Zither solo, by Dr. M. J. Spranger; "Similia Similibus Curentur," by Prof. W. B. Hinsdale, Ann Arbor; "Little Venice, a Story of St. Clair Flats," by Miss Belle Preston; "Medical Heroes," by Dr. B. H. Lawson; "Lecture at Jonesville," by Miss Belle Preston; "Land of the Free," by Dr. S. H. Knight. Dr. D. A. MacLachlan presided as toastmaster, introducing the various speakers in felicitous vein, each responding to the toasts with credit to himself and satisfaction to the assembly.

Following the regular program impromptu speeches were called for and rendered by Prof. T. C Wilson, Cleveland; Dr. A. W. Saxton, of Jackson; Dr. E. R. Ellis, of Detroit; Dr. D. M. Nottingham, of East Saginaw; and Dr. Rachel Davidson, of Flint, the company separating at a late hour, all proclaiming the first Hahnemann celebration held in Detroit to be an event of interest, pleasure and profit.

At the sixth annual meeting of the session of the British Homeopathic Society held on Thursday, May 5, 1896, at the London Homeopathic Hospital, with Dr. Goldbrough in the chair, a paper was read by Dr. Renner on "Serum-therapy," which paper elicited a good deal of discussion. Dr. Dyce Brown took the stand that antitoxin is homeopathic, Dr. Madden strenuously opposing him. The majority of the company assembled, including Dr. Renner himself, were in sympathy with Dr. Madden's views.

Clinical Medicine.

ASSOCIATIONS.

ACADEMY OF PATHOLOGICAL SCIENCE.

REPORTED BY J. PERRY SEWARD, M. D., 113 WEST 85TH ST., NEW YORK.

Uterine Fibroid.—Dr. C. W. Cornell showed a uterus removed per vaginam. On account of adhesions it had to be taken out piecemeal. On splitting the uterus Dr. Cornell came upon a large submucus tumor, which from its elastic feeling and appearance seemed to be a cyst. A trocar found no fluid and it could not be peeled out. The removal of one side of the uterus was then completed, followed by extraction of the remaining part including the tumor. Immediately after being cut the uterus shrank so that it would only cover a very small part of the previously included fibroid. This circumstance and the elasticity of the fibroid were the remarkable features of the case. Dr. Cornell favors vaginal hysterectomy whenever not rendered impossible by many adhesions, even if the tumor is so large that it must be removed in sections. The recovery is more rapid and the danger of hernia is obviated.

Double Tricuspid Lesion.—From the Metropolitan Hospital Dr. C. I. Wendt brought a heart in which four murmurs had been heard during life. The shortening of the cordæ tendinæ and thickening of the flaps caused a double tricuspid murmur. The same occurred in the mitral valve. The aortic valves were thickened, and calcareous plates were deposited in the aorta. Notwithstanding the severe valvular lesions the hypertrophy was slight, and the patient died of phthisis.

Cystic Appendix.—Dr. Wendt also showed a remarkable appendix. It was four inches long and over half as thick, shaped like a large potato. It was distended with a clear fluid, for it was translucent. Its pedicle was a mere thread, impervious. The patient, a woman of 69, died of diseases of the kidney and liver, and had never had symptoms of appendicitis.

Abscess of Liver Secondary to Pleurisy.—A third interesting case displayed by Dr. Wendt occurred in a patient with phthisis and pleurisy with effusion. Dr. Wendt aspirated the right pleural cavity, entering the seventh interspace. On introducing the needle, at four inches depth he noticed a rough granular feeling, which made him think he had pierced the diaphragm. But a flow of thirty-five ounces of fluid and fibrin flakes followed, and he thought no more of it. Death occurred a few days later. The autopsy showed a lung affected equally with tuberculosis. The pleura was covered with a mass of fibrin. Part of the base of the lung was adherent to the diaphragm, and just outside of the adhesion was a perforation through diaphragm and ligament of the liver, leading to a long narrow cavity extending through the liver nearly to its base. The cavity contained the same fluid as did the pleura, but the neighboring liver tissue was necrotic. Dr. Wendt believes that his needle entered this cavity in the liver and drew off the fluid from it and the pleural cavity at once.

Dr. Cornell, in discussion, maintained the theory that a tubercular ulcerative process in the diaphragm so weakened its wall that it was finally perforated, and the pressure of the effusion forced the fluid down into the liver tissue which broke down before it.

Other Business.—Dr. Frederick G. Ritchie was elected to membership, and Drs. Geo. E. Tytler of 113 West 126 street, Mott D. Cannon of 147 West 128 street, and J. H. Bryan of Asbury Park were nominated for membership.

NEW YORK HOMEOPATHIC PEDOLOGICAL SOCIETY.

Hereditary Syphilis.—The question of the possibility of inheriting syphilis from the father, the mother remaining healthy, which had been argued in the negative by Dr. G. W. Roberts at the previous meeting, was again under consideration at the April meeting. Dr. F. E. Doughty came to support the affirmative view. He confessed in the first place that both sides could be found sustained by an abundance of arguments and authorities. He quoted from the opening sentences of Dr. Roberts' chapter on Hereditary Syphilis in the *Homeopathic Text-Book of Surgery* to show the impossibility of deciding the matter by an appeal to the "generally accepted view," or the "majority of the profession." He pointed out the peculiarity syphilis possesses of following no uniform and invariable course. While there is a rule, the exceptions are so numerous as to make laws difficult of formulation. An example of the confusions that arise is found in the case of a man who contracted syphilis from a woman who had secondary manifestations. He had clearly all the primary indications, and then for many years presented no constitutional symptoms. He may even have reared a perfectly healthy family, and then finally show tertiary lesions. Or an individual may manifest some secondary symptoms, and then during a period of quiescence beget a perfectly healthy child.

The secrecies that attend the disease were alluded to as preventing the acquisition of reliable facts. Another stumbling block is the theory that syphilis is a disease of the cellular elements, and hence cannot be given from fetus to pregnant mother through placental interchange. Some eminent authorities even say that it is impossible for a woman to transmit syphilis to her child if she has acquired it subsequent to impregnation. Belief in this leads men to bend every case into line with the theory. The syphilitic bacillus has not yet been isolated, but Dr. Doughty thinks it probable that it will be found. It may then be discovered that the coccus can pass through with the serum and inoculate the child.

The doctor does not consider any one's experience sufficient to settle any of the questions. One is compelled to come to his conclusions from reading. He believes that the father can transmit his disease as syphilis. And he believes in syphilis by conception, wherein a woman has an attack of the disease without an initial lesion but gets it from the fetus and shows the secondary lesions either after abortion or confinement or when pregnant. Again, there is one unique case upon record where a woman with a syphilitic husband, after passing through pregnancy without showing any signs of syphilis, proved that she was henceforth rendered immune. She permitted inoculation of the virus of the disease and suffered no effect from it.

The influence of the father does not compare in intensity with that of the mother for obvious reasons.

A woman has the disease more profoundly than a man. But the occurrence of abortions alone does not prove a woman syphilitic. Anemia, or many other conditions in a woman might cause them.

Dr. Doughty believes that while scrofula and rickets, etc., are not directly due to that poison, nevertheless syphilitic fathers may produce in their offspring an inaptitude for life. The children readily fall victims to any diseases to which they may be exposed and they undergo all diseases in the worst form on account of this cachexia. It is being recognized of late that syphilis cannot be clearly divided into primary, secondary, and tertiary stages. The old tertiary symptoms are now called syphilitic accidents. An individual with the latter cannot transmit his disease either by direct contact or by heredity.

Dr. C. C. Boyle said that one eye lesion, interstitial keratitis, is considered to be probably a lesion of inherited syphilis. It is found usually with the Hutchinson test teeth, and the mother gives a history of previous abortions. Remedies need not be anti-syphilitic, though *Aurum* is one of the best. Others often needed are *Kali muriaticum, Cannabis sativa, Calcarea iodide, Calcarea phosphorica* and *Baryta iodide.* Such cases are usually found from ten to twelve years old, seldom under seven.

Dr. Doughty observed that inherited syphilis usually appears early and exhausts itself early.

Dr. W. S. Pearsall said that he had observed tertiary lesions in a child of ten or twelve years. In two younger cases, six to nine years, no history of previous syphilitic infection or other stages could be obtained.

Dr. A. W. Palmer had noticed a suspicious ulcer on the palate of a girl of twelve. Finally the history revealed a previous syphilitic condition of the eye, and then the disease was discovered in the father. Dr. Boyle said that he had never seen congenital syphilitic iritis, and never iritis at all in a young child unless secondary to keratitis.

Dr. B. G. Clark related a case of a patient whose chancre more than twenty years ago was cauterized, and who, after the first month, received no treatment. Two years ago, after typhoid fever, he had bone pains and nightly aggravations which could not be accounted for, and enlargement of the tibia. This, he believes, was a latent manifestation. The patient's wife, a strong vigorous woman, had had three miscarriages. Most of Dr. Clark's cases of hereditary syphilis have been transmitted from the father. The inaptitude for life seems to be Hahnemann's psora, or to correspond to it in a measure. A girl of eighteen had a congenital syphilitic eruption on her chest and neck, relieved by *Syphilinum* cm. Her mother had locomotor ataxia which was greatly relieved by the same drug. She now has one child whose very considerable coryza was benefited by the same, and later by *Thuja.*

Dr. M. Deschere observed that some of the theories upset themselves. Why is it stated that up to the seventh month of pregnancy the mother may transmit syphilis to the fetus and not later? Why is it not possible that the bacillus, which cannot itself pass through the placenta, can cause the formation of a specific toxine which is transmittable. And if so why not on the ninth month as well as the sixth? This speaks much for the possibility of the father transmitting the disease directly to the child, or else the mother being syphilitic before impregnation.

The tertiary stage, when latent, cannot transmit syphilis; but it may become active, when fecundation may produce an affection in the offspring, not syphilis, but an inaptitude for life. Children of syphilitic parents take infectious diseases more seriously and with more danger to life than if the parentage is untainted. It must also be remembered that a sudden death in convulsions, not traceable to brain lesions, may occur at the age of three, when all congenital symptoms have previously disappeared.

In a brief discussion of the treatment Dr. B. G. Clark reported good results from *Syphilinum* cm. and from *Psorinum.* Dr. Deschere said that if *Syphilinum* is of any value at all it is markedly good in congenital syphilis. At present he has occasion to use nothing else, and secures rapid and absolute improvement. In using the 200th he gives a powder daily for a week, to be taken in the morning, so as to antedate the nightly aggravation. He then stops the remedy until there is further evidence of need of it. The same nosode should be given to the mother during gestation, if there is a suspicion of syphilis. Night terrors are amenable to this remedy.

Election.—Dr. Bukk G. Carleton was elected to membership.

PHILADELPHIA COUNTY SOCIETY.

BY W. D. CULIN, M. D., PHILADELPHIA.

Dr. George Henry Bickley read a paper before the Philadelphia County Medical Society at the April meeting which caused considerable discussion. The title was

Justifiable Empiricism in the Treatment of Enuresis.—Dr. Bickley argued that empiricism is justifiable in a large number of cases when there are no indications for other remedial measures.

As possible causes which would have to be corrected he mentioned preputial or clitoric adhesions, oxyuria, phosphaturia, oxaluria, presence of sugar in the urine, and hyper-alkalinity or hyper-acidity of the urine. He recorded several cases treated empirically with *Equisetum hyemale.* "As the diuretic action of *Equisetum* is well known we might reason in our natural desire to explain its therapeutic action that to cause diuresis it must act on that part of the nervous system which controls the urinary secretion; as no increase in general intra-arterial tension has been noticed it would follow that as it stimulates this portion of the tract it is but reasonable to infer that it stimulates the lower reflex arc, the one controlling the action of the detrusar and sphincter vesical muscles, for the act of micturition is in largest degree reflex."

It has been found necessary to administer *Equisetum* in increasing doses, until the desired end is reached; an important feature of treatment is to avoid obtaining the diuretic influence of the drug; this point differs in each case, as does the varying susceptibility. When it has been necessary to decrease the dose on account of the diuresis, after such action has ceased the dose may be again increased. Among the cases cited were the following: "Male, aged nine years, had suffered all his life from incontinence; otherwise active and strong; had taken *Sulphur* 30x, *Belladonna* tincture, *Causticum* 6x and several other remedies with no relief whatever; had also been circumcised with no benefit resulting. July 9th, 1895, began administering *Equisetum* 3x; reported August 5th, no improvement, wets the bed every night; gave *Equisetum* tincture, six drops every three hours; in two weeks reported, had only one or two mishaps; repeated the prescription, and on September 10th reported no mishaps since last visit.

Was away for two months with no mishaps. On February 29th, 1896, reported occasional mishaps since coming home; these again disappeared under administration of *Equisetum* tincture."

Again: "Male, aged 12 years, both nocturnal and diurnal, had been taking medicine all his life with no result. On November 27th, 1895, gave *Equisetum* 1x on pills, dose every two hours. November 30th, reported missed for two nights, repeated the remedy; December 6th, had two mishaps in a week, gave *Equisetum* tincture, five drops every three hours; December 9th reported wet the bed twice, gave five drops every six hours. January 2nd, one mishap in ten days; gave ten drops three times a day. March 30th, reported no recurrence. It has been necessary in some cases to use thirty or forty drops of the tincture three times a day before the desired result is attained.

TROUSSEAU CLINICAL CLUB.

BY W. D. CULIN, M. D., PHILADELPHIA.

Röntgen Rays.—The monthly meeting of Trousseau Clinical Club was held April 7th. After the business of the evening had been transacted the club listened to an interesting lecture by Dr. Herbert S. Nichols on the X rays, with an account of their discovery by Prof. Konard Röntgen. Dr. Nichols cited a number of cases of surgical interest on which he had experimented successfully, exhibiting several clear cut negatives: a fracture of the radius and ulna, needle lying across the palmar arch in the hand, epiphyseal separation, etc.

Epilepsy.—Dr. Rendell read a paper on "The treatment of epilepsy." The subjects need firm but kind treatment; indulgence and yielding to caprice or whims are followed by weakening of the moral control; the patient should take daily moderate exercise in the open air, frequent cool bathing; excitement, overstudy and all agencies favoring cerebral congestion should be avoided. Petit mal is most readily influenced by diet; must eat only easily digested food, at regular intervals, the principal meal being in the middle of the day. Meat should be allowed but once a day, and some cases improve rapidly on a strictly vegetable diet, tea, coffee, tobacco and alcohol should be interdicted. *Nitrite of Amyl* will very frequently abort an attack. *Nitro-glycerine*, one-twenty-fifth or one-fiftieth grain may abort if taken a short time before an attack is expected. Ligation of an extremity in which the aura begins has been successful. A sudden electric shock is apt to be successful, whether applied between the seat of sensation and the nerve centers or at some distant part of the body. In cases in which the attack is prolonged, or in which is found the status epilepticus, a few whiffs of *Chloroform*, *Nitrite of amyl* or one-fourth grain of *Morphia*, hypodermically, may be given."

Among the remedies most often indicated he mentioned *Nux vomica*, *Cuprum aceticum* 3x, *Cuprum arsenicum* 3x, *Hyoscyamus* 1x, *Strychninum sulphuricum* 3x, *Strychninum nitricum* 3x, *Strychninum phosphoricum* 3x, *Picro-toxin* 3x, *Ignatia*, *Causticum* and *Belladonna*.

Discussion.—Dr. Lawrence had not found petit mal influenced by diet to any great extent, and not amenable to treatment by bromides or drugging. The best results have been obtained along homeopathic lines. He reported one case, a young man who had been having nocturnal attacks for years; after six months treatment with *Cuprum metallicum*, 3x, the seizures did not recur for over two years, when they were brought on by playing a game of base ball but promptly checked by administration of a few doses of the same remedy. He had obtained the best results from *Picro-toxin* 3x, *Bromine* 3x, 6x, *Indigo* 6x, *Cuprum arsenicum* 2x and *Cuprum metallicum* 3x.

Dr. Brierly quoted a case which had resisted all treatment for ten years vastly improved under *Melilotus* tincture.

Dr. Weaver reported the case of a young man who had nocturnal attacks following any excitement for years, at one time twenty seizures occurring in one night. After amputating the lower inch of rectum for hemorrhoids there was an interval of two years, during which time the patient gained thirty pounds in weight. The attacks recurred when he commenced blowing the base horn in an orchestra, but were checked by dilating the rectal cicatrix. Dr. Benson considered this relief gained not so much from the removal of the hemorrhoids as from the resultant mental shock following the operation, as any operation, however simple, will have the same effect.

Correspondence.

PHILADELPHIA COUNTY SOCIETY VS. DEPARTMENT OF CHARITIES.

The homeopathic medical profession, represented by the Philadelphia County Medical society, have for some time past, been making strenuous efforts to obtain a ward or wards in the Philadelphia Hospital, for the treatment of such poor people, compelled to throw themselves upon the charity of the city, as may desire homeopathic treatment. So far their efforts have proved unsuccessful.

On May 14th, 1895, the legislative committee of the Philadelphia County Mecical Society, consisting of Drs. Chas. W. Carsner, Wm. B. VanLennep, Wm. W. VanBaun, Edmund Kase, and Edw. M. Gramm, sent the following communication to the Department of Charities and Corrections:

"To the Bureau of Charities and Corrections, Gentlemen:—The undersigned, representing the County Society of the homeopathic medical profession respectfully petition your honorable body that a ward or wards be set aside in the Philadelphia Hospital for the treatment of such patients as may desire the homeopathic system of practice. If any doubt exists as to the wisdom or propriety of such a course, it is requsted that a time be designated for a conference upon the subject, at which time we hope to present such facts as may justify both.

"Very respectfully,"

(Signed.)

At this time the committee on charities, to whom this petition should have been referred, was composed of gentlemen whom we had reason to believe, from personal interviews, were favorably disposed to the proposition. The matter was, however, not permitted to go to this committee until late in the fall, when the personnel of the committee had been changed to one less favorable. When it was considered in December, that committee made their report as follows:

"To the President and Directors of the Department of Charities and Corrections:

Gentlemen—You referred to us a petition presented by a number of citizens requesting that certain wards in the Philadelphia Almshouse Hospital should be assigned to homeopathic physicians for the pursuit of their method of practice.

In view of the high standing of the petitioners this matter has received very careful and deliberate consideration, and we have unanimously come to the conclusion that it is impracticable to grant the request and subjoin the following reasons, which, among others have influenced us in making this decision:

The visiting and resident staff of the hospital are subject to constant change, the residents pass from one ward of the hospital to another in the progress of the term of their service; and it thus occurs that patients who are for any length of time under treatment come under the care of different physicians, and it would certainly be unfortunate for them should they also be subject to the far greater change required by different schools of practice. Again, we are informed that members of the two different schools of medicine do not consult with each other. To have physicians in the same hospital who could not meet each other in consultation, even in emergencies, would be productive of great confusion, and might jeopardize the interests of the patients.

In addition to this, should homeopathic practitioners be introduced into the hospital as resident physicians and given places upon the visiting staff it would frequently occur that physicians of this school of practice would serve either as chiefs over those of the old school or be residents under chiefs of the old school, and this would be wholly impracticable in view of the prohibition of consultation above referred to.

We do not see how, without a most radical change in the whole organization of the medical staff of the hospital, the request of the petitioners can be granted; and, therefore, report that it is inexpedient and impracticable." (Signed.)

A copy of this report with the following letter was received by the county society committee:

"Chas. W. Karsner, M. D., Chairman Legislative Committee.

"Dear Sir.—At a meeting of the directors of the Department of Charities and Corrections, held this day, the report of the Bureau of Charities (a copy of which is enclosed), to whom was referred your request that a ward or wards be set aside in the hospital for the treatment of such patients as may desire the homeopathic system of practice, was approved.

"The Bureau regrets that it cannot comply with your request.

(Signed), "*Edwin Palmer,*
"*Secretary.*"

In their report the Bureau of Charities skillfully evade the point at issue, and have simply grouped a number of excuses, not answered the petition. The object of the petition was not, as their report would lead one to believe, to force homeopathic treatment upon anyone, but to have a ward or wards set aside in which such patients as may so desire can receive the treatment of their election, and that there are a great number of such patients has been fully demonstrated, the legislative committee having received dozens of letters so testifying, of which the following are fair samples:

"Dear Doctor—I cannot bring myself to consent to send Carrie to the hospital. This is partly because I hate to part with her, but more especially because she could not have homeopathic medicine there, as I am told. Carrie has had homeopathic treatment for years; I do not want her to have any other. Yours respct.."

(Signed.)

"Dear Dr. Sharp—You want to know why I did not stay at the Philadelphia Hospital. If I could have had you or some other homeopathic doctor I would have cheerfully gone back again.

"Yours,"

(Signed)

These are instances of hundreds of such cases. Homeopathic physicians of Philadelphia in their daily practice are constantly meeting people requiring hospital practice who are unable to pay for their accommodations, but who will submit to great suffering and privations, in preference to going to the Philadelphia Hospital to receive old school drugging.

The Philadelphia Hospital is a great charity institution under municipal administration, and certainly the poorer class of people, freemen, citizens of the commonwealth who support the hospital by the taxes which they pay, should in justice be permitted to select the system of practice by which they will be treated, and not at this late and enlightened dav be compelled to accept that which is forced upon them by the dogmatic ruling of a political board of charities, who are, unfortunately, too readily influenced by a clique of so-called regular practitioners representing one of the largest medidical colleges in the city who find the hospital a very useful adjunct to their own hospital and college. Utilizing as they do considerable clinical material in the wards, and even taking their students through the wards to give them bedside instructions, they have too great a personal interest at stake to relinquish their grasp without making strenuous efforts to retain it.

In their report, how tenderly solicitous the bureau is for the welfare of the patients. "It would certainly be unfortunate for them (the patients) should they also be subject to the far greater change required by different schools of practice," and "to have physicians in the same hospital who could not meet each other in consultation, even in emergencies, might jeopardize the interests of the patients." With what solicitude they watch over the health of the inmates was well shown several months ago, when, notwithstanding their efforts to keep the matter quiet, one of the visiting staff was ignominiously dismissed by a special investigating committee for preventing the recovery of a patient that he might continue some experiments, simply to enable him to verify a well known fact. Is it any wonder that the people of the city for whose benefit the hospital is or should be conducted, the respectable poor, have such a wholesome dread of being sent there, under the present administration, that they will go to any extreme to avoid it?

W. D. Culin, M. D.

4028 Parish Street.

AMERICAN INSTITUTE—TRANSPORTATION BULLETIN NO. 2.

A rate of a fare and a third for the round trip has been granted by the various railway associations for the Detroit meeting.

The following lines from our prominent points seem the most practical for our members: From Boston a train leaves via the Boston and Albany road at 3 P. M. daily, connecting at Albany with a train leaving New York at 6 P. M., via the New

York Central road. This train has a fine through Wagner service, dining car, etc., connects at Buffalo with the Michigan Central road, passes Niagara Falls at 7 A. M. the following morning, and arrives in Detroit at 12:45 P. M., in ample time for the conference or meeting.

A train leaves the Pennsylvania depot in Jersey City at 6:10 P. M. daily, via the Lehigh Valley road, also a through vestibuled express. Members leaving Washington at 3 P. M., Baltimore at 3:50 P. M., via the B. & O. road, can, with the Philadelphia members, take a train leaving Philadelphia at 6:33 P. M., connecting with the aforesaid New York train at South Bethlehem, Pa., and run via Rochester and Suspension Bridge (reaching Niagara Falls at 7 A. M.), over the Grand Trunk system to Detroit, arriving at 1:40 P. M. Through cars from Washington, Philadelphia and New York.

From the far West the Union Pacific, which was the official road at the time of the Denver meeting, and the Chicago and Alton from St. Louis and Kansas City, offer excellent through service to Chicago. The Union Pacific will be pleasantly remembered by those present at the Denver meeting. The Chicago and Northwestern road, which connects with the Union Pacific road at Omaha, is the road of the Northwest. Its service from Milwaukee, Minneapolis and St. Paul is unexcelled.

From Chicago trains leave for Detroit, via the Michigan Central road, at 10:30 A. M., 3 P. M., 9:30 P. M. and 11:30 P. M., on all of which the service is excellent.

The Grand Trunk system also runs an excellent train, leaving Chicago at 8:15 P. M., arriving in Detroit at 7:35 A. M.

From Cleveland there is a service by boat, the round trip being $3.00. The Ohio delegation will find this a convenient and enjoyable route.

While not wishing in any way to seemingly advertise any one line the above roads seem to offer the quickest and best service.

The members of this committee will take pleasure in securing Pullman accommodations over any of these routes. If they are reserved in advance special cars, and perhaps trains, can be obtained. Apply to Dr. Richard Kingsman, Washington, D. C.; Dr. E. F. Storke, Denver, Colo.; Dr. W. H. Hanchett, Omaha, Neb.; Dr. A. E. Neumeister, Kansas City; or to the chairman, stating what is desired in the line of Pullman accommodations.

Instructions as to procuring tickets and certificates will be published in the June journals.

W. A. Dewey, M. D., Chairman,
170 West 54th St., New York.

MT. CLEMENS THROWS OPEN ITS GATES.

The American Institute of Homeopathy will hold one of the longest continuous sessions ever held in this country, and the first ever held in Michigan, at Detroit, in June, and only twenty miles distant is Mt. Clemens, the celebrated health resort and mineral bath city, which is in direct connection by boat, the Grand Trunk railroad, and the Mt. Clemens Electric railroad, giving regular, frequent and fast communication with the metropolis of Michigan.

Mt. Clemens is a modern city and health resort of more than 6,000 resident population, with a transient invalid population varying from five hundred to three thousand the year round. Five large, modern bath houses are connected with several large first-class hotels, constructed to meet the needs of the invalid public.

In June the city appears at its best, with its long shady avenues and beautiful residences, and a visit to this noted health resort by members of the institute will be one of the features of the meeting at Detroit. The several bath houses have offered to give the members of the American Institute and their families, at any time during and after the Detroit meeting, free baths, and the large hotels are preparing other means of entertainment for the members, and as a place of residence for them during the Detroit meetings Mt. Clemens offers unusual inducements in the way of entertainment, with electric cars every half hour to and from Detroit, making the trip in about an hour each way.

If members of the Institute should desire hotel accommodation at Mt. Clemens during the Detroit meeting in June I will gladly furnish all imformation and reserve rooms at the different hotels in advance, on application.

J. A. Lenfestey, M. D.
Mt. Clemens, Michigan.

THE INSURANCE QUESTION.

MEDICAL CENTURY:—The following letter the original of which is herewith enclosed, is so directly to the point that I trust it may find room in your most excellent journal. This letter was unexpected and unsolicited. It simply proves what we all know. Demand reciprocity and the homeopathic profession, having skill, and influence that can control the placing of policies in companies dealing justly by them, will soon hear no more of "homeopaths cannot examine for us." The Northwestern of Milwaukee and the Massachusetts Benefit Life Association of Boston are fair. No better companies exist and they are just to us. Fraternally,

J. B. Dunham, M. D.
Wenona, Ill.

"CHICAGO, ILLS., March 30, 1896.

"*Dr. J. B. Dunham, Wenona, Ill.:*

"DEAR SIR—Our Mr. Cunningham dropped in and stated that he had just been on a visit to your town, and spoke to you about taking out some insurance, and you seemed to be under the impression that our company did not recognize homeopaths. This is not the case; I know that we have several making examinations for us. It is true that some companies do not recognize homeopaths, and I think it fair to say that our company give the preference to allopaths yet there is no absolute cut off. I know that our leading medical examiner in Nashville, Tenn., is a homeopath, and there are several in this state. However, we have a medical examiner in Wenona and the appointments are made by the home office, and I have no authority to appoint additional examiners, unless in the absence of Dr. Fogg we would call upon you to make examinations there.

"If you are thinking of taking out any insurance we would be pleased to have you do so with us,

"Yours truly,
(Signed) "CHAS. S. CLARK, *Manager*."

Guy's Hospital, London, at one time one of the most celebrated hospitals in the world, is making herculean efforts to raise the magnificent sum of two million and five hundred thousand dollars to pay off its debts, make needed improvements and create a suitable sinking fund to cover its necessities.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - Editor.

New York and Chicago, May 15, 1896.

HONORS TO HAHNEMANN'S MEMORY.

It will be observed that the Medical Century gives largely of its space in this issue to reports of meetings held last month in honor of the anniversary of the birth of Samuel Hahnemann. Buffalo held, perhaps, the most comprehensive of these, the occasion being celebrated by the Western New York Homeopathic Medical Society, whose territory embraces Rochester, Buffalo, Niagara Falls, and other cities in the western part of that state, and also many smaller towns and villages. This meeting was attended by more than an hundred physicians, and in the evening a banquet was spread at which time the celebration was continued and suitable toasts were offered and responded to, among other respondees being found Dr. Pemberton Dudley of Philadelphia, President of the American Institute of Homeopathy, and Dr. Henry M. Smith of New York, treasurer of the committee on the Hahnemann monument. The occasion was a felicitous one and heartily enjoyed. With commendable forethought the management had looked after the city press of Buffalo, and extensive accounts of the life and works of Hahnemann were furnished the public. Hundreds of thousands of the people of Western New York were made acquainted with the fact that there was a man named Hahnemann, that he did something for which his memory lives after him, that a mighty and growing profession follows his precepts and adores his memory, and upon this anniversary of his birth did homage to him by gathering and properly celebrating the occasion. Thus this particular meeting was made to possess a practical character that cannot fail to be of benefit to the profession, and especially to the people of the territory represented in it. For, after all, the people are more interested in the reform in medicine following upon the growth of the idea of Hahnemann than are we, and to them everything pertaining to his life and character and reformation should be, and doubtless is, of unusual interest, if thoughtfully and rightly set before them. The frontispiece appearing in this number of the Century is one of the outgrowths of the Buffalo celebration. It is made from an original painting of Hahnemann, directly handed down to a lady resident of Buffalo. The half-tone from it which adorns this journal was published in the Buffalo Illustrated Express, together with a number of other illustrations, in a setting of several columns of text pertaining to the meeting in that city.

The Boston profession celebrated the occasion by an unusually successful Hahnemann festival held throughout the week ending April 11th. This festival, which is referred to elsewhere, had the combined object of celebrating Hahnemann's anniversary and raising funds for the free dispensary connected with the Boston University School of Medicine. It was in every sense an enjoyable occasion and one of financial profit.

New York organized a Hahnemann association a year ago last November which has held two successful social meetings in that month, but, nevertheless, a meeting was held on the 11th of April in commemoration of the life and labors of our founder which promises lasting results. Dr. T. Y. Kinne, ex-president of the American Institute of Homeopathy, delivered an oration on Hahnemann, and Helmuth, our poet laureate, recited a poem dedicated to his memory. The practical feature of the meeting was the adoption of a series of resolutions offered by Dr. H. M. Dearborn, which appear elsewhere, proposing the erection of a building to be a "homeopathic home" and to be called the Hahnemann Academy of Medicine. These resolutions were unanimously adopted and a committee was appointed to devise ways of raising the money for the erection of the Academy, to report at the November meeting. The thought is a most excellent one and should be cultivated. Hahnemann's name is worthy all the honor which is proposed in naming such an academy for him and New York is large enough and her homeopathy strong enough numerically and financially to make the building of a suitable homeopathic home a comparatively easy matter if the enterprise is but followed with enthusiasm and discretion. Such an academy would be visited by thousands of out-of-town physicians annually, and the various New York societies and clubs could thus be brought within the range of the profession at large. At present it is but a chance happening that a visitor in that city is able to learn of the dates and places of any of the various associations now in operation. Our personal experience in New York last winter, in which we failed to hear of the meeting of the county society held within a block of our hotel until after it was adjourned, prompts us to approve most heartily of a plan which shall give to all the medical societies of New York a common meeting place and a permanent home. A Hahnemann Academy of Medicine in New York is greatly to be desired.

Pittsburgh lost no time when it decided to celebrate the Hahnemann anniversary in setting about it. A successful meeting is reported. The object of the organization is not only to foster the social and professional interests of the profession but also to further the substantial interests of Pittsburgh's splendid hospital. The financial results are not stated, but the meeting was so successful in other particulars that it may be depended upon if an effort of a financial nature was indulged in upon this particular occasion it was not barren of results. In this city as in New York, Boston and Buffalo there will be other meetings upon the anniversary of Hahnemann and the work so satisfactorily inaugurated will grow and develop until its real fruition will continue over many years.

Detroit held a celebration which had for its object only social features. A report of this meeting graces the columns of the Century, also. From it it will be seen that the profession not only of Detroit but of Michigan took part in the festivities and a good deal of interest and enthusiasm were awakened. It is so wherever meetings have been held, from no city celebrating this occasion coming a report of failure.

It seems to us that it is especially fitting that a profession representing a living principle and a great reform in medicine—as does ours, else we have no right to separate existence and the patronage and support of the people as homeopaths—should continue these Hahnemann celebrations wherever they have been inaugurated, and should institute them in hundreds of places where they have not thus far been held. Having adopted this particular profession as a life work we should inculcate that love for it and that devotion to it and every thing commendable connected with it that will further its interests and those of the people for whom we labor. The man or woman who selects the profession of medicine as represented by the allopath or the eclectic simply selects a calling for life without reference to special precept or example. But he who enters the homeopathic ranks enters because he believes there is here to be found a substantial guide or rule or law upon which to prescribe that the best results may be obtained for the sick. If it be true that Hahnemann gave us a law or a rule so scientific in character as to make medicine an art then we owe it to his memory to keep it green before the world; and did we view this subject from the mercenary and selfish viewpoint alone we still owe it to ourselves to in every way assist in the growth and propagation of homeopathic tenets, that the people may come to understand homeopathy as we do and that we may come into possession of all the confidence and support and patronage that is now meted out to the dominant profession. The Lord helps those who help themselves! Very much may be done through the means of public Hahnemann celebrations that will prove intellectually, socially, professionally and financially helpful to every member of the homeopathic profession who takes part therein, imbued with the right spirit and a clear understanding of the possible value of occasions like unto these. The celebration of the anniversary of the birth of Samuel Hahnemann may easily be made the occasion of great social and professional enjoyment and value the world over, and if intelligently practiced could be made to reap rich harvests for the people and for the principles left us by a truly grand and illustrious sire.

SIMILIA SIMILIBUS CURENTUR.

We should like to direct the emphasis to the penultima of the last word.

This war between the vowels may seem a slight matter, and it may be difficult to insure a general recognition of the state of belligerency; yet the differences between a and e are facts and facts worthy of the attention of the homeopathic profession who desire and expect to perpetuate Hahnemann and Hahnemann's command in bronze at Washington. From the view point of what is strictly Hahnemannian in the premises there is no room for doubt but that "curentur" was the form of the verb used by the sage himself; so that if for no other reason a certain sense of loyalty dictates the adoption of this, the Latin subjunctive, which makes into English mandatory form. There is, moreover, a more special fitness for keeping thus in touch with the Hahnemannism of the expression and a more basal reason than sentimental loyalty in discarding the long-time accepted indicative. Hahnemann meant something when he issued that sweeping, imperative dictum "Let likes be treated by likes," which he would not have meant had he said "Likes are cured by likes." All the sturdiness and positivism which an esteemed contemporary finds in the indicative "curantur" are pallid as compared with the steady, commanding urge in "curentur." But then the contemporary insisted upon translating "curentur" as "may be cured," and under that translation its views are well taken. The burden of authority for the imperative rendering "let," however, seems to be easily and readily established, and any opposition to "curentur" on the score of its mild potentiality may be quickly dismissed.

"Curentur" carries with it the missionary suggestion which Hahnemann early grasped as a vital part of his and every homeopath's life-work. It has action—it is vivid, it is a command, it is an appeal. In placing it upon the Hahnemannian monument the committee will not only engross the profession as in truer consonance with Hahnemann, but will have graven for that profession's especial reminder and incentive the effort, the duty, the command of similia similibus curentur. *Wahle, um sanft, schnell, gewiss und dauerhaft zu heilen, in jedem Krankheitsfalle eine Arznei, welche ein ähnliches*

Leiden vor sich erregen kann, als sie heilen soll (similia similibus curentur).

Language as a medium of thought is as full of failure as a sieve is full of holes; this is true enough where the same language is common to addresser and addressed—how perplexingly more true, then, when the thought must not only be put into the words of one tongue but be again translated from that tongue to another! For a thing of so dainty a poise and delicate a shading as a thought it is a weary way and sure to accrue to it loss of color and ambiguity of interpretation. So it behooves the honest interpreter not to warp to his individual taste the original phrase of his text, but to let the words stand as the author wrote and used them. They may in their primitive entirety be of fuller and more enduring meaning than the last-comer wots of.

KANSAS STATE SOCIETY MEETING.

Kansas held her state meeting at Topeka, on the 6th, 7th and 8th of May. The attendance was moderate, not nearly what it should have been. Topeka has seventeen homeopathic practitioners yet at least half of them did not do the courtesy to their colleagues from over the state and other states to even look in upon the meeting a single time. Several of the larger cities of Kansas were not represented at all, and there was a notable absence of many of the best known men of the state. On the other hand, there were present perhaps thirty earnest and zealous workers in the cause we represent, and it is the concensus of opinion among these that it was good to have been there.

A peculiar situation presented. The "Hahnemannian homeopaths" dominated the meeting. "Hahnemannian homeopaths" are men and women who believe themselves to be the elect of the profession. They profess to practice a better and purer homeopathy than their fellows, albeit they mix a good deal of nosodical and antidotal or antipathic treatment up with it, calling this homeopathy too, though just what relation it has to *similia similibus curentur* is not apparent. These good people sermonized a good deal, setting forth some sound arguments in favor of a return to the straighter and narrower way than that of alternation and empiricism in drug-selection, spoiling it all, or nearly all, however, by introducing as a prominent thought the curing of disease by products of diseases by name, in this returning to pathological prescribing and going as far away from the doctrine of *similia* toward isopathy and nosodism as does the old school toward straight antipathy. We have attended a good many medical meetings in our time but at none do we remember to have heard so much philosophical teaching with so poor exemplification by clinical recitals.

Why is the Kansas State Society not a more largely attended and successful body? Because, if the Topeka meeting is a fair sample, there is too much preaching and not enough practical work—too much theorizing and philosophizing and speculating and not enough clinical experiences from which lessons of value and helpfulness may be drawn. "D. M. M."-ism ran mad at Topeka. *Similia similibus curentur* was but a corollary. Though not called by name yet Skinnerism, Finkeism, Swanism, Kentism and other isms of like kind have taken possession, temporarily—it is hoped and believed—and the practical men of the state, with a few notable exceptions, were not present. Those who were there, a handful of good men and true, were unanimous in the opinion that the Kansas society needs to reform its methods and get out of the rut into which it has unconsciously drifted. Real homeopathy, that which may be rightly termed "Hahnemannian homeopathy" without casting a blot upon the name of our founder and without making us ashamed of the title, must needs come to the fore and relegate nosodism, Skinnerism, extreme and fanciful attenuationism and antidotalism to minor position if the Kansas society would prosper and enjoy largely attended meetings.

Dr. Menninger presided with dignity and worked hard toward a successful meeting. That he was not better supported by his local colleagues and that they did not participate in the meetings is to their discredit. Of the Topeka profession who did their duty may be mentioned Drs. Sturgis, Klemp, Roby, Howard, Lowrey, Swift and McCoy. There may have been one or two others but these names are all now recalled. Dr. Boardman, of Parsons, who officiated as secretary last year, was chosen president for 1897. Hutchinson was selected as the place of next meeting, upon the urgent solicitation of Dr. Hutchinson, physician to the state reform school at that place, and of the mayor and commercial club of that city. The society has not gone this far out in the state in recent years, and it is believed that by so doing it will become imbued with new life and energy and throw off the dry rot which seems to threaten its very existence. If the salt of Hutchinson's salt wells shall not have lost its savor by next May we may confidently expect that the Kansas state society will be saved for a life of usefulness and social and professional enjoyment. But to get rid of the various incubuses which have fastened themselves upon similia is one of the first and most important duties the profession of Kansas have before them, if they would have their association return to its former satisfactory state. Similia, pure and simple, is good enough. It needs no bolstering. Shake off the parasites.

The British Medical Association will hold its sixty-fourth annual meeting at Carlisle the latter part of July.

Editor's Table.

GENERAL NEWS-NOTES AND COMMENTS.

Dr. E. E. Enz has located at Racine, Wis.

Dr. F. A. Russell has located in Kent, Ohio.

Dr. A. E. Ellsworth is located at Joplin, Mo.

Ohio has substituted electrocution for hanging.

Dr. E. P. Mills is located in Kansas City, Kansas.

Dr. Harry O'Donnell, has located in Pittsburgh, Pa.

Dr. H. P. Webb, has located at Marshalltown, Iowa.

Dr. Noah B. Ruhl is located at Guthrie, Oklahoma.

Dr. C. W. Littlefield is located at Clay Center, Kansas.

Dr. H. P. Gilstrap is now located at Washington, Kansas.

Dr. J. M. Colburn is located at Kansas City, Kansas.

Dr. Julius Friesen is located at Mountain Lake, Minnesota.

Dr. S. J. Brown is practicing his profession at Adrian, Mo.

Dr. H. M. Fryer is located at 1214 Main street, Kansas City.

Dr. Geo. W. McDowell has removed to 136 W. 130th street, New York.

Dr. John A. Rockwell of Boston, has just returned from a vacation at Ashville, Tenn.

Drs. Hancock, recent graduates of Kansas City College, are at Hartington, Nebraska.

It looks now very much as though editors Kraft and Arndt were going to kiss and make up.

Dr. E. Siegmund has removed from the Schiller Theater building to 823 N. Clark street, Chicago.

Dr. T. H. Winslow, a Hering College graduate of 1896, is located at 610 W. North Avenue, Chicago.

Dr. H. D. Brown, Potsdam, New York, is serving his second term as health officer of that village.

Dr. Cora Howerth has removed from 6401 Yale Avenue, Englewood, to the hotel Saranac, Englewood.

Gov. Bradley has appointed a colored physician as assistant in one of the insane hospitals of Kentucky.

Four new private wards have been handsomely furnished by donors to the Montreal Homeopathic Hospital.

Mrs. Helen M. Bradley, Cleveland, recently gave the Cleveland University of Medicine the handsome sum of $10,000.

The Hahnemann Hospital of Chicago received $2,107.50 as its share of the proceeds of the recent grand charity ball.

The American Medical Publishers' Association held its sixty-third annual meeting at Atlanta, Georgia, Monday, May 4.

Dr. A. B. Späch, of Englewood, has opened an office in rooms 38–39, Central Music Hall, with office hours from 1 to 3 P. M.

Dr. C. D. Alcutt has purchased the office outfit of Dr. H. M. Jackson. The latter is intending soon to change her name and vocation.

Dr. Oscar LeSeure, professor of surgery in the Homeopathic College of the University of Michigan, visited Chicago a few days ago.

Dr. A. S. Eshbaugh, who recently came to Chicago from Lexington, Illinois, has just moved into new quarters at 6414 Lexington Avenue.

Dr. John W. Streeter has opened an office at Central Music Hall, with office hours from 9 to 11 A. M. Consultation hours at the Streeter Hospital will be from 12 to 2 P. M.

Dr. Chas. K. Stewart the energetic secretary and treasurer of the Cedar Valey Homeopathic Medical Society, has been elected city physician for Waterloo, Iowa, and adjacent townships.

The Indiana Institute of Homeopathy will meet in Indianapolis May 26th and 27th. Dr. E. Z. Cole, late of Michigan City, is president, and Dr. F. C. Stewart, of Indianapolis, is secretary.

The *Hospital Leaflet*, which is devoted to the interests of the Homeopathic Hospital at Montreal, came to us in its April number as a jubilee issue, and contained a well got up pabulum of newsy reports.

The widow of the medical inspector, Begin, of Paris, has given an annuity of 1,300 francs to the minister of war for the relief of military physicians' families who have suffered reverses of fortune.

The Homeopathic Medical Society of Indianapolis holds its meetings bi-monthly at the Grand Hotel. Dr. J. D. George is president, Dr. Sollis Runnels is vice-president and W. R. Stuart is treasurer and secretary.

The Utah Homeopathic Medical Society holds its meetings on the first Tuesday in May of each year. The society is officered by president, Dr. T. White; secretary, Dr. J. T. White, and treasurer, Dr. J. C. Hanchette.

Dr. Frances G. Lamb, a recent graduate of the Boston University School of Medicine, located at Calhoun, Alabama, has passed the examination of the state board of examiners of that commonwealth successfully.

As we go to press the forty-first annual session of the Illinois Homeopathic Medical Association is being held at Ottawa, Illinois. The meeting opens with a promise of being an unusually interesting and well-attended one.

The Homeopathic Text-Book of Surgery is winning laurels from most of its reviewers. *The Homeopathic World*, of London, and the *Homœopathic Eye, Ear and Throat Journal* are two of the latest to testify to the value of the book.

Splendid inducements and local assistance would be given homeopathic enterprise to build a large sanitarium at Mt. Clemens, Michigan, which has been a long felt want. Further information can be had by writing Dr. J. A. Lenfesty, that city.

Dr. Wickham, the secretary general of the Society of Medicine, of Paris, died recently in that city. At the last meeting of the Society of Medicine the defunct secretary was made the subject of lengthy eulogies and resolutions of regret.

Dr. S. F. Moffatt, Washington, D. C., was killed by a Columbia line cable car at a late hour April 23. According to the gripman, he was lying across the track when struck. He was 42 years old and well known. He was formerly located at London, Ohio.

The Indiana Institute of Homeopathy is officered by Dr. E. Z. Cole, formerly of Michigan City, but now of Baltimore, president; Dr. G. O. Erni, New Albany, vice-president; Dr. F. C. Stuart, Indianapolis, secretary, and Dr. J. S. Martin, Muncie, treasurer.

Dr. T. C. Miner of Cincinnati recently took a dose from a bromide of potassium bottle. The symptoms which developed lead him to suspect his medicine and upon examination he found it to have contained belladonna. It took some strong coffee and brandy and an emetic to bring the doctor around.

Dr. Stewart, secretary of the Indiana Institute of Homeopathy, is out in a neat programme for the coming annual meeting of that body at the Grand Hotel, Indianapolis, Wednesday and Thursday, May 26 and 27. The Society's invitation to its members to attend is a cordial and stirring one and should be well responded to.

Dr. J. A. Lenfesty of Mt. Clemens, Michigan, member of the financial and entertainment committees of the American Institute for the June meeting, has been appointed city physician, also physician to the Macomb county house, township of Harrison and part of Clinton township, over five applicants of the dominant school.

The inspector of retreats for inebriate women has recently given out a hopeful prospect for the reclamation of women drunkards. Of the worst cases twenty-five per cent. are reported as giving evidence of permanent recovery. Are we to understand "evidence of permanent recovery" as permanent recovery? That's the question.

The nurses of the Elizabeth General Hospital went on a strike some time since because of the change in the location of their dining room. The new dining room was too near the servants' hall. Any one who has ever had experience with the self-valuation of the trained nurse should know better than to precipitate trouble by such a move.

The Northwestern Surgical Academy of Homeopathic Physicians meets twice a year in February and September, the date being chosen by the executive committee. The officers for 1896 are Dr. A. E. Higbee, Minneapolis, president; Dr. H. H. Chase, Duluth, vice president; Dr. W. A. Beach, St. Paul, secretary, and Mr. G. A. Badendrier, Minneapolis, treasurer.

A corps of physicians have organized the National Club of Electro-Therapeutics at Indianapolis, Indiana, the object of the institution being to give to physicians comprehensive instruction in the use of electricity in medicine and surgery. Dr. W. F. Howe is president of the new institution, whose faculty consists of Drs. Howe, Jerman, Bleyer, Edwards and Pitzer.

A French physician tells the following anecdote: He had occasion to prescribe for an old rheumatic and wrote out a prescription for *Veratrum*. The patient, being one who was not sorely pressed for time, took opportunity to consult his encyclopedia, as old as Herod, where he read, "Veratrum, a powder which is used for poisoning rats." The client never saw fit to report to his physician again.

Twelve hundred and fifty-eight medical students are reported to have been in attendance upon the universities of Berlin last winter, 1,193 upon those of Munich, 714 at Wurzburg, 667 at Leipsig, 374 at Erlangen, and about as many at the schools of Greifswald, Freiburg, Breslau and Strassburg. Munich had the largest number of foreign students, 677, and Wurzburg came next with 532.

Dr. L. A. Wolcott, of Berlin, Wisconsin, died April 14th, 1896, of apoplexy, after twenty-three days illness. He was a graduate of Minnesota Homeopathic Medical College, class '88. In the fall of 1893 he moved from Shell Lake to Berlin, where he built up a good practice. Homeopathy loses a faithful worker, cut off at the early age of 46, in the midst of his usefulness and ambition in the good work.

Philadelphia has lost a leading homeopathic physician in the death of Dr. Mahlon M. Walker, who died at the Hahnemann Hospital of that city March 31. Dr. Walker's malady was neuralgia of the heart, and the immediate cause of his death the rupture of an aneurism of the thoracic aorta. He will be missed by his colleagues, socially as well as professionally, as he was a genial and courteous man who had won many friends.

Dr. Herman Fischer, of Charlottenburg, near Berlin, recently deceased, bequeathed to the Central Society of German Homeopathists in Leipzig fifty thousand marks to the Homeopathic Hospital in Leipzig for the endowment of beds founded by him, ten thousand marks to the pension fund of the Central Society, and ten thousand marks to aid students of medicine from Würtemburg who desired to embrace homeopathy. Not for many years has homeopathy received such a legacy in Germany as this.

Dr. Gustav Puhlmann, the well-known editor of the *Populäre Zeitschrift für Homœopathie*, recently celebrated the termination of the first twenty-five years of his editorship. His friends and co-workers presented him with a beautiful album specially made for the occasion, commemorating homeopathic events in Leipzig and containing the portraits of his co-laborers. No man has done more for the cause of homeopathy in Germany than Dr. Puhlmann; his Handbook on Practice is an exceedingly valuable one.

The daily papers are announcing the fact that a young German physician named Erich Langheld has announced a new cure for consumption. It is said to be chiefly made up of ozone and cod-liver oil, administered hypodermically. This is probably on a par with Edson's aseptolin, which is little else than an effort to renew the Declat method of injecting carbolic acid hypodermatically. The commercial ring sounds out resonantly in the manner in which most of these preparations are placed before the profession and the public.

An analysis of ten thousand prescriptions made by the committee on revision of the United States pharmacopeia of the Illinois Pharmaceutical Association shows that two thousand six hundred and thirteen prescriptions, or about one-quarter of the entire number, contained proprietary remedies—this showing to what extent the old school profession allows pharmaceutical druggists to make its prescriptions. Could anything afford more positive evidence of carelessness and unscientific methods of the old school profession than testimony of this character?

The *Southern Journal of Homeopathy* for April contains three very satisfactory original photographs illustrative of the Röntgen rays in the medical field. The second exposure demonstrates the ability of this method to diagnosticate the position of the fetus in utero. It shows a six months fetus occupying the fourth obstetric position in the uterus, the test being made post mortem. Whether the same result can be obtained in the living subject is yet to be seen. If it can be this method of fetal diagnosis will render practical aid to the obstetrician in times of great need.

The homeopathic profession of Plainfield, New Jersey, have set about to establish a hospital of their own, claiming that they are not treated fairly in the old school hospitals of their city. This is as it should be. We should never be content to play second fiddle to the old school, but should everywhere establish hospitals of our own, keep them in an atmosphere wholly homeopathic, and conduct them with an eye single to the best results for the patients and homeopathy. It is doubtful if joint establishments are ever as satisfactory as separate hospitals.

Dr. Joseph Unsin died recently at Landshut, Germany, in the sixty-seventh year of his age. For thirty-eight years he has been active in Landshut as a successful practicing physician. Dr. Unsin wrote some valuable provings on *Colchicum* and quite a treatise on *Uranium.* It is peculiarly note-worthy that as his death was caused by a pancreatic affection another instance is afforded where a physician has succumbed to a malady to which he has given the most time and study. Dr. Unsin is lamented by his German colleagues as a capable physician, a brave man and a true homeopath.

The second annual commencement of the Denver Homeopathic Medical College was held on Friday evening, April 17 at the Brown Palace Hotel. After the graduating exercises a banquet was spread for over one hundred guests. The programme of the evening was introduced by a report of the registrar who was followed by the dean. Two graduates were presented to the president as candidates for graduation upon whom the president conferred the degree of Doctor of Medicine. The prospects for the new year at the Denver college are good and it is thought there will be a dozen or more in the next graduating class.

The graduating class of 1895 of Hahnemann Medical College of Chicago has instituted a new and interesting feature in the form of its first annual report concerning the locations, prospects and prosperity of its members. This first report is a pamphlet of fourteen pages giving individual reports from fifty-eight members located in as many different fields of practice throughout the country, and obituary notices of two of the members. There is also presented in them a variety of additional information which will be of interest. This report was compiled by Dr. W. S. Hamilton, class secretary, who is located in Oklahoma.

The daily press has recently contained elaborate accounts of the scandal and threatened mobbing of the Topeka Medical College because of its grave robbing propensities. The time has gone by for grave desecration. If a medical college is so situated as not to be able to supply its students with dissecting material legally obtained it has no justification in its existence. Still, in some states the laws pertaining to the subject of dissecting material are not adequate to the necessities of the day; but wherever they are insufficient they should be changed and grave robbing should not be tolerated. It is an outrage upon civilization, just as are all other kinds of thievery.

Dr. C. M. Rosser, superintendant of one of the insane asylums of Texas, delivered the doctorate address before the faculty and class of the University of Louisville recently in which he attacked homeopathy with vigor, vim and viciousness. The homeopaths were amused and disgusted, the allopaths annoyed and humiliated. Roasting rival systems of medicine with blackguardism and abuse is no longer considered real smart. As one of the students at the Southwestern Homeopathic Medical College put it, a man who will indulge in abuse and ridicule in reviewing homeopathy in this day and generation is more fit to be an inmate than a superintendent of an insane hospital.

NEW YORK NEWS-NOTES.

Dr. John W. Dowling moved on May 1st to No. 8 West 45th street, where his office hours will be kept as heretofore.

Dr. A. M. Lacina, '96 N. Y. H. M. C., has secured the appointment as visiting physician of the college dispensary.

Dr. J. T. Simonson has removed to No. 46 West 85th street, where his office hours will be 8 to 10 A. M. and 6 to 7:30 P. M.

Dr. Oscar N. Meyer has removed to No. 118 East 90th street, where his office hours will be until 11 A. M., and 6 to 7 P. M.

Dr. Geo. E. Evans, '96, N. Y. H. M. C., will serve as resident physician at the Grace Homeopathic Hospital of New Haven.

Dr. Wm. A. Boies, '96, N. Y. H. M. C., has gone to Knoxville, Tenn., to take the practice of his recent preceptor, Dr. H. G. Bayless, of that city.

Dr. W. Y. Cowl has recently sent to his friends in New York photographs which show that he is among the most successful of the investigators of the X ray.

The Jahr Club is officered as follows: President, J. M. Schley, M. D.; secretary and treasurer, G. M. Dillow, M. D. It meets on the first Monday of each month.

Drs. D. J. Roberts, of New Rochelle, and T. H. Carmichael, of Philadelphia, are planning a European trip for July and August, winding up with a look at the International Homeopathic Congress.

The Harlem Homeopathic Hospital was one of the beneficiaries at the Harlem charity festival, held at the Harlem Opera House Music Hall on April 16th. The festival is a great feature of the spring social season.

Dr. St. Clair Smith has moved to 25 West 50th street. His office hours will now be held from 11 A. M. to 1 P. M. and 7 to 8 P. M. Sundays 3 to 4 P. M. His associate, Dr. L. A. Queen, has opened a separate office at 114 West 85th street.

Dr. Irving Townsend has removed to 67 West 46 street, where his office hours will be changed to 10 to 12 A. M., 5:30 to 6:30 P. M. Sundays 10 to 12 A. M. He announces that hereafter special attention will be given to the treatment of diseases of the nose and throat.

The New York physicians are among the most enthusiastic followers of the bicycle craze. Dr. Dillow wheels regularly to the college, and is now planning a wheeling trip abroad for his summer vacation. Dr. J. T. O'Connor is another most energetic rider.

The Clinical Club of New York has for president, C. C. Boyle, M. D.; vice president, C. W. Cornell, M. D.; second vice president, J. H. Demarest, M. D.; secretary and treasurer, G. W. McDowell, M. D.

Its meetings are held on the third Friday of each month from October to April at houses of members.

The opening of the Medical Hospital has been postponed until fall on account of the lateness of the season. Dr. Walter G. Crump, who received an appointment to this hospital a year ago, is now serving on the ambulance at the Flower Hospital. Dr. Joseph I. Dowling has resigned from Flower Hospital.

The attention of the public has been again directed to the danger of the coal-tar derivatives, this time by the death of a traveling salesman after a dose of the commonly used sulphonal. The daily press would do a greater service in giving publicity to the disadvantages and danger of these antipyretics and hypnotics than in exploiting the "discoveries" of the latest "specifics."

Mayor Strong has approved the bill permitting the establishment of a hospital for contagious diseases endowed by Mrs. Minturn. The opposition depended upon the superstition that such a hospital is a menace to health in the neighborhood. This foolish fear of a well regulated hospital has no foundation, but is fostered in the unsophisticated by many of the extravagent regulations of health boards.

Appointments to the Brooklyn Homeopathic Hospital resulted in a triumph for the New York Homeopathic Medical College. Out of seventeen applicants four were from New York, but their delegation captured three of the four appointments. The appointees are Drs. H. C. Allen, T. H. Semmerz and R. I. Lloyd of New York, and Dr. Van Dursen from the Hahnemann College of Philadelphia.

The New York State Board of Health seeks an appropriation of $300,000 for the purpose of extirpating tuberculosis among the dairy herds of the state. It proposes to test all cattle with tuberculin, and compensate owners for the loss of all found infected. All cattle entering the state will be required to pass the same test, and dairymen are advised to add none to their herds without a certificate of soundness.

The splendid clinical advantages of the Metropolitan Hospital are being rapidly developed by its active staff for the benefit of the physcians and students of the city. During the winter weekly clinical instruction has been given to all visitors, and cards of invitation freely issued. An effort to make it available to the homeopathic students of the city is cordially appreciated. Since the move from Ward's Island to Blackwell's Island the hospital is much more accessible, and its value to the profession thereby multiplied.

The class of 1897 of the Woman's Medical College has appealed to the students of the New York Homeopathic Medical College for relief from the embarrassment into which they have been thrown by the loss of the charter of their college. While the general sentiment among the students of the men's college is opposed to co-education, yet a chivalrous desire to relieve their distressed sisters has influenced them to yield the point for the one year and consent to permit co-education should the faculty accede. The outcome of the experiment if it is tried will be worth watching.

The announcement of the death of Dr. Edwin J. Pratt of this city, will be received everywhere with deep regret. He returned from a trip to the South, undertaken for his health, to fall a victim to a severe form of typhoid fever, terminating on April 20th in pulmonary edema. Dr. Pratt graduated from Bowdoin College in 1877 at the age of twenty-four. During his course at the New York Homeopathic Medical College he assisted Dr. T. F. Allen in his work on the Encyclopedia of Materia Medica. Graduating in 1881, he then served for two years in the Brooklyn Maternity Hospital. After a year spent in the West for his health Dr. Pratt began practice in New York with Dr. H. C. Houghton. He took both courses at the New York Ophthalmic College, where he later became surgeon and professor of general anatomy and histology of the eye. He was a member of the American Institute, the State and County societies, and the New York Medical Club, and was chairman of the executive committee of the Alumni Association of the New York Homeopathic Medical College. Dr. Pratt leaves a wife and an infant son, who receive the sincere sympathy of his hosts of friends in the profession. The funeral services were held at his late residence, 45 West 45th street, on Wednesday afternoon, April 22nd.

The thirty-sixth annual commencement of the New York Homeopathic Medical College and Hospital was celebrated with unusual pomp and ceremony on April 30th. The faculty and graduates were gowned, in accord with the regulations of the Intercollegiate Association, and presented an imposing appearance. A class of twenty-nine were graduated. They were: Herbert Coleman Allen, Frank Hazlehurst Barnes, August Biel, William Artemas Boies, Ray Cleveland Conklin, Edmund Maginness Devol, George Harry Dowkontt, Edward Ellis Evans, George Edwin Evans, D. E. Francisco, Frank J. Gale, Charles Gennerich, James Elbert Harris, Robert Mortimer Jones, Hugh Kidder, A. B., Anthony Miloslav Lacina, Theodore H. Lemmerz, Ralph Irving Lloyd, Charles Augustus Mitchell, Ward Raymond Noyes, Carl Herman Ohly, Ph. D., Gaylord Joel Pettit, Rudolph Frederick Rabe, Jr., Herbert Alfred Roberts, Clayton Welch Seaman, Max Alexander Connop Thirlwall, William Ezekiel Wentworth, Harry Stearns Willard, Harry Zeckhausen. The awards of prizes were as follows: First faculty prize, Theodore H. Lemmerz; second faculty prize, Ralph I. Lloyd; F. S. Nott prize, Arthur F. Warren; alumni prize, Theodore H. Lemmerz. Honorable mention was given to Ray C. Conklin, Gaylord J. Pettit, Jas. E. Harris, Frank J. Gale, and Herbert C. Allen. Also in the senior class to Thomas A. Buys, and in the junior class to Arthur F. Thompson, Irving A. Meeker, Stanley W. Pallister, and Fred W. Peck. The address to the graduating class by Prof. T. F. Allen was a reply to questions regarding the relation of homeopathy to modern science, and particularly to recent advances in bacteriology. Ralph Irving Lloyd delivered the class valedictory.

The fourteenth annual meeting and banquet of the Alumni Association of the New York Homeopathic Medical College was held on April 30th, at Delmonico's. The election of the following officers was announced: President, J. T. Greenleaf, M. D., '67; first vice president, J. Ralsey White, M. D., '65; second vice president, R. K. Valentine, M. D., '75; third vice president, P. S. Kinne, M. D., '72; corresponding secretary, J. W. Dowling, M. D., '86; recording secretary, W. S. Pearsall, M. D., '85; treasurer, J. B. Garrison, M. D., '82; necrologist, H.

W. Paige, M. D., '84; chairman of executive committee, C. S. Macey, M. D., '81; executive committee, to serve three years, W. I. Pierce, M. D., '91, C. W. Cornell, M. D., 77. The association decided that hereafter the alumni association prize shall be awarded for the best original thesis on some subject in the department of Materia Medica and Therapeutics. The after-dinner speakers were as follows: President's address, F. H. Boynton, M. D.; To the Memory of Samuel Hahnemann, Eugene H. Porter, M. D., toastmaster; Alma Mater, Wm. Tod Helmuth, M. D.; The Two Curates, Rev. Robert Colyer, D. D.; Medical Politics, Job Hedges; College Teaching and Medical Training, Rev. John B. Drury, D. D.; Some Short Sentences, Judge Green; As Others See Us, Wm. W. Van Baun, M. D.; The Class of '96, Wm. A. Boies, M. D.; The President-Elect, John T. Greenleaf, M. D. Dean Helmuth, in his speech, announced the project of establishing "Alumni Day," to be celebrated on the day of commencement. Clinics and a lunch at the college, will occupy the morning. The commencement will follow and the banquet will close the festivities. Dr. W. W. Van Baun, of Philadelphia, editor of the *Hahnemannian Monthly*, was a guest of the association. Dr. L. B. Swormstedt and Dr. Wm. R. King, of Washington, were guests of Dr. J. B. G. Custis.

BOSTON BUDGET,

Dr. W. H. Tobey, of Columbus avenue, has succeeded to the practice of the late Dr. L. A. Phillips.

Hon. Everett W. Burdett began his course of lectures at the Medical School on "Medical Jurisprudence," on April 23.

The Section of Pathology and Therapeutics furnished the papers for the Boston Homeopathic Medical Society at the meeting held May 7.

Dr. Sarah S. Windsor has returned from her trip to Mexico and resumed her course of lectures on Diseases of Children at the Medical School.

Dr. J. W. Hayward is recovering from an operation for a septic finger, the result of a pin prick received during the course of an operation which he was performing at the Boothby Surgical Hospital.

The Worcester County Homeopathic Medical Society held its quarterly meeting at Worcester, May 13. The committee on "Pediatrics and Organs of Special Sense," Dr. Ellen L. Keith, of Westboro, chairman, had charge of the meeting.

The Massachusetts Homeopathic Hospital has been made residuary legatee, together with the City Hospital and the Massachusetts General Hospital, to the estate of the late Thomas T. Wyman, of South Boston. It is said that the amount falling to each hospital will be about one hundred and thirty thousand dollars.

During the past month some very excellent clinics have been presented at the Homeopathic Hospital. One day Dr. Bell had three laparotomies on his list. On April 25 there was a strange coincidence in connection with the surgical clinic; among some eight or ten operations were two ovarian cysts, both of which proved to be dermoid. Dr. Winn, who was operating, said that the patients were sent from the same town in Vermont but by different doctors, neither of whom knew that the other had sent a patient to the clinic.

WASHINGTON WHISPERINGS.

Dr. Horace Packard, of Boston, spent the latter part of April sight-seeing in Washington. This was the Doctor's first visit to the national capital.

Several of our physicians are expert riders of the bicycle and say that it is good exercise. The bicycle fad is on in full force here, where the streets are smoothly paved and well adapted for such sport.

Dr. Herbert A. Harrison, a graduate of the New York Homeopathic College, class 1895, and during the past year assistant resident physician of our hospital, has been promoted to the position of resident physician.

The April meeting of the Washington Medical and Surgical Club was held at the residence of Dr. B. F. Gibbs. Dr. T. L. Macdonald was elected delegate to represent the club at the meeting of the American Institute of Homeopathy.

Dr. R. P. Higgins, a graduate of this year's class at the Hahnemann College of Philadelphia, has been appointed assistant resident physician of our hospital. There were four competitors for the place, and all made a creditable showing in the examination.

Dr. T. L. Macdonald, who has been under the weather for several weeks, has been compelled to seek rest at Atlantic City. He stopped over at Philadelphia to attend the commencement exercises of Hahnemann College, and returned to Washington very much improved in health.

Drs. W. R. King and L. B. Swormstedt attended the commencement exercises of the New York Homeopathic College, joined Dr. Macdonald at Atlantic City for a few days, then stopped over at Philadelphia to be present at the Hahnemann exercises. It is needless to say that they had a good time.

Dr. J. Holmes Bronson, for two years resident physician at the National Homeopathic Hospital, has opened an office at 261 "N" street, N. W. While connected with the hospital the Doctor was very faithful to his duties, and he leaves the institution carrying with him the best wishes of all for the future.

The dispensary connected with our hospital is doing a great work. Dr. W. R. King, who is at the head of the dispensary staff, has devoted much time and hard work to make this one of the best equipped dispensaries in the country, and he has succeeded well in the undertaking. All classes of disease are treated here by a corps of competent physicians and crowds of poor people apply daily for treatment.

The Maryland and District of Columbia Clinical Society held an interesting and well attended meeting on April 24th, at the Ebbit House, in this city, Dr. W. R. King, president of the District branch, in the chair. Cases were presented by Drs. F. A. Gardner, H. H. Hawxhurst, Z. B. Babbitt, L. B. Swormstedt, and R. Kingsman. The case of Dr. Babbitt was an interesting one of ectopia vesicæ in a female child three weeks old. Among those present from Baltimore were Drs. H. Chandler, T. K. Palmer, C. L. Rumsey, W. M. Panebaker, J. A. Clement, and J. W. Wisner.

Dr. S. S. Moffatt, a well known homeopathic physician of this city, was instantly killed shortly after one o'clock on the morning of April 25, ult., by one of our electric cars. It is impossible to say how the sad accident occurred. There were few witnesses to the killing, and none of these knew that the doctor was lying prone upon the railway tracks until the car struck him. The doctor came to Washington several years ago as manager of Boericke & Tafel's pharmacy, and after holding that position for two years resigned, commenced the practice of medicine, and in a short time built up quite a comfortable business. He was to have been married in a few weeks. His funeral services were held at one of our prominent Methodist churches, and were conducted by the masonic fraternity. The Washington Homeopathic Medical Society attended the funeral in a body. The remains were sent to his relatives in Canada for burial.

PHILADELPHIA PELLETS.

Dr. Weston D. Bayley has moved from South Broad street to offices, 1431 Poplar street, lately occupied by Dr. R. C. Smith, deceased.

Dr. Chas. H. Abbott, of Woodbury, with his wife, will sail for Europe in the near future, to be absent several months. Dr. Abbott has been seriously ill for some weeks, and was advised by his physicians to relinquish practice and travel until his health is restored.

The eleventh annual meeting of the Hahnemann Hospital Association was held April 14th at Hotel Bellevue. Dr. Chas. Mohr of the hospital staff presented the reports of the staff and the treasurer, which showed the following summary: Number of new patients admitted to the hospital last year, 1,835; number of old and new patients treated free, 1,424; paid patients, 503; number of new out patients treated, 4,368; registered at the dispensary, 17,216; out-patients treated at their homes, 809. Including cash in hand at the beginning of last year, $1,955.27, the total receipts for the year for maintenance account amounted to $76,730.92; after paying all expenses for the year there is a balance on hand of $3,318.43. The total receipts on special account were $116,180.55. Out of this sum were paid off mortgages and loans amounting to $69,030.66, and $45,787.50 was invested, leaving a balance in hand of $1,362.39. The officers elected for the ensuing year are: President, Mrs. J. Lewis Crozier; vice presidents, Mrs. Constantine Hering, Mrs. Horace Fassett, Mrs. William B. Hanna, Mrs. J. S. Elwell, Mrs. George C. Thomas, Mrs. Charles M. Thomas; corresponding secretary, Mrs. Edmund Lewis, Haverford college; recording secretary, Mrs. Clyde Edwin Barton, West Coulter street, Germantown; treasurer, Mrs. T. B. Belfield.

A meeting of representatives of the various hospitals in the city, having in view the purification of the city's water supply, was held in the library of the Pennsylvania Hospital, April 15th. Benjamin H. Shoemaker, president of Pennsylvania Hospital Board presided. After considerable discussion, on motion of Dr. Roberts, the following resolution was unanimously adopted:

Whereas, A number of important organizations of this city, including the Philadelphia Board of Trade, the College of Physicians, University of Pennsylvania, and twenty-five or more others, have united in forming a "City Organizations Filtration Committee," and have invited the hospitals of the city to unite with them in membership, designating, if agreeable, one person to represent said hospitals, or such of them as may accept said invitation; and

Whereas, The sole purpose of said committee is stated to be to use all legitimate means to influence by the passage of councils of a suitable ordinance, or by other proper methods, the inauguration of the purification of our city water supply by filtration:

Resolved, That the aforesaid invitation is hereby accepted on behalf of the following named hospitals, and Mr. J. Vaughan Merrick is designated to represent the same in membership on the "City Organizations Filtration Committee." Pennsylvania Hospital, represented by Benjamin H. Shoemaker; Polyclinic Hospital, represented by Dr. John B. Roberts; Hahnemann Hospital, represented by Wm. G. Foulke; Methodist Hospital, represented by James Gillinder; Howard Hospital, represented by C. Cresson Wistar; German Hospital, represented by M. Richards Muckle; Jewish Hospital, represented by Wm. B. Hackenburg; Episcopal Hospital, represented by J. Vaughan Merrick; Germantown Hospital, represented by Wm. H. Haines and Frank J. Firth.

The Pennsylvania State Homeopathic Board of Medical Examiners met in Harrisburg, April 7th, and organized for the year by electing Dr. Hugh Pitcairn, of Harrisburg, president, and Dr. J. C. Guernsey, of Philadelphia, secretary. They adopted a recommendation that the standard of examination in all branches hereafter should be seventy-five per cent., to equal that of the New York regents. Examinations will be held in Pittsburg and Philadelphia in June.

A large number of interested friends and physicians assembled in the clinical amphitheatre of Hahnemann Hospital, April 13th, to witness the commencement exercises of the nurses' training school. The room was very prettily decorated with the Hahnemann colors, and hosts of palms and blooming plants.

The commencement exercises were opened with prayer by Rev. Dr. W. N. McVickar, followed by an excellent address by Mrs. Edw. Longstreth. The diplomas were presented to the successful students by Hon. Wm. B. Hanna, D. C. L., president of the Hahnemann College and Hospital Association.

Dr. Chas. Mohr welcomed the graduates on behalf of the profession in a few well chosen words, "As they were graduates of an honorable institution, it was only just that they should strive to keep bright and untarnished the fair name of their Alma Mater. They should glory in the fact that their training was received in a homeopathic institution," and yet were cautioned, when engaged in nursing in families who preferred old school practice, never to say a word, or make a gesture, which could be interpreted as being derogatory to old school practice or its physicians. Miss Halchen Mohr, who is gifted with a very sweet voice, sang several well chosen selections during the evening. The usual reception to the alumni, following the commencement exercises, was held in the reception rooms and parlors of the hospital.

The school was organized in 1890, upon completion of the present hospital buildings. Miss Alice Brownlee, graduate of the Royal Hospital at Belfast, Ireland, is directress of nurses, and it is largely due to her efforts and the excellent discipline maintained that the school has attained to front rank among training hospitals. The nurses from "Old Hahnemann" are always in demand. Beginning with this year a three years graded course was inaugurated, and this school is one of the first in this country to thus raise the standard of attainment required.

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Surgery.

TREATMENT OF SHOCK BY INTRA-VENOUS SALINE INJECTION.

BY GEORGE F. SHEARS, M. D., CHICAGO.

The treatment of shock from excessive hemorrhage by the intra-venous injection of a saline solution is one that is of interest to every practitioner, inasmuch as he is liable at any time to be called upon in an emergency to treat this condition. I have been convinced from my inspection of text-books, from my reading of general medical literature, and from my contact with different physicians and surgeons as a consultant that this simple procedure, as recognized and practiced by prominent surgeons, is not a familiar one to the general profession in whose hands, I believe, as well as in those of the surgeon-specialist, it is a valuable and not an especially difficult procedure.

Our text-books still describe the operation of transfusion of blood directly from one person to another and illustrate the instruments used, when as a matter of fact this operation has been discarded by the surgeon of today. The operation of transfusion is usually demanded in an emergency case, there being no special instruments at hand, no one who is willing to give his blood, no time to hunt for someone, and even if all these difficulties were overcome the danger of infection is so great that in the light of our present knowledge of the *modus operandi* of death from hemorrhage the direct operation should be prohibited.

I desire to exemplify by means of a few illustrative cases the indication for the use of the saline solution and the simple means by which it may be employed.

Case I.—Traumatic Shock and Amputation.—Mr. B——, aged 28, was run over by the freight cars, leg crushed and tibial arteries severed; was picked up some time after the accident and brought about one o'clock A. M. to Hahnemann Hospital in a state of collapse. The house surgeon controlled the hemorrhage, gave hypodermic injections of whiskey and rectal injections of hot water but the patient did not respond. At 5 A. M. I was telephoned for and went to the hospital. The patient was pulseless, the faced pinched and cold. He was placed on the operating table, surrounded by hot water bags and the leg amputated. At the same time the house surgeon, Dr. Henderson, found the median basilic vein, isolated it and commenced the injection of a salt solution. By the time the flaps were ready for suturing the pulse became evident and was counted at ninety. One quart of fluid was injected. The patient was put to bed and for a time did well, the pulse, however, remaining feeble. At 10:30 he commenced to sink and when I reached him at 11:00 he was again almost pulseless and entirely oblivious to what was going on. The vein, upon which a ligature had been left, was pulled down, opened and two and one-half quarts of salt solution injected, the injection continuing until the pulse was full, strong and eighty to the minute. The patient became conscious and from that time on his recovery was uninterrupted.

Case II.—Nephrectomy for Large Tubercular Kidney.—The patient was very weak at the time of the operation and the companion kidney showed signs of inflammation. Although the patient showed evidence of pronounced shock immediately after the operation I hesitated to use a saline solution, fearing the added work thrown on the remaining crippled kidney might be more than it could successfully perform. The usual means for overcoming shock were resorted to but without avail. Eight hours after the operation it was evident to the attendants that the patient was about to die. Dr. Henderson, the house surgeon, therefore made an intravenous injection, which was followed by marked improvement, and after a tedious convalescence the patient made a complete recovery.

Case III.—Traumatic Cerebellar Abscess.—Child, aged four years, had sustained a compound fracture of the cranium followed by pyemia, abscesses of the scalp and in the brain. Operation, trephining and evacution of the abscesses. During the operation the child became pulseless and notwithstanding hypodermics of whiskey would not rally. A pint of saline solution was injected and the pulse immediately became easily recognizable and the usual signs of reaction occurrred. The patient died subsequently from pyemia, it being probable that all the abscesses had not been reached by the operation; no post-mortem however was attainable to verify this conclusion.

Case IV.—Internal Hemorrhage.—Mrs. B—, had been operated upon by Dr. Crutcher for removal of fibroid tumor of the broad ligament. Four hours later I was called in consultation and found the patient in collapse with symptoms of internal hemorrhage. The abdomen was re-opened, the broad ligament clamped and a saline solution of one quart injected into the median basilic vein. The pulse returned under the influence of the injection but the patient died seventeen hours later.

Case V.—Post-Partum Hemorrhage.—Mrs. G——, aged 28, was delivered at term with forceps, no unusual symptoms. Five hours later the patient fainted and the nurse, upon examination, found a profuse hemorrhage taking place. Her physician was called, the uterus cleaned out, packed and compressed, ergot administered hypodermically, and subsequently, inasmuch as the patient did not react, hot injections into the rectum and hypodermics of whiskey were tried but with no improvement. I was called in consultation. I found the uterus contracted and only a little oozing taking place but the patient looked bloodless, spoke in whispers, and had a pulse almost imperceptible at the wrist. Three pints of a saline solution were injected into the left arm when the pulse became quite firm with 110 beats to the minute. The patient made a good recovery.

Case VI.—Extra-Uterine Pregnancy.—I was called in consultation to see Mrs. C—— who was supposed to be suffering from strangulated hernia. She was twenty-eight years of age, had been married one year, never pregnant, but had missed her periods for the past two months. Five hours before my arrival she had been suddenly seized with severe pain in the stomach, had vomited and felt, as she described, bearing-down sensations in the pelvis. The pain had now ceased but she seemed utterly collapsed. Examination showed a dullness in the right side of the pelvis and a soft, indefinite mass in the posterior cul-de-sac, a little to the left. A diagnosis of ruptured extra-uterine pregnancy was made and as the case seemed an urgent one immediate operation advised. The abdomen was opened and free blood found there. To the right was a mass involving the right tube and ligament. This was tied off and the mass with ovary removed. The case was an emergency one, the patient much collapsed when the operation commenced, and now almost pulseless, and fearing fatal syncope two quarts of a saline solution were injected into the right median basilic vein. The pulse responded promptly and the patient made a good recovery.

I might mention other cases in which this procedure has been employed, but the above are sufficient to illustrate the scope of the operation without unduly extending this paper.

The Solution.—The solution used consisted of boiled water at a preferred temperature of 103 F., to which sterilized common salt in the proportion of one teaspoonful to a pint had been added. In emergencies, however, the temperature was gauged by the hand, the salt being added without waiting for sterilization. Various appliances have been devised for effecting the injection but I have found the ordinary fountain syringe with a clean sterilized glass nozzle all that was needed.

The Operation.—Expose the median basilic, or one of the venæ comites of the brachial, at the bend of the elbow, by an incision about one inch in length. The collapsed condition of the bloodvessels often renders this a somewhat difficult task, but it may be facilitated by tying a bandage around the arm and by remembering after fixing the location of the veins that they are sub-integumental and that it is not necessary to divide muscular tissue in the search for them. Having found the vein, clear it for a short distance and pass under it a double silk ligature. Divide this so that one thread may be pulled down to the lower angle of the wound and the vein tied. Bring the other thread to the upper angle of the wound, place a small pair of flesh forceps under the vein so as to give it firmness and make an incision into the vein in its long axis. Into this incision introduce the canula and tie it in place with the upper ligature, leaving the ends long for convenience in handling. In order that air may not enter the vein the solution may be allowed to flow through the canula while it is being introduced. When the full quantity has been injected the canula is withdrawn and the upper ligature used to tie the vein. The wound is then closed with a stitch and dressed aseptically. The syringe bag should be held or hung about three feet above the patient, although this may be changed as the occasion seems to demand. Experience has shown that a rapidity of injection greater than a pint in four or five minutes may embarrass the heart's action. The amount of fluid to be injected, theoretically, should bear some relation to the amount of blood lost; but as this is practically impossible to estimate I have never taken it into consideration but have relied upon the pulse as a sufficient indication. Unless the heart seems very much embarrassed, a condition due rather, I believe, to the rapidity of injection than to any other cause, I continue the injection until the pulse becomes full and regular, giving anywhere from two to three quarts. In this regard the few text-books that refer to this operation are too conservative. From a pint to a quart is the amount commonly mentioned, but it has been seldom in my experience that so small a quantity has been sufficient. In Case I, quoted above, I first injected one quart; but this was not enough, and I subsequently injected two quarts more before the circulation became permanently established.

In conclusion, I wish to say that I believe this simple procedure would have saved many lives which in the past have been lost from cardiac failure, due to excessive hemorrhage, and that I believe no patient should be allowed to die from such cause without a resort to this operation.

Gynecology.

PLEA FOR A RETURN TO THE USE OF OUR REMEDIES IN GYNECOLOGY.

BY S. P. HEDGES, M. D., CHICAGO.

Change of Title.—The title of my paper is not properly the title as I now give it upon which I originally intended to write. And this change came about as I began to look up somewhat fully the homeopathic literature as found in our recent volumes on gynecology, and still more in the current journals of our schools. The further I investigated the more I became disturbed and astonished. I found scores and hundreds of pages given to local surgical and instrumental treatments for dysmenorrhea and endometritis and only now and then a few references to internal homeopathic remedies. This so wrought upon my feelings that I found my thoughts running into a course which might be called "A Plea for a Return to the Use of our Remedies in the Practice of Gynecology."

A Critical Period.—Homeopathy has entered upon the most critical period of its existence. This period began about the time of the great modern advance and reform in surgical practice. Just when is immaterial. The beginning was like some constitutional diseases, insidious and unnoticed in its inception. For some time, however, the watchful and loyal men of our school have noticed, with some anxiety, the state of the homeopathic pulse. In our journals and now and then in our societies attention has been called to the decadence in the knowledge of exact homeopathic prescribing. Our journals containing the up-to-date homeopathic literature are filled with the advanced surgical methods and reports of the preparation, technique and management of these cases. This is all right in its place, and to no one will I yield in admiration of the splendid success of the surgeons in these times, among which honorable list, we, as a school, have such able representatives. But it is not in surgery that we have a right to claim the distinction of a separate school in medicine. It is not in the line of diagnosis or pathology that we have any claim to continuance as a school. Nor is it in the line of surgical gynecology that we can claim a separate existence. The sole right and reason we have to continue and perpetuate our existence as a new and advanced school in medicine is based upon the law of similars as enunciated by Samuel Hahnemann. The practical and successful application of this law demanded a new materia medica. The thought and the plan for developing a new materia medica by the proving of drugs upon the healthy was also due to the genius of Hahnemann. The carrying into practice of these new thoughts led to the minimum dose as the surest, quickest and safest method of cure.

The Homeopathic Trinity.—Thus we have in these three new and advanced thoughts, viz: the Law of Cure (similia similibus curenter), the proven remedy and the small dose, a reason to live and to continue to live. The homeopathic therapeutics which has been builded upon this law and materia medica is sufficient to give us a name to be classed among permanent medical systems. And for the same reasons, if we do our duty, the medical system for which we stand will come more and more into general use and become the one and only law for the application of drugs to the cure of disease.

An Era of Progress.—For seventy-five years following Hahnemann's day homeopathy made steady and continuous progress. Its advocates studied to make the most accurate and careful prescriptions, and as a result their cures drew the attention of thousands among the reading and intellectual people wherever it was introduced. During this time the dominant school in medicine was as steadily and continually losing ground. The ablest allopathic physicians lost faith in drugs, yet they would not fairly investigate and apply the new school's law and methods. As a result their best minds turned their thoughts to the study and experimentation in the line of chemistry and pathology, anatomy, and bacteriology and surgery. They discovered, developed and perfected, till these branches became almost exact sciences. We are all indebted to them for their excellent work in these and other departments of medical and collateral art.

An Era of Retrogression.—We see in this cursory review that the success of faithful homeopathic prescribing had driven the allopaths quite off the medical field. Like a victorious army we, I fear, have become careless and are resting in the captured medical camp of our enemies. Careless prescribing has become the rule. Close affiliation of the proven drug to the symptoms of the disease has become more and more infrequent. We have rested on our laurels and on the splendid success of the early and painstaking homeopaths. We forget that in intellectual matters to rest—to stop—is to retrograde. We, as a medical school, have retrograded. We need to be aroused—to wake up—we need a true revival. We must return to the law, to the proven drug, to the careful adaptation of that drug to the similar disease as revealed by its symptoms. If we do this there is no fear of ever surrendering a foot of ground to our allopathic competitors. We have a name to live, a proud name to honor and advance. It is, however, a distinct sphere. Within its bounds we cannot be wrong in claiming all we ever have claimed. And we have a right to a distinct name and place in materia medica and therapeutics. In these departments we must stand firm and demand recognition. Let our flag of similia be kept at the mast head and in loyal service let us ever uphold and advance its claims to truth.

An Era of Medical Gynecology.—One of my earliest recollections as a medical student is in recalling the delight and satisfaction of my preceptor as he told me of some of his successes in curing cases of "female diseases," as they were then called. He had been an allopathic physician for over fifteen years before he became a convert to homeopathy, and his comparison of the old way with its harsh methods and poor results and the new way with its simple remedies and greater success has never been forgotten by me. Those early physicians were poorly supplied with books upon practice in any department, but they had all the writings of Hahnemann and his followers and found in them clear and distinct indications for the homeopathic treatment of the diseases peculiar to women. Without any of our modern exactness in differential diagnosis they closely studied the symptoms of the patient, with the general constitutional condition, and covered all these symptoms with the symptoms of the proven drug. And such prescribing fifty years ago was successful, as shown by the demand among women for physicians of our school in their peculiar diseases at a time when the allopathic school had so little they could do for them. The homeopathic physician was able to relieve and cure the most of their sufferings. What a blessing this was to the women of that day! When gynecological diseases were not classified and differentiated, were not understood as we now understand them, even then the beauty of the law of similars in its application to remove distressing symptoms was fully shown. Those early homeopaths builded better than they knew. And now I claim that we should do better work in relieving and curing woman's diseases and suffering, because we are better equipped and better informed. But I also claim that we have no better remedies or methods than they had. We must keep close to the indicated, proven remedy if we even now would have the success of our homeopathic fathers and grandfathers.

In all that I have said in regard to the successful use of our remedies I do not wish to be understood as asserting that they can do everything. They have their place, but we must be wise enough to know when they must be discontinued. The homeopathic gynecologist should call surgery to his aid only as a last resort, not too late, notice, but in time to closely and properly supplement the remedies used. Surgery may quickly and safely bring to an end an affection which otherwise would drag along many months under internal medication. In such case it should certainly be employed. I plead for conservatism in gynecology, but a wise conservatism.

The Knowledge of Experience.—I have been thirty years in active and general family practice. For twenty of these years I have made a specialty of gynecology. I can truly say today that I am more and more confident in the use of our remedies as the years go by. I undertake my cases with the expectation of seeing curative results. I often have before me almost the certainty of an appeal to surgery, and yet many times have the great pleasure and satisfaction of seeing my patient recover without an operation. I have in many cases advised an immediate operation, but the patient begged for further time and effort on my part in the use of remedies, and even such cases have at times recovered. One result of this has been that I operate less and less frequently, and so when my patient needs surgical aid I feel that there are operating surgeons with much more experience and greater skill. For this reason I call them to operate for me. I believe this is the true course for the most of us in cities and large towns. A good gynecological or abdominal surgeon cannot be made in a day or by a few operations. We should not all try to be surgeons. I desire to see in the near future the homeopathic medical gynecologist a great success. He must know all the resources of surgery and be prepared to call them to his aid, but his great work and success will be to cure with the indicated remedies.

The family physician has a great opportunity and a great responsibility. To him the patient comes with the very first symptoms, and we all know how important it is to obtain the first symptoms and their order and sequence.

The beginnings of diseases ought to be recognized by the medical man, and thus on the watch he can often by a happy prescription prevent or cure. Thus every family physician will need to give special studies to the diseases of women. He should, in a sense, be a medical gynecologist. But it does not follow that he should be a surgical gynecologist. If he has natural gifts in that direction and special opportunities for perfecting himself and receives the support of his medical fellows he may enter into this specialty. The majority of us should do such good work in close and accurate prescribing as to make the demand for many surgeons unnecessary.

A Right Conclusion.—Right here I desire to prevent any misunderstanding which may arise from my statement above that every family physician should be a gynecological specialist. I advise this only for the family physician and in a medical sense. I believe there are too many physicians operating. It tends to belittle the specialty—to make it what anyone can do—whereas there can only be a limited number of true and thoroughly equipped gynecological surgeons in any city or community; and they should be known and recognized and supported by the medical profession. Then they will add to the general reputation of all. I am more free to speak as I do, for I class myself with the family physicians who have given special study to gynecology. I write from a personal experience. In our larger towns and cities a physician will not have in his private practice the chance to make an abdominal section once in three to six months and when he does he should call to his aid a surgical specialist who is making abdominal sections every day. The younger men of the profession need years of experience in general practice before they should enter upon a specialty of such importance.

In conclusion I would repeat that I hope in the future the great majority of our physicians will do such close and accurate prescribing on homeopathic principles as to make the demand for many gynecological surgeons unnecessary.

Materia Medica.

Conducted by W. A. Dewey, M. D., New York.

SOME HOMEOPATHIC REMEDIES IN ANEMIA, WITH COMPARISONS.

Ferrum Metallicum.—Iron is the great allopathic remedy for anemia from almost any cause. It is also a great homeopathic remedy, but it will not cure every case of anemia; it must be carefully individualized. When the patient has an appearance of full bloodedness or plethora, which is followed by a paleness and earthiness of the face and puffiness of the extremities, then *Ferrum* will benefit. It is not the remedy for the anemia resulting from loss of fluids; that is *Cinchona* or perhaps *Natrum muriaticum.* When *Ferrum* is indicated the mucous membranes are pale and there is apt to be an anemic murmur in the veins of the neck. The patient is easily exhausted. Vomiting of food after eating may occur. The patient is constantly chilly and perhaps has an afternoon or evening fever simulating hectic fever. In very stubborn cases sometimes *Ferrum aceticum* or *Ferrum phosphoricum* may come in better than *Ferrum metallicum.* Schüssler recommends first *Calcarea phosphorica* then *Ferrum phosphoricum.* In simple uncomplicated chlorosis *Ferrum* is one of our best remedies. Hughes recommends *Ferrum redactum* 1x or 2x. Ludlam praises *Ferrum et strichnia citrate* 3x, Dr. Jousset, *Ferrum aceticum* or the *Ferrum pratoxalate,* and Dr. Holcombe of New Orleans used *Ferrum phosphoricum.*

All these preparations of Iron may benefit cases of anemia and chlorosis; if so, it is by virtue of their similarity to the symptoms of the case, and not because one or the other preparation of Iron is a tonic in the allopathic sense. By giving the indicated preparation of Iron it removes the underlying dyscrasia giving rise to the anemic or chlorotic condition and cures the trouble.

Pulsalilla.—*Pulsatilla* is the great antidote to Iron, and hence is suggestive in the anemic conditions produced by large or continued doses of it. The system is relaxed, worn out, the patient is chilly and suffers from gastric and menstrual derangements. Thus the symptoms resemble closely those calling for *Ferrum.* The cause of the anemia must be sought for, and if the case comes from allopathic hands it is safe to infer that much Iron has been given and *Pulsatilla* will surely be the remedy. The *Pulsatilla* patient feels better in the open air. Dizziness on rising, absence of thirst, and the peculiar disposition will lead to the remedy. *Cyclamen,* which is similar in many respects, differs from *Pulsatilla* in dreading the fresh air.

Cinchona is the great remedy for anemia resulting from loss of fluids—menstrual, lacteal suppurations and all exhausting discharges—such as long-lasting diarrhea and sexual excesses, but only those resulting in the loss of semen. The quality of the blood is actually poorer in cases calling for *Cinchona.* Special symptoms are heaviness of the head, loss of sight, fainting and ringing in the ears, sour belching, poor digestion and bloated abdomen. The patient is sensitive to draughts of air and yet wants to be fanned. *Natrum muriaticum* is also a remedy for anemic and debilitated conditions due to loss of fluids, especially in women who suffier from menstrual disorders, and in chronic cases with a dead, dirty looking skin. *Chininum arsenicosum* is sometimes prescribed for anemia, not however on the totality of the symptoms, but because it is said to be "good for it?"

Calcarea Carbonica.—Almost any of the deeper acting constitutional remedies may be of use in anemic and debilitated conditions, and especially are the *Calcareas* useful. Thus, we have *Calcarea phosphorica* as the remedy for the "green sickness," chlorosis, of young girls, with a complexion like wax, alabaster lips and ears, a bright eye, and when they smile or laugh it is a sickly one. The face sometimes has a true greenish hue or a sallow one In such cases the menses are apt to be too early and *Calcarea phosphorica* is well indicated in such cases.

Calcarea carbonica is indicated first by the scrofulous diathesis and the general symptoms of the drug, by disgust for meat, craving for sour and indigestible things, swelling of abdomen, and vertigo and palpitation on going up stairs. *Alumina* is also a remedy for chlorosis due to the scrofulous diathesis and from improper nourishment, such as occurs in children brought up on artificial foods. *Nux vomica,* too, may be indicated in anemic conditions when due to gastro-intestinal derangement. *Plumbum* has also been recommended for inveterate chlorosis with obstinate constipation. *Aluminum,* another of the antipsorics, is the remedy for anemic conditions about puberty with abnormal craving for indigestible substances, such as slate pencils, chalk, etc.

Practice of Medicine.

ESSENTIAL PRINCIPLES OF MEDICAL SCIENCE.

BY J. D. BUCK, M. D., CINCINNATI.

FOURTH PAPER.

I have already remarked that vibration is the creator of all forms in nature, as of sound and color. While, therefore, on the one hand, viz., the hyper-metaphysical or spiritual thought is to be regarded as changes in our states of consciousness, on the other hand it creates in subtle substance the pattern or form of ideas that result from the conjoined imagination and experience of the ego. Man thus creates, through the operation of the mind, his own world, a caricature of the ideal world—his own world of ideas. If the imagination be diseased it will create a world of fantasms, distorted images, without reason (logical sequence) or basis in experience. The mind of man thus presents the world to the consciousness of the ego in terms of experience. Hence the expression, "the mirror of the mind." A dull mind is like an unpolished mirror, and an irrational or diseased mind is like an uneven or distorted mirror.

It may be seen from the foregoing that mind has two aspects, as it has previously been shown to be the middle term between man's spiritual and physical natures. It is man's battle ground on which are wrought out those experiments and experiences that constitute his evolution and determine his progress.

The human ego has attained to self-consciousness. This is the germ of the personal equation that is to expand into flower and fruit. Henceforth he creates his own world and thereby epitomizes cosmos. Sorrow and suffering, pain and disease, represent his failures in finding the line of least resistance for the harmony existing between the ideal world on the one hand and his environment on the other. When the adjustment is complete and harmony reigns he will find peace and bliss—"The diapason closing full in man." The impulse of evolution is man's desire for experience, and his will is the measure of the impulse in him. Hence will and desire, two faces of one power, determine the quantity and the quality of the life impulse or evolutionary wave. The two aspects of the mind referred to are, hence, the goal of evolution on the one hand and the zest or enjoyment of sensation on the other—in other words, the tension (through will and desire) between the personal and the eternal; the idols of time and the ideals of eternity.

Man lingers and repeats sensation until he forgets his eternal destiny; repeats until he exhausts it and, Faust-like, imagines that nothing lies beyond. He becomes lost in the allusion of matter and deaf and blind to the voice of his higher nature and despair often leads to suicide.

Desire, then, determines the quality of the life-energy in man, gives it direction, and pilots the ego in the path of experience. Hence there is, metaphysicially, in man a "body of desire" just as there is a "form-body." The latter is the vehicle of the former and these together constitute man's Soul. When the desires, appetites and passions rule the man without reason the soul is animal and allied to the brutes, with which it has much in common. When the passions are in abeyance to will and reason the soul is human. The brain-mind, or lower aspect, is directly connected with desire and the form-body, and through these controls the physical body. The higher mind, resting upon these as a basis, (but controlling all lower impulses) illumines the life of man, discerns the world of perfect forms, and, giving an upward trend to the personal equation, evolves toward the universal. These two poles are represented by animal lust and greed on the one hand and altruism on the other. Self-consciousness relates man to sentient life and belongs to the lower aspect of the mind. Evolution occurs through the higher mind as it discerns the supra-human. When the lower aspect rules, man becomes a beastly sensualist, or insane. No healthy action of the higher mind can ever lead to insanity. Pride, conceit, lust, greed, and all undue or unhealthy emotions belong to the lower mind and tend to insanity.

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From the foregoing metaphysical view of principles and planes we may deduce the following analogies:

1. Man's knowledge is derived through the evidence of the senses and correct reasoning from the known to the unknown, guided by the law of analogy from the basis of experience.

2. Universal and Eternal Nature has two poles, Spirit and Matter. These are one and inseparable. All dualities in nature, like force and matter, action and reaction, attraction and repulsion, cause and effect, are forms in the manifestation of this cosmic duality.

3. Man, like the earth he inhabits, has evolved and is evolving from the bosom of nature. Hence his life, mind, consciousness, and all his attributes and possibilities are latent in matter and involved from universal spirit.

4. Spirit descends into matter and the result is the manifestation of life. Matter ascends into spirit and the result is evolution. In other words, involution and evolution are simultaneous and continuous, cyclic and harmonious.

5. The various planes in nature are related to each other as are the tones in an octave or the colors in

the spectrum or the terms in our algebraical series x^0 x^1, x^2, x^3, etc. The rate, amplitude, and quality of the vibration is the creator of all forms, and detemines the plane.

6. Matter may, therefore, pass from plane to plane through change in vibration, either in man or nature. The invisible gas becomes fluid and solid and again becomes invisible. The correlation of force and the transformation of substance or matter coincide.

7. In the application of power to machinery the energy is never immediately directed to the mass, but by a regular order of gradations, or series of relays, concentrics and excentrics. The energy of a small wheel moving rapidly is converted into that of a large wheel moving slowly and overcoming great resistance.

8. Vibrations that create form occur in matter that is etherial, and these pass from plane to plane by exact mathematical ratio until the form becomes relatively fixed and visible in matter.

9. One cannot move a mass directly by the power of will, or thought, because the vibrations of substance on the thought-plane are too fine; they lack the amplitude of the physical plane. The substance and the energy of the idea to move have to be converted to the physical form on the material plane, and they reach this plane only by passing through all intervening planes. The conversion of thought or will into action is a compound equation, unconsciously solved by man with mathematical exactness. The action is intelligent, though automatic, and is the heritage of all past evolution. It is "cosmic ideation" guiding the life currents in the wave of evolution. The mechanism of man is thus an epitome of all lower life; a concensus of all previous evolution.

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The ego is the self-hood, or the real man. The basic endowment of the ego is consciousness. The human endowment is self-consciousness. The ego is also the monad, though the two terms represent different aspects and stages of evolution. In the process of evolution the monad manifests on the mineral, the vegetable, and the animal planes and at last emerges on the human plane as the ego. On each of these planes the monad evolves consciousness, life and mind, in degrees corresponding to each plane. The latent potency slowly awakens to manifestation. The monad in animals is conscious of hunger, anger, affection and the like. These are blind impulses born of desire and the "will to live," or the life-impulse. In man consciousness has completed the descending arc in the cycle of evolution and begins the ascending arc towards its source in the universal.

The whole organic, or monadic evolution, consists first in the positing of a center of consciousness and the gradual and progressive defining of its arc or circumference, together with its relations to its environment. Progressive differentiation and continual adjustment of all internal impulses to all external conditions and sequences is the plan of evolution from monera to man and from man to God.

It is the human ego that builds, inhabits, and manifests through the physical body. To assume that the ego is ever for one moment unconscious is like assuming an atom to exist without motion. Such an assumption in either case means annihilation. The ego, however, is not always conscious on the lower physical plane, through the avenues of sense-perception. The lower consciousness disappears in deep sleep, in coma, trance, anesthesia, etc. Ordinary consciousness on the physical plane is the relation of the ego to the tissues and organs of the physical body, and involves their integrity, individually, collectively, and corporially. There may be another form or plane of consciousness related to the molecular structure (the psychic), and still another related to the atomic. The phenomena of hypnotism, thought-transference, clairvoyance, and somnambulism seem to indicate the existence of such planes of consciousness.

The physical body of man is by no means exempt from the ordinary laws of physics, though it transcends the physical.

Physiology is a higher form of physics, an extension of the physical into the metaphysical, of the purely mechanical, first, into the automatic, then into the sentient, the intelligent, the volitional. There is a natural relation of means to ends in nature, else man could never have discovered their natural adaptation. Man may discover new modes of adaptation; he really invents nothing.

All impulse to action in man originates in or is rcognized by the ego. Will and desire are the motive power and these, taking form in the mind, through the imagination, are transmitted to the atomic structure (form-body), thence to the molecular (psychic or sensuous, the plane of feeling), and finally to the organs of action. Physiologists were long ago forced to assume some such orderly sequence in organs and functions in order to explain their mode of action, though they found no way of bridging the gap between the molecular physics of the brain and thought, or consciousness.

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According to the foregoing reasoning the centers of action lie deep within the atomic structure (the form-body). The molecular structure is the seat of desire, sensation, and emotion. The organs of action are in direct relation to those last named, and so by orderly sequence the ego is related to the physical plane, and gains experience in sense and time.

In answer to the question, "Can matter think?" I would say "No;" not the crude, visible, organized tissues of the human brain. There is a thought substance, as etherial and intangible as thought itself and sensitive to its every vibration. These vibrations have definite form, intensity, and quality, and are transmitted to the next plane below, and thence plane after plane to the lowest. Even the thought-substance is the subject, not the active agent. It is the ego, the thinker, the real man, that is the actor, the "eternal pilgrim" evolving through matter in sense and time.

Thus there are matter and force, substance and vibration in man, corresponding to every principle and plane in nature. Hence the organs of sensation and action respond to impacts and impulses arising within or without and thus re-create the forms and the phenomena of the lower world, or transmit to the physical plane the ideas or ideals of the spiritual world.

Calcarea Fluorica in Osteal Diseases.—Exudations from surface of bones which quickly harden and assume a nodular or jagged form. Indurated enlargements in fascia and capsular ligament of joints; solidified infiltrations. Osseous growths in carpal and tarsal articulations, attended with piercing, darting, grinding pains in the joints; supernumerary bones. Nodes and hard swellings, following traumatism. Suppuration of bones (*Cal. phos.*, *Silica*). Indurated glands of stony hardness (*Con.*). Often cures where *Silica* fails.

Hygiene.

SEXUAL HYGIENE.

BY W. M. THOMPSON, M. D., CHICAGO.

The Sexual Instinct.—The unusual stir that the works of Lombroso, Kraft-Ebing, Barron Schrenk, Nordau and others are creating in the scientific world today, together with the social crisis we are facing, due to the rapid living, new discoveries, the speedy growth of cities in our country—which makes our situation approach more nearly every year to that of a foreign nation—and other demands upon our mental and physical forces, are responsible for the suggestion of this subject. Maudsley rightly calls the sexual feeling the foundation for the development of the social feeling. Were man to be robbed of the instinct of procreation and all that arises from it mentally nearly all poetry and perhaps the entire moral sense as well would be torn from his life. Sexuality, says Kraft-Ebing, is the most powerful factor in individual and social existence; the strongest incentive to the exertion of strength and acquisition of property, to the foundation of a home, and to the awakening of altruistic feeling, first, for a person of the opposite sex, then for off-spring and, in a wider sense, for all humanity.

I have sometimes asked myself if the serious writers who have treated of sexual perversion should not be a little more reserved and modest and not quite so innocent. In Latin, in German, in French and English, with circumlocution and without, but alas! not frankly and simply, they repeat one after another the habits (often the confessions of the disordered minds of the perverts themselves) which have always been known to inverts and perverts. It seems to me that the time has come for this to stop, and I think the readers of scientific and psychological works can dispense with a detailed report of these vices, which, upon the whole, are rather rare. The plurality of sexual vices once established I do not see that science gains at all by their repetition. So I shall cite no cases but simply ask you to study with me the sexual instinct as it develops in children, the etiology and symptoms of its pathological variations and the treatment.

Varieties.—Sadism, Masochism, fetichism, pederasty, sodomy and so forth, I shall class under the common head of onanism. Onanism, in its widest sense, I use to cover all means employed by either sex to induce the sexual organs outside of the conditions of normal sexual intercourse; perversion to mean every expression of sexual desire which does not correspond with the purpose of nature-procreation; inversion to be considered as acquired and congenital; the congenital form to be due not to the inheritance of a certain specific form of perversion, but a neuropathic constitution with weak moral resistance.

Physiology.—We are quite familiar with the physical development of sex in children. The psychological development is a vast and somewhat unexplored field. In the normal child to the age of puberty it is nil. This was cleverly demonstrated by a small boy the other day who remarked that "I wuz a girl, but now I'm a boy." "How do you know?" I asked. "Why I used to wear dresses but now I wear pants." Heredity, education, moral and physical circumstances, friendships, the influence in operation and every occurrence, great or small, slowly determines the form the sexuality of the growing child will take. Childish affections are stamped with this sexual uncertainty. This shows that we will do wrong to forget later that affection may be powerful and yet pure.

Etiology.—The etiological factors in anomalies of the sexual instinct may be classed under the heads of local and constitutional, as well as pre-disposing and exciting. Among the local causes are congenital malformations, such as the deformities of the urethra, phimosis, retention of smegma about the glands, elongated clitoris, hooded clitoris, etc. Among the constitutional are inherited and neuropathic discrasiæ, inherited neurasthenia, mental abnormalities, idiocy, etc.

General Causes.—Lack of local hygiene, unsanitary surroundings, improper friendships, playmates, etc., the entire isolation of sex, errors in education and diet, which last play a very important role among the exciting causes. Heredity, with the above named constitutional causes, complete the predisposing causes.

I am citing the majority of authors when I say that heredity plays the most important part as a cause of sexual anomalies. The heritage that the unnatural fathers and mothers bequeath to their children today manifests itself in the variations of degeneration (according to Nordau)—that is, degeneracy and hysteria of which the minor stages are designated neurasthenia. Degeneracy betrays itself in men in certain physical characteristics, which are denominated as stigma or brand marks, which stigma consists of deformities, multiple and stunted growths, lack of symmetry, etc. In the book from which I have quoted Morel gives a list of the anatomical phenomena of degeneracy which late observers, in particular Lombroso, have largely extended.

Science has discovered along with these physical signs of degeneracy certain mental conditions. These conditions are easily demonstrated in the writings of degenerates. Morbid imagination, emotionalism, lack of concentration, mental restlessness, hypersensitiveness, are all diagnostic signs. Ulrich's theory of congenital contrary sexual instinct has done great harm, and I am happy to say has few followers outside of degenerates themselves. We take the ground that there is no such thing as congenital perversion, using "congenital" in its strictest sense, but that the above mentioned conditions carry with them a lack of moral resistance. Baron Schrenk says hereditary inclinations are nothing but the results of the habits of our ancestors acquired through repeated and multiplied acts, that is, capitalized activity that lives and grows by its own activity. Every individual benefits or injures his descendants through the series of acts which make up his life and which through habit become transformed in the descendants into hereditary disposition.

Given a normal nervous system and studies, surroundings and pleasures that cultivate intense emotion may become etiological factors of perversion. The results of this fin de siecle existence are such that even though they may be born with resistance, the books, plays and studies of some modern children so sensitize their susceptible minds that they remind one of a violin tuned to the highest pitch, ready to respond to the slightest touch, yet keeping one in a fever for fear the strings may snap.

Again, as a result of the unnatural lives of parents we have the infant prodigy, wonderfully talented children we say, too often a short-lived forced product like the tree that lacks roots and foundation and is fit only to bloom once and die. The modern idea of talent is often something remarkable. If I become a grapho-maniac and conceive a story the plot of which is so diabolical and unnatural that it is revolting to the normal mind I am as likely as not to be hailed as a genius and talented. Nordau clearly and with numerous citations defines the difference between true talent and the excessive predomination of one faculty to the detraction of the rest of the mentality—a mentality in which if the talent were removed there would remain a neuropathic degenerate fit for an asylum; and yet these are our prodigies that we are called upon to applaud and admire, to stimulate the development of the already overpowering talent, and thus subtract still more from the remainder. There seems to be very little place for the plain, healthy, natural child among our end-of-the-century mothers.

These hysterical conditions make their way even into the medical profession. When at times the newspapers interview some new ray enthusiast, and he being, as Nordau says, subject to the impressions of others, turns himself loose in some new and untried field, lo, we hear of great discoveries, unheard of miracles! The lay public stands aghast and we are asked "Do you know about this vast discovery, and what do you know about it?" Naturally thoughtful and careful men are adjudged ignorant and not up with the times.

Prof. Earl Barnes in an article on "Feeling and Ideas of Sex in Children" is authority for the following statement: That the knowledge of sex first given to children consists of one of two forms; first, scientific, true and clean. This form of knowledge is derived from intelligent parents and teachers. The second, morbid, false, and dirty, is possessed by vulgar men, women, and many children. Nineteen-twentieths of American children derive their information from the second source.

This second knowledge deals almost entirely with pathological aspect of sex-activity, and when the child comes into possession of sexual powers it is therefore prepared to exercise them pathologically, as the sexual feeling is "undifferentiated" (as Max Dessoir expresses it) in early life. So a knowledge of the abnormal methods of gratifying the sexual instinct turns the child to onanism. Again, if the first onanistic experience takes place in company with those of the same sex we have sown the first seed of perversion. The pathological nervous system is usually more easily and intensely impressed, so in these cases we have a tendency to exaggeration in reference to all sexual matters; so much so that by development of the powers of imagination the sensory onanist becomes the idealationist. I class the sexual pervert under two heads. Those who have become perverted in childhood, or superior perverts, as some call them, and those who, having no higher aim than the gratification of the sexual instinct when the powers of normal coitus become enervated, resort to unnatural methods. These last are a constant menace to the human race. They have no desire to be cured, as has the higher pervert, and should be cared for as criminals.

It seems to me that the influences of diet are often overlooked in regard to sexual perversion. Here is a fit occasion to remark that children's food is oftener improperly than properly proportioned. Most children are allowed proteids three times a day in excess of all other foods. The Munich school gives 70 to 80 drachms of nitrogenous food, 37 to 50 of fats, 250 to 400 of carbo-hydrates per day for children from the age of six to fifteen. If we will investigate we will find that children in this country and particularly in large cities receive nearly twice that amount of proteid.

Treatment.—Biologists, alienists, and neurologists, reformers and students of social science, from generally benevolent or sentimental view points, have studied this subject extensively, as is evinced in numerous literatures. The studies we have access to are at present from the biological, pathological, reformatory, sentimental, instructive or morbid points of view. None of them make any attempt to trace normal development of sex feelings and ideas or examine sex conditions. They treat principally of effect, not cause, of the therapeutics of the developed type, not the prophylaxis in childhood.

There are a number of books intended to introduce children from ten to fifteen years of age into the mysteries of sex. Some have had a remarkable sale. One intended for girls has reached its twentieth edition. Some of these books are direct and coarse, while others hide the facts they wish to impart under such masses of botanical and zoölogical comparisons that they simply awaken a curiosity, they do not satisfy. Best among these is Margaret Morley's "Song of Life," a clear, accurate book, but which perhaps does too much botanizing. Now and then I see efforts on the part of our lay friends to enlighten the sexes through the magazines and popular fiction. While on the whole these are laudable efforts nevertheless they usually present a distorted view of some salient point that renders the whole abortive. The following are a few extracts from an article in the *Westminister Review*, the subject, "A Young Woman's Knowledge":

"For wifehood and motherhood are professions as truly as are medicine, literature and law. No lad is compelled to make his choice between half a hundred occupations open to him with his eyes shut. Few are educated without regard to some particular gift, etc.—"

So far good, but hear the remainder of the paragraph!

"Yet it is a fact that many women, who, if they were informed as to what is being implied by wedded life would fly from the idea, women whose sexual instincts are those of repulsion instead of attraction, etc."

Then the author goes on to uphold these women in their unnatural sexual states, instead of recommending their consulting a neurologist or gynecologist. Then a little farther on she presents another false conception when she says:

"Passion which is not, and never will be love."

Of course passion is not the origin of love, but pure love cannot exist in its entirety without pure passion.

The therapeutics of the anomalies of the sexual instinct, according to Von Kraft-Ebing, may be divided into three parts.

First: The treatment of the constitutional disease forming the basis of the sexual perversion (neurasthenia sexualis or universalis).

Second: The removal of onanism and other influences injurious to the vita sexualis.

Third: Specific treatment of the abnormal instinct.

I do not forget here the work of Pratt, of our own school, in the correction of deformities of the genital organs for the prophylaxis of perversion. The anti-neurasthenic treatment, the means of which are sufficiently well known, under certain circumstances is alone sufficient to cure cases that have made but slight progress. As a lack of moral resistance is one of the prominent symptoms of sexual errors so the training and development of the will should be one of the chief aims in the treatment. Hypnotic suggestion has made marvelous strides along this line. Granted that the invert is superior to the pervert I would take issue with some of our authorities, the Germans particularly, in trying to transform a homo-sexual into a heto-sexual. The imperfectly cured homo-sexual is exposed to the worst disease of pervertism. Instead of losing one habit he acquires another more vicious. If the invert is dangerous and contagious the pervert is much more so. He has more points of contact with the normal young man. He startles him less, he takes less complete, though easier, possession of him than the invert. The men who have seduced, corrupted and defiled the souls and lives of their young companions are usually perverts. They have not not always been uni-sexual, they have more power, they are more vicious. The uni-sexual who attempts bi-sexuality is as corrupt as the normal sexual man who attempts uni-sexuality. Let the physician remember this before undertaking a congenital invert. Rather than to add the vice of the normal sexual man to the abnormality which he has the superior invert (who alone would have a strong desire to change his condition, while the inferior finds satisfaction all too easy) should try under proper directions to lift himself above himself and his vice. Show him that there is a goal beyond, a prize greater than ruling a city—the absolute subjection of all passions to the will.

The tendency of our time, particularly the prevalent contempt for religion, makes chastity more difficult for everyone, and the invert suffers far more from this than others. Instead of debasing the honorable invert by making him run after prostitutes and subsquently become the unfortunate husband of a less fortunate wife, and the father of children who suffer as much as he or more, the attempt should be made to occupy and interest him, to show him the horizons he can attain by dint of will. If chastity were a virtue in better favor I should recommend it to physicians as a more effective remedy than to send the invert to "puella" to prepare him for marriage and paternity. It would be better not to increase the number of husbands and fathers who are inverts or perverts. As for the invert who wishes to marry in order to have children his desire is almost criminal. If he marries for social convenience to reinstate himself or to please his family he should marry a woman older than himself, a woman of the world who understands everything and accepts the situation. Those familiar with the confessions of inverts, and a marvelous lot are correlated in the works of Kraft-Ebing, will see that in the same ratio as their sexual feelings are distorted so is their conception of themselves, their surroundings and everything else in the world. The superior invert has no right to think he is born out of his epoch or his country. Even the orient today (where pederasty is practiced without difficulty) would not offer him the intellectual pleasures to which he is accustomed, music, the theatre, etc, He would see with a smile that most of the new Greeks would have been considered too sickly or too generally malformed to be reared by the Spartans. He will see with more or less courage that the satisfaction of the sexual appetite is not, and cannot be the sine qua non of existance to a modern man.

Too long has the general practitioner given this subject over into the hands of a few specialists who see almost entirely the extreme cases, so that there is a great dearth of literature relative to its development and prophylaxis. To quote Nordau, specialists have failed to understand their duty. It is time for them to come to the front; it is no doubt meritorious to indurate sections of the spinal cord in chromic acid, and tint them in neutrophylic solution, but this should not exhaust them. Neither is it sufficient that they should give a few lectures to jurists, and publish observations in technical journals. Let them speak to the masses of cultured persons who are neither physicians nor learned in law. Let them enlighten them in general publications and accessible conferences, concerning the leading facts in mental therapeutics. If civic authorities deem it necessary to consult us with reference to bodily hygiene and sanitation should we not have some jurisdiction over that more important and far reaching field, the sanitation of the mind? Then the baleful influences of the Ibsens, Zolas and Rouseaus might be curtailed. Then Heavenly Twins, Jude the Obscure, Trilby and the Woman Who Did will cease to be the center of a gushing, hysterical, psycho-neuropathic circle and their followers, the faddists who follow because they have not the ability for independent thought.

In this brief space I have been able only to give a resume of some ideas in regard to sexual hygiene. If it proves an incentive to greater work and more absorbing interest in a subject which, striking as it does, at the very root of society and morals; if, especially, it arouses a desire to instill into the mind of the youth of our country more good sense and greater chastity in all sexual relations, I shall feel that this paper has met with approval.

Clinical Medicine.

HOMEOPATHIC MEDICAL SOCIETY OF NEW YORK COUNTY.

Necrological.—The May meeting was marked by the attendance of many members, particularly to do honor to the memories of the late Robert McMurray, M. D., and Edwin Judson Pratt, M. D. For the former, who was one of the incorporators of the society, and one of the first censors, Dr. Henry M. Smith presented resolutions, and remarks were made by Drs. T. F. Allen, Lewis Hallock, Jared C. Baldwin, A. W. Palmer, and Amelia Wright. The resolutions had been prepared by Dr. John McE. Wetmore, who was present, as was also another of the veterans, Dr. L. de V. Wilder.

Drs. St. Clair Smith, Malcolm Leal and Irving Townsend offered resolutions in memory of Dr. Pratt, and tender expressions of personal loss were made by Drs. Smith, A. B. Norton and Lewis Hallock.

Chorea in Pregnancy.—The committee on Obstetrics presented a paper on this subject by Dr. Phœbe J. B. Wait, who recited a case and discussed the statistics of mortality and of resulting or necessary abortion.

Dr. J. T. O'Connor discussed the paper. He said that from a neurologist's point of view chorea in pregnancy is practically the same as in any other case.

But it is noticeable that of all adults having it, the great majority are pregnant. It results from depraved nutrition or an irritable cortex. Although Barnes' statistics give a high rate of mortality they are probably composed of the worst cases selected. Ordinary chorea has practically no death rate. Sinclair has reported fifteen cases of chorea gravidarum, of which none died. But we may readily believe that when two individuals, a mother and the unborn child, are both submitted to the exhausting influence of the disease there may be a good chance for abortion, or an injury may be done the developing nervous system, the effects of which may appear in later years. The relation of the disease to the rheumatic diathesis is interesting. In 1891, Sturges, in studying the nature of chorea, shows that there is undoubted mitral trouble, in post-mortems a soft dot-like vegetation being found upon the inner surface of the valve which differs from the vegetations of rheumatic endocarditis or pericarditis. This form of vegetation can disappear, which accounts for the clearing up of the murmur in such cases. Since chorea often follows fright or results from irritation Dr. O'Connor thinks that there may be two varieties, functional and organic. In pregnancy the mother, particularly a primipara, in whom most of the cases occur, is frightened, or at least is not at ease in her condition. This would account for many cases. It is significant that Oppenheim says that of the cases of chorea in pregnancy most are in women pregnant out of wedlock, when the mental anxiety is sufficient to bring about the condition.

Dr. Waite mentioned the claim of the orificialists that most cases of chorea can be relieved by releasing the clitoris. She would be inclined to remember and act upon this idea should another case of chorea gravidarum come into her hands.

Affections of the Membrana Tympani.—An exhaustive paper with this title was read by Dr. Geo. de W. Hallett.

Dr. St. Clair Smith called attention to a vesicular condition of the membrane which he had several times observed. The blister had even been so large that it had at first seemed a bulging of the entire membrane, and its puncture was necessary to show its nature. It was accompanied by very severe neuralgic pain. He had always considered it a form of zoster, for except for the differences due to its locality it ran a similar course. Dr. Smith asked whether this condition is not similar to phlyctenular keratitis and conjunctivitis, and whether it is not similarly found in strumous individuals and likely to recur.

Dr. Hallett replied that no authorities ever speak of seeing more than one attack in the same membrane. Politzer speaks of a chronic form, but not of separate recurrent attacks. Buck concludes that all are secondary to chronic middle ear disease.

Dr. Deady said that the pathological changes should be identical with those of phlyctenular keratitis, but cases are very rarely seen.

Other Business.—The resignation of Dr. Amelia Bennett was accepted. Thirty-five delegates to the State society for a term to expire at the close of the annual meeting in February, 1900, were elected.

BOSTON HOMEOPATHIC MEDICAL SOCIETY.

REPORTED BY H. O. SPALDING, "THE CLUNY," COPLEY SQUARE.

The Boston Homeopathic Medical Society held its monthly meeting on May 7 and after the regular business Dr. George E. May, of Newton, chairman of the section of pathology and therapeutics, took charge.

Typhoid Fever.—The general subject considered was typhoid fever and along this line Dr. F. P. Batchelder presented the first paper on the "Etiology and Pathology of Typhoid Fever." In speaking of the causes Dr. Batchelder cited several epidemics where it had been diffcult to trace the origin and when found it had been from an unsuspected cause. Notably, in this connection, was the epidemic at Wesleyan college, which spread extensively among the students and which was traced to oysters at a series of banquets in the fall, these oysters having been fattened in a shallow creek not very far from the outlet of a sewer from a private residence. Some of these oysters were sent to Amherst college and a like result followed.

The discussion on this paper was opened by Dr. J. P. Sutherland, who laid stress on two causes: first, susceptibility to the poison, second, a micro-organism. He had found a number of cases wherein the patients had just returned to the city from a country vacation and in seemingly good condition, yet they came down with typhoid fever shortly after reaching home. Such cases were difficult to explain, but some weight might be given to the theory that the water in the traps connected with the plumbing had evaporated and thus given entrance to sewer gas. Dr. Sutherland also cited some peculiar cases wherein it seemed impossible to trace any source of infection. As to the name enteric fever, the speaker thought that oftentimes the enteric symptoms were not the most prominent; it might be the nervous system or the heart which was the centre of action of the poison. There seems to be some connection between the amount of lymphoid tissue in Peyer's patches and susceptibility to typhoid. In regard to diagnoses Dr. Sutherland knew of no pathognomonic symptom, the temperature curve not being reliable, the eruption not exactly pathognomonic but a decided help to diagnosis, the enlarged spleen difficult to detect; in short the only means of diagnosis was by taking all symptoms together.

Dr. J. H. Coffin wished to ask if Dr. Batchelder considered it necessary that the germ come from one patient to another or if it could come from development in some outside medium.

Dr. Batchelder answered that everything now looks toward direct infection rather than a spontaneous origin. He had found recorded the histories of many epidemics which have arisen in healthy places and which were traced from one patient coming into the community and being taken sick.

Dr. Coffin spoke of an epidemic which had come in his experience where the only cause possible to be found was that in the section of the town where the disease raged the residents had opened the old disused wells and obtained drinking water from them.

Dr. Holden said it is almost always possible to trace cases to sewerage or sink-drains improperly arranged. Typhoid should be looked at as a septic fever, studied as a septic fever, treated as a septic fever. The temperature had not proved reliable as a diagnostic point. The cause of relapse is not to be found in errors of diet, in overexertion, but in auto-infection.

Dr. Sutherland thought it might be a good idea to have cultures taken from the excreta as from the membrane in diphtheria, and it was probable that the State would make the examination, as it now does in the cases of diphtheria.

Dr. Briggs, while in Vienna, saw examinations of blood, drawn hypodermically from spleen, in which the results were variable as to the presence of bacilli.

"Treatment of Typhoid Fever" was the subject of an excellent, scholarly paper by Dr. Lucy C. Hill of Fall River. She opined that careful nursing and well regulated diet availed more than remedies, and those phases of treatment were taken up and various views on them presented.

Dr. May opened the discussion with a few words commendatory of Dr. Hill's statements, but dwelt more fully on the hydro-therapeutics, giving several methods of using the water bath, especially the method where the patient is covered with gauze and sprinkled with water and then fanned.

Dr. Powers thought the reduction of temperature not the only factor in the bath treatment but that benefit accrues from the better rest and reduced heart action which followed. He objected to fanning and thought that friction should be combined with the application of the cold water.

Dr. Holden had found good results from modified baths. He had obtained great success by irrigating the bowels three times a day with two or three quarts of boiled water. There was no need of a patient dying from hyper-pyrexia, but the cause of death was ulceration and perforation of the bowels.

Dr. N. L. Damon presented a paper on the

"Animal Extracts: Their Therapeutic Value."—Of the different extracts the Thyroid treatment was an assured success, having passed the experimental state. It had won its laurels in the treatment of myxedema. He then hurriedly reviewed the use of sheep's brain in neurasthenia, cardine, nephrine, red bone-marrow and other extracts, all in the experimental stage.

Associations.

ILLINOIS STATE HOMEOPATHIC MEDICAL SOCIETY.

The Forty-first annual session of the Illinois Homeopathic Medical Association was held in the auditorium of the First Baptist Church at Ottawa on May 12, 13 and 14. The meeting was called to order by the president, J. J. Thompson, M. D., of Chicago, at 1:30 p. m. After an opening prayer by the Rev. J. F. Burhoe of Ottawa, Dr. H. A. Noyes of Mt. Carroll was appointed secretary pro tem. Addresses of welcome were made by Drs. H. M. Bascom of Ottawa and G. F. Coutant of LaSalle, who welcomed the society to the "Gem City" of Illinois. Suitable response was made by the president. The treasurer's report showed a balance of $408.05 cash cn hand, and was accepted and placed on file.

PRESIDENT'S ADDRESS.

Dr. J. J. Thompson delivered the presidential address. In it he strongly advised that steps be taken to secure a proper share of the control of denominational hospitals. The matter of recognition of homeopathy by insurance companies was also discussed and urged. He was decidedly of the opinion that an amalgamation of several of the homeopathic colleges of Chicago would be of benefit to the colleges, their students and homeopathy in general. He condemned the practice of using secret compounds so freely offered and persistently advertised by the pharmacies, and recommended that steps be taken to inspect the different homeopathic pharmacies with a view to securing pure and properly prepared drugs. He thought that some steps should be taken toward the proving of new remedies and complete the provings of the older ones, and advised the publication of the proceedings, papers and discussions of the society annually. The address was referred to a committee composed of Drs. Chas. Gatchell, C. B. Kinyon and G. F. Coutant.

Upon motion all matters of publication were referred to the press committee.

BUREAU OF GYNECOLOGY.

The Bureau of Gynecology, C. B. Kinyon, M. D., Rock Island, Chairman, was called. Papers were read by the following physicians: Dr. W. F. Spencer of Geneseo, "A case of Sub-involution cured by Gauze packing;" Dr. M. J. Hill, Sterling, "Care of Clitoris in Gynecology;" Dr. H. A. Noyes, Mt. Carroll, "A Case of Fibroid Polypus of the Cervix uteri;" Dr. C. B. Kinyon, Rock Island, "A plea for more Conservatism in Gynecology," all of which were freely discussed, generally with approval.

Evening Public Session.

In the evening the commodious church was crowded by the society and citizens of Ottawa. Drs. Julia Holmes Smith and R. N. Foster spoke at length on the history of medicine and the work and influence of homeopathy in relation thereto. Their remarks evinced exhaustive research and while not all of their views, especially those of Dr. Foster, were concurred in by all present yet their addresses were very much enjoyed. The musical features provided by local talent formed a delightful part of the evening's program.

Morning Session, May 13th.

The meeting was opened at 10 A. M. with the

BUREAU OF GYNECOLOGY CONTINUED.

The following papers were read:

Dr. L. C. Lovejoy, Marseilles, "General thoughts on the Treatment of Women's Diseases;" Dr. A. W. Hinman, Chicago, "The Care of Surgical Intruments in Gynecological and Obstetrical Work;" Dr. S. P. Hedges, Chicago, "A Plea for a Return to Homeopathic Remedies. The Treatment of Gynecological cases." After a brief discussion of these papers, that of Dr. Hedges exciting especial approbation, the Bureau of Gynecology was closed.

BUREAU OF SURGERY.

The Bureau of Surgery, Dr. G. F. Shears, chairman, was then called, and the papers were read by Dr. C. C. Bernard, Chicago, on "Surgical Emergencies"; by Dr. Chas. Adams, Chicago, on "Operation and Treatment of Appendicitis"; by Dr. A. G. Beebe, Chicago, on "Surgical Tuberculosis"; by Dr. C. F. Barker, Chicago, on "Some Observations on Pott's Disease of the Spine"; by Dr. A. W. Hinman, Chicago, on "Some Common Diseases of the Bladder and their Treatment."

ELECTION OF OFFICERS.

The balance of the Bureau of Surgery was passed until the afternoon session and the society proceeded to the election of officers, with the following result:

President, J. B. Dunham, M. D., Wenona.
First Vice President, Dr. G. F. Coutant, LaSalle.
Second Vice President, Dr. J. N. Downs, Ottawa.
Treasurer, Dr. F. E. Downey, Clinton.
Secretary, Dr. Wesley A. Dunn, Chicago.
Provisional Secretary, Dr. W. W. Stafford, Chicago.

Board of Censors, Drs. T. C. Duncan, Chicago; C. B. Kinyon, Rock Island; and C. E. Colwell, Aurora.

Afternoon Session.

The Bureau of Surgery was again taken up and papers were read by Dr. E. H. Pratt, Chicago, on "The Relation of Orificial Surgery to General Surgery"; by Dr. C. E. Colwell, Aurora, on "Anal Fistula"; and by Dr. Geo. F. Shears, Chicago, on "The Treatment of Shock by Intra-Venous Saline Injection."

The discussion of the papers presented by Drs. Adams, Pratt and Shears was general and instructive. Their papers were practical and forceful. Dr. Adams' review of the subject of appendicitis was exhaustive. Dr. Pratt was more thoughtful, or at least less energetic, than usual in discussing the subject considered by him, albeit no less confident than at any previous time of the value of orificial methods in general surgery. Dr. Shears gave an exceedingly practical and terse presentation of the subject of saline infusion in surgical collapse, making it so simple that the every day doctor could but feel that he understood how to perform this operation and just when it is needed. Other papers offered under this bureau were also acceptable and possessed of merit.

HAHNEMANN MONUMENT.

Dr. J. S. Mitchell, of Chicago, member of the monument committee, exhibited a model of the monument now in process of construction and made a stirring appeal for additional funds with which to carry on the work.

On motion of Dr. E. C. Bowers the association voted to donate an additional $200 to the monument fund and the treasurer was instructed to pay over the amount to Dr. Mitchell.

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

The report of the committee on the president's address was made by its chairman, Dr. Gatchell, and was received and placed on file.

It commended all his recommendations except the one relating to the inspection of the pharmacies, which it did not consider feasible. The report was adopted except the recommendation that the proceedings be published, the committee recommending the issuance of a pamphlet record of the meeting, without the presentation of the papers and discussions thereon. Upon this subject there followed considerable discussion, the society finally voting not to publish the proceedings or the minutes in pamphlet or bound volume form.

MEDICAL LEGISLATION.

The bureau of medical legislation, jurisprudence and education was then called, and the chairman, Dr. J. A. Vincent, Springfield, spoke on "Where We Stand" and gave an interesting resume of legislative results during the past year.

Dr. C. E. Fisher requested that this paper, being polemic in character, be allowed to give way for the practical professional papers still waiting to be read, which request was granted.

Like action was taken in relation to a paper by Dr. J. B. Dunham, of Wenona.

Upon motion of Dr. T. C. Duncan the executive was empowered to have printed a brief report of this meeting and distributed among the profession of the state with a view to having the same inserted in the state press.

RHINOLOGY, LARYNGOLOGY AND PNEUMONOLOGY.

The bureau of rhinology, laryngology and pneumonology, Dr. C. Gurnee Fellows, chairman, was next called and the following papers were read:

Dr. H. A. Noyes, Mt. Carroll, "Rhinoliths;" Dr. T. E. Roberts, Oak Park, "The Heart in Pneumonia;" Dr. Wesley A. Dunn, Chicago, "Fibroid Tumors of the Naso-Pharynx;" Dr. C. E. Colwell, Aurora, "Tonsillitis;" Dr. C. Gurnee Fellows, Chicago, "The Treatment of Tonsillitis." Discussion followed, it being participated in by all the specialists present.

NEUROLOGY.

The bureau of neurology, psychology and electrology, Dr. N. B. Delamater, Chicago, chairman, next reported, presenting the following papers:

Dr. H. V. Halbert, Chicago, "Paralysis Agitans; Anatomical and Pathological Relations;" Dr. R. C. Newell, Austin, "Paralysis Agitans; Differential Diagnosis;" Dr. N. B. Delamater, Chicago, "Paralysis Agitans; Treatment." These papers formed an excellent symposium on the subject under consideration.

PEDOLOGY.

The bureau of pediatrics was next called, Dr. Julia Ross Low, chairman, reading a paper on "The Responsibility of the General Practitioner to Cildren," and the society adjourned for the day.

Evening Reception.

In the evening a most enjoyable reception was tendered the visitors by the local homeopathic constituency. The dining room of the Clifton hotel was elaborately decorated with palms and potted plants. Refreshments were served and the visiting physicians made to feel that they were welcome guests. From eleven until twelve dancing was in order.

Morning Session, May 14th.

A supplementary report of the treasurer showed receipts during the meeting $108 and of expenses $8.70. This was referred to an auditing committee consisting of Drs. Fruit, Dunham and Gordan.

A committee of three, consisting of Drs. J. A. Vincent, Kinyon and T. C. Duncan, were appointed to confer with similar committees from other schools of medicine, to remedy existing defects in medical legislation.

On motion of Dr. Delamater the secretary and president were appointed a committe to arrange the program for next year, to place a time-limit upon each bureau, and to limit the number and length of papers to correspond. This committee was instructed not to invite physicians outside of the State to send papers to be read but to invite them to come in person and read their papers.

OPHTHALMOLOGY AND OTOLOGY.

The Bureau of Ophthalmology and Otology was called and in the absence of Dr. Vilas, Dr. C. J. Swan acted as chairman. The following papers ware read:

Dr. E. J. George, "Why are Glasses so frequently necessary;" Dr. C. J. Swan, Chicago, "The treatment of Traumatic Irido-Cyclitis."

SANITARY SCIENCE AND HYGIENE.

The Bureau of Sanitary Science and Hygiene was next called, Dr. Julia Holmes Smith, Chicago, Chairman. The following papers were presented and discussed:

Dr. Wm. M. Thompson, Chicago, "Sexual Hygiene;" Dr. C. A. Weirick, Chicago, "Some causes of Disease;" Dr. J. B. Dunham, Wenona, "Pure drinking water;" Dr. F. W. Gordon, Sterling, "Hygiene versus Fads;" Dr. Julia Holmes Smith, Chicago, "Responsibility of Medical Practitioners in the State." Dr. J. C. Hanchett of Salt Lake City, Utah, also read a paper.

The following new members were received:

Drs. W. E. Fruit, Naperville; Edgar J. George, Chicago; M. A. Hall, Earlville; J. F. Roemer, Waukegan; Grant Houston, Joliet; J. P. Butler, E. E. Palmer, J. E. Hetherington, Chicago; E. C. Bower, Bradford; F. C. Titzell, Chicago; E. A. Taylor, Chicago.

On motion of Dr. J. B. Dunham the sum of $25 was appropriated to reimburse the local committee for the rental of the church.

The auditing committee, Dr. Gordon, chairman, reported on the treasurer's supplementary account as correct.

Afternoon Session.

The afternoon session was called at 1:30 P. M. A vote of thanks was tendered the local press for the excellent service rendered, and to the Clifton Hotel for the courteous treatment, and lastly to the local committee for the royal welcome and generous hospitality.

CLINICAL MEDICINE.

The Bureau of Clinical Medicine was then called; Dr. W. A. Smith, Morgan Park, Chairman. Papers were read by Dr. F. W. Gordon, Sterling, on "Diphtheria;" Dr. W. J. Truitt, Naperville, on "Pleurisy with Effusion;" Dr. N. C. Kemp, Chicago, on "Urinary Fever;" Dr. J. N. Downs, Ottawa, on "Cholera Infantum;" Dr. H. P. Skiles, Chicago, on "Reflex Symptoms in Local Diseases;" Dr. J. B. Dunham, Wenona, on "Albuminuria;" Dr. T. C. Duncan, Chicago, on "A Clinical Study of Consumption, its Etiology, Pathology and Treatment;" Dr. W. A. Smith, Morgan Park, on "The Indications of our Fever Remedies."

PATHOLOGY, PHYSIOLOGY AND HISTOLOGY.

The Bureau of Pathology, Physiology and Histology followed with Dr. H. A. Noyes, Mt. Carroll, chairman. Papers were read by Dr. B. S. Arnulphy, Chicago, on "Hepatic Abscess;" Dr. C. B. Kinyon, Rock Island, on "Histology and Pathology of Tumor of Tibia Caused by Injury, with Operation;" Dr. T. C. Duncan, Chicago, on "Pathology of Tuberculosis."

The Bureaus of Obstetrics, Medical Literature and Materia Medica were passed as the time was limited.

A communication from Leonard Tillotson of Chicago, enclosing and recommending the following resolutions, was read and referred to the committee on Medical Legislation:

WHEREAS: The state of Illinois has enacted a civil service law which applies to municipalities adopting it by popular vote, such act placing city health departments in the classified service; and

WHEREAS: The city of Chicago having adopted said act, and in the first examination for the classified medical service for the city, held March 14, 1896, the Civil Service Commission appointed under the provisions of the said act, having failed to recognize the homeopathic physicians of Chicago in the personnel of the Board of Medical Examiners, notwithstanding the fact that nearly one-fourth of the applicants presenting themselves for examination were homeopaths; therefore, be it

Resolved: By the Illinois State Homeopathic Society, in convention assembled, that the refusal of the Civil Service Commission of Chicago to accord the same measure of recognition to the homeopathic physicians of Chicago as is accorded them by the state, through the State Board of Health, is declared to be in contravention of the spirit which dictated the civil service law and opposed to that spirit of just representation which is the fundamental principle of true civil government. And be it

Resolved, That the secretary of this society is instructed to forward a copy of these resolutions to the Civil Service Commission of Chicago.

Notice was given of a proposed amendment of the by-laws making the annual dues $1.00 each year, and total exemption from annual dues after a continuous membership of twenty years.

BUREAUS AND COMMITTEES FOR 1896-7.

President Thompson announced the following bureau chairmen and committeemen for the ensuing year:

Obstetrics.—Dr. F. W. Gordon, Sterling.

Medical Legislation, Jurisprudence and Education.—Dr. J. A. Vincent.

Gynecology.—Dr. C. M. Beebe, Chicago.

Materia Medica.—Dr. A. C. Cowperthwaite, Chicago.

Pediatrics.—Dr. Jas. N. Downs, Ottawa.

Rhinology, Laryngology and Pneumonology.—Dr. T. C. Roberts, Oak Park.

Ophthalmology and Otology.—Dr. C. J. Swan, Chicago.

Surgery.—Dr. Chas. Adams, Chicago.

Neurology, Psychology and Electrology.—Dr. R. C. Newell, Austin.

Clinical Medicine.—Dr. B. S. Arnulphy, Chicago.

Sanitary Science and Hygiene.—Dr. Sarah W. Andrews, Ottawa.

Pathology, Physiology and Histology.—Dr. E. L. Smith, Chicago.

Medical Literature.—Dr. C. E. Fisher, Chicago.

Delegates to American Institute of Homeopathy.—Dr. C. A. Weirick, Dr. G. A. Coutant, Dr. W. W. Stafford.

Kansas Bureaux Chairmen.

The following chairmen of bureaux and committees were appointed for the next meeting of the Kansas State Society:

Surgery—S. A. Bass, M. D., Wichita.

Sanitary Science, Climatology and Hygiene—G. H. Anderson, M. D., Seneca.

Obstetrics and Gynecology—W. A. Minick, M. D., Wichita.

Homeopathics—T. H. Hudson, M. D., Kansas City.

Materia Medica—D. P. Cook, M. D., Clay Centre.

Dental and Oral Surgery and Therapeutics—C. F. Menninger, M. D., Topeka.

Pediatrics—L. G. Van Scoyoc, M. D., Kansas City.

Sociality and Entertainment—A. M. Hutchinson, M. D., Hutchinson.

Public Institutions, Statistics and History—A. M. Hutchinson, M. D., Hutchinson.

Chemistry, Pharmacy and Provings—W. A. Yingling, M. D., Emporia.

Clinical Medicine and Therapeutics—J. W. Light, M. D., Kingsman.

Ophthalmology, Otology and Laryngology—M. Jay Brown, M. D., Salina.

Correspondence.

A NEW WORK ON PRACTICE WANTED.

Medical Century:—Enclosed please find my $3 for the Medical Century. In my opinion it has no equal in the homeopathic school and no superior in any school. I purchased Fisher's Diseases of Children and after thoroughly testing it consider it the finest book of the kind in my library. Its practicability is what I admire. What we of the homeopathic school need today is a work on practice in one volume, one that will combine therapeutics as well as pathology and diagnosis. I know of no work of the kind. Goodno contains almost nothing on treatment. From the work you have given us on diseases of children I believe you can give us the work so much neeeded. Until some one gives us a representative work on practice we must grope along in the dark, or use old school works and our Materia Medica.

A. E. Gesler, M. D.

Saranac, Michigan.

[A new work is promised by Dr. Charles Gatchell, Chicago, on the Practice of Medicine, during the year. Boericke & Tafel are bringing out a new and thoroughly made over edition of Raue's excellent work. Prov. Given, of Louisville, is about issuing a volume on this subject, and Dr. H. R. Arndt, San Diego, California, editor of Arndt's System of Medicine, is also actively engaged on a single volume on Homeopathic practice. Between them all we should certainly be given an excellent treatise. Arndt's three volume System and Goodno's two volume Practice are good as they go, very good; but we need at this time a thousand page single volume like unto Osler's or Whittaker's. The right volume will receive a royal welcome.—Ed.]

ELEVATE THE TEACHING CORPS.

Medical Century:—Your article on "Addition, Multiplication and Division," of medical colleges is worthy of consideration, even at this late day. But why not advocate going deeper. Much has been said and done during the past few years in regard to elevating the standard for admission to our colleges. This is all right, but there is something of more importance—elevate the standard of the teachers. In some of our colleges I believe not one-tenth of the teachers or professors can attach to the end of their names anything but the title "M. D." Let the American Institute say that after a given number of years it will not recognize any college where less than one-half of its professors can attach to their names A. B., A. M., Ph. D., P. D. D., or something besides the easily obtained M. D.

A. M. Cushing, M. D.

Springfield, Massachusetts.

GOOD LOCATIONS—MAMMOTH OVARIAN CYST.

Medical Century:—Speaking of locations calls to mind several near here. Carthage, the county seat of Hancock Co., Ill., population 2,000. One physician made a good support there several years ago; another recently made a good living. A good social physican who is competent and willing to stand for the right can make it go all right there.

Kahoka, Missouri, county seat of Clark county, (N. E.), some 2,000 population, growing and a very nice little place, certainly can use a homeopathist. The field has been opened—and vacated. These places are within twenty miles of us and there are eight homeopathists here and two old school doctors with a population of 3,000.

I speak of this freely and do not expect a week's board, laundry thrown in, as soon as the places are filled!

Local talent was recently somewhat divided in the diagnosis of abdominal enlargement. Some claimed ascites. I diagnosed ovarian tumor. The patient declined operation. Autopsy revealed a large cyst which, with its contents, weighed 113½ pounds. This was a case where the other doctor walks the floor! Our first diagnosis was made in the incipiency of the growth, when it was perhaps no larger than an orange; but owing to a strange disposition the patient allowed only those to treat her who pronounced the case dropsy. She refused operation because a cousin had succumbed to secondary hemorrhage following ovariotomy some few years ago.

J. W. Parker, M. D.

Warsaw, Illinois.

THE HOMEOPATHIC COLLEGE QUESTION.

I notice that the subject of homeopathic colleges has been discussed by you and others of the homeopathic fraternity, and that you are not exactly agreed. Let this be as it may, I must confess that it does seem to me that a college in New Orleans would help much to establish homeopathy solidly in our Southland. Our people are getting impatient under the gaggings, purgings and general torturings of the old school. It is true that the small leaven of homeopathy now at work in the South has somewhat refined their medicines and lessened their doses, but still they are quite irregular. When I was a boy I used to gag at, and swallow at, and try again at their crude doses of castor oil in coffee and writhe and squirm under the effects of their heroic doses of that sheet-anchor of their practice, Calomel, and wonder why people could not be cured without first being killed. Calomel would make me so sick that it would seem that it would be a relief to me if I could have thrown my insides out. Had it not been for an old colored woman my father owned during slavery I suppose I would have been in eternity long ago, and the surviving irregular would have shielded and comforted himself with the happy thought that "all was done for me that could be done in medicine." I thank God for that old colored woman, and will as long as I live, for she incited me to disobey the doctor and I began to improve immediately and soon recovered.

Since we have no college in the South it seems that homeopathy here does not amount to very much yet. All the boys and young men who enter the medical profession study in the irregular schools, not knowing anything about homeopathy; or if they do, and if they should like to study it, they are too poor to go off as far as they would have to in order to study it. Whereas, if we had a college in New Orleans many would attend and in a few years we would be strong and commanding in the South. I should like much to graduate my boys and girls in homeopathy but circumstanced as I now am and with no homeopathic college near I shall despair of such good fortune for them. It is true I can teach them some at home but I want them to have more than that. I do want to impress upon the homeopathic profession that we need a homeopathic medical college at New Orleans very much, and I feel that it would be a grand success, besides a great blessing to the South. My honest conviction as to the needs of our race is the religion of Jesus Christ for the soul and homeopathy for the body. They go together. The one does not hurt the soul and the other does not hurt the body.

Isaac L. Peebles, M. D.

Meridian, Mississippi.

P. S.—I like your sight-draft plan of collecting for I do not know when my subscription to the Century is out and I do not want to miss a copy.

I. L. P.

THE OUTLOOK AT DETROIT.

I had the pleasure last week of dropping down upon our Detroit friends and found them hard and harmoniously at work getting ready for the coming meeting of the Institute. From all that I could see and learn those who remain away from this meeting will miss one of the very best in the history of the Institute. The committee of arrangements is leaving nothing undone to insure success. Harmonie Hall is by far the best building we have ever secured for our meetings. It is centrally located and yet completely removed from all noise and traffic. There will be an abundance of room for everybody and everyone—including committees, Meissen, exhibitors, etc. Detroit is a beautiful city and the water privileges are not excelled by any city in the United States. By all means urge everyone to come to the Detroit meeting and have a good and a profitable time.

James C. Wood, M. D.

Cleveland, Ohio.

AMERICAN INSTITUTE.—TRANSPORTATION BULLETIN NO. 8.

Directions for Procuring Certificates. — Each person desiring the excursion rate must purchase a first-class ticket to Detroit, paying the regular fare, and obtain from the ticket agent a certificate that such ticket has been sold to him. If the ticket agent at the place of starting be not furnished with blanks, purchase to the nearest point where such certificate can be obtained, and then to Detroit.

These certificates, when vised by the chairman of this committee, *to whom they should be given at once on arriving in Detroit,* and by a special railroad agent, will entitle the holder to a return ticket at one-third the regular rate.

Certificates going may be obtained from Saturday, June 13, to Friday, June 19, inclusive.

The return trip may be made any day to June 29, inclusive. Those wishing to avail themselves of the three days extension of time to July 2, inclusive, must deposit their certificates with the special agent in Detroit. He will hold them until the day the return trip is to be made. These directions apply to members, their families and friends. No refund of fare can be expected because of failure of the parties to obtain certificates. No stop-overs will be allowed on return tickets.

W. A. Dewey, M. D., Chairman,
170 West 54th St., New York.

New Publications.

An Atlas of Traumatic Fractures and Dislocations. *By Prof. Helferich Greifswald.*

This is number three of the series of atlases published by William Wood & Co. It is a 12mo. volume, having 64 plates of remarkable execution, and explanatory and general text consisting of 150 pages. The publishers deserve the thanks of the profession for placing before them at such a very reasonable price a practical atlas, wherein the highest art of the chromo-lithographers has been used in an intelligent manner. The book consists of illustrated clinical and prepared cases, which are explained in the text on the opposite page. The lesions of frequent occurrence and of practical importance are treated in detail. It is in every sense a handy and helpful volume.

Repertory of the Guiding Symptoms. *By Calvin B. Knerr, M. D.* One of the most useful books of the year thus far is a Complete Repertory of the Guiding Symptoms of Hering.

It is arranged according to the well known scheme of Hering, commencing with the mind and disposition and ending with that most useful rubric, drug relationship. Those who are possessors of the guiding symptoms will welcome the work as an index to these volumes and a ready reference to the symptoms therein contained, and those who are so unfortunate as not to have the larger work will find in this Repertory a well-arranged synopsis of its symptomatology. The value of the symptoms is indicated by distinguishing marks, and clinical symptoms are easily separable. The work is published by the F. A. Davis Co. for the estate of Constantine Hering, and the work is well done. It is a hansome volume of over 1,200 pages. It should have even a larger sale than the "Guiding Symptoms."

The Use of Medicated Inhalations in the Treatment of Diseases of the Respiratory Organs. *By John M. Scudder, M. D., Cincinnati. Fourth Edition.*

Scudder's Inhalations has seen three previous editions and now presents in a fourth as the second of the series of Eclectic Manuals, of which Locke's Materia Medica was the first. It is a neat book of 160 pages, published by John M. Scudder's Sons, Cincinnati, and contains an appendix on Diseases of the Throat and Nose, by Wm. Byrd Scudder, M. D. The prescriptions are chiefly eclectic, though homeopathic remedies are mentioned and fairly clear indications given in a number of instances. To those using inhalants in practice this brochure will be found of value.

Diagnosis and Treatment of Diseases of the Rectum, Anus and Contiguous Textures. *By S. G. Gant, M. D., Kansas City. Published by F. A. Davis Co., Philadelphia and No. 9 Lakeside Building, Chicago. Cloth, $3.50 net; Half Russia, Gilt Top, $4.50.*

Gant's Diseases of the Rectum is the latest and perhaps the most comprehensive work on this subject. It is an octavo volume of 400 pages, illustrated with 16 full chromo-lithographic plates and 115 illustrations in the text. Several of the plates are works of art and clearly descriptive of the conditions aimed to be represented. Others are not so clear, but, altogether, the illustrations are the most satisfactory thus far offered in any volume on the rectum.

The book is systematically written, clear in its text, complete in details of how the author examines, treats and operates on his cases, and reasonably reasonable in the credits he gives to others. Among the instruments illustrated Pratt's speculum is shown, and the author makes the statement that he uses this instrument or Cook's tri-valve in all operations under chloroform. He errs, however, when he states, as he does on page 211, in discussing the Whitehead operation, that Pratt would have his followers to believe that the American Operation is of recent origin and originated by himself, whereas the credit belongs to Mr. Whitehead. This is unjust both to Pratt and Whitehead. The latter never practiced or recommended amputation of the pile-bearing inch of the rectal membrane by proceeding from above downward. This is strictly the Pratt or American Operation. The object to be accomplished is the same, just as the object in amputations of the cervix or hysterectomies may be the same. But the methods differ radically. Whitehead would hesitate, perhaps, to be credited with the Pratt method, and justice to Pratt demands that credit for this operation be given him and not another.

Gant makes a manifest mistake when he approves of the ligature and clamp methods as the best for destruction of hemorrhoids. He is emphatic upon this point. "There is no question but this method is the best for ordinary cases of piles, with one exception, namely, the clamp and cautery," is strong approval of methods which should be rendered obsolete, except in special cases, perhaps, and these few and far between. The ligation of hemorrhoids has caused many deaths from lock-jaw and many deaths from sepsis, besides untold agony. The crushing method is barbarous and unscientific. The knife and scissors are certain to supplant these methods, and the sooner the better.

Viewing this work from the generally accepted view-point of the surgical treatment of rectal diseases it is an acceptable work. Viewing it from the viewpoint of one who has practiced and witnessed orificial methods, as enunciated and performed by Pratt, it is not what it might and should be, though still an excellent work. It is conservative, not radical. The injection method receives a good deal of attention, though this will hardly be accepted today as surgical. The chapters on Cancer of the Rectum and Colotomy have been contributed by Allinham, which gives them authority.

Electricity in Electro-Therapeutics. By *Edwin J. Houston, Ph. D., and A. E. Kennelly, Sc. D. Published by the W. J. Johnston Co., New York.*

This neat volume of nearly four hundred pages treats wholly of the subject of electro-physics. It does not attempt to apply electricity to disease, but tells the physician and layman who wishes to learn it about the physics of this subtle agent when used in connection with the practice of medicine and surgery. Its descriptions are clear and simple. The complexity usually attending such volumes is remarkably limited. The student who would know the physics and philosophy and mechanics of electricity, of his electro-therapeutic armamentarium, will find this brochure the latest and one of the best issued. The acknowledged reputation of the authors in their special field, especially that of Mr. Houston, is a guaranty of the practicality and reliability of the information imparted.

The Principles of Bacteriology. *A Practical Manual for Physicians and Students. By A. C. Abbott, M. D., of the Laboratory of Hygiene, University of Pennsylvania. Lea Brothers & Co.*

Abbott's Manual of Bacteriology has run through two editions within five years and we now have a third, enlarged and generally revised, issued in Lea Brothers & Co.'s usually excellent style. It is a book of nearly five hundred pages, dealing with the subject of bacteriology in a practical manner. While chiefly useful for the college student yet it contains so much that will be found helpful to the general physician that we feel like commending it for his use. Its chapters on the bacteriological study of drinking water and on immunity and infection are essentially of value to the practitioner, as are also those on the bacillus of diphtheria, of tuberculosis and of septicemia. Every library should contain reliable works upon bacteriology. It is impossible to keep abreast of the latest knowledge of the profession without constant reference to this and allied subjects.

International Medical Annual for 1896. *By E. B. Treat, New York.*

Treat's Medical Annuals have won a permanent place in medical literature. The present volume is the fourteenth issued, showing that these works are accepted as permanent and reliable. The Annual for this year embraces above seven hundred octavo pages, well printed on good paper, freely illustrated and neatly and substantially bound. Among the illustrations are eighteen full page plates, several of which are in color, mostly faithful representations of the subjects treated. The book represents the newest accepted medical and surgical treatments of the old school, and touches all branches of medical and surgical work. The new skiagraphy is considered at some length. Diphtheria covers twenty pages, the antitoxin treatment and its statistics being carefully considered. The summing up of the data published in this relation is practical and terse. The bicycle in relation to health and disease is considered at some length, and various other hygienic and sanitary subjects receive full attention. On the whole, Treat's Annual is worthy of the permanent place it has been given in the library of the progressive physician and surgeon. In no other volume of the size is more that is new and helpful garnered.

Defence of the Organon. *By Samual Hahnemann. Translated by R. Dudgeon, London. Boericke & Tafel, Philadelphia.*

"By Samual Hahnemann," we have said. As a matter of fact, this defense of his Organon against the attacks of Hecker and other university critics was written by Hahnemann, as clearly shown by Dudgeon, though it was supposed to have been penned by his son. The translator gives his reasons for believing it to have been written by the sage himself, and appends a letter from Hahnemann to the publisher which demonstrates that his conviction is correct. The brochure is an unusually vigorous, even caustic, reply to the critics of Hahnemann's day, and sets at rest many vexed questions which they brought up against him and his theory. It is a neatly printed and handsomly bound book of an hundred and thirty pages, and is perhaps the most entertaining product of Hahnemann's pen, in that in it is exemplified his ardor for the new truth, his chargin at the captiousness of its enemies and the vigor of a righteous defense of that which he had proclaimed. He was well advanced in years when this defense was written. He had demonstrated too often the value of similia to longer allow it to go without a defense. It had suffered serious attack by

Hecker, of the University of Dresden, and other old school authorities, and, "taking his pen in hand" Hahnemann transformed it into a flaming sword and cut right and left with it as he went at his bitterest foes relentlessly. The book is full of philosophy and sound argument, flavored with a vinegarishness not common to the sage of Coethen. Presumably written by his son Frederick, at that time twenty-four years old and a student at the university, Hahnemann found it necessary to impress upon his publisher that it was not to be printed until Frederick had been graduated, this going to show that he had injected into his argument a degree of vigor and vim not usual to his writings. His followers will enjoy reading it and it will strengthen them in their confidence in similia as a law of nature, while the half-hearted homeopath and the antipathic physician will learn so much of truth from its pages that they, too, can read it with profit and pleasure. Hahnemann's Defence of the Organon should occupy a place by the side of that book and the Lesser Writings.

The Chronic Diseases: Their Peculiar Nature and their Homeopathic Cure. *By Dr. Samuel Hahnemann. Translated from the second enlarged German edition of 1835, by Prof. Louis H. Tafel, with annotations by Richard Hughes, M. D. Edited by Pemberton Dudley, M. D. Boericke & Tafel, Philadelphia, $10.00.*

Here is a magnificent volume. At first glance there may appear to be the objection that has been offered to the new Homeopathic Text-Book of Surgery, that it is too large. But this objection is fanciful. No book which contains that which the profession needs is too large, if it be handleable at all, and this volume is. It contains sixteen hundred pages, and is of the dimensions of Webster's Unabridged Dictionary. No one has allowed the suggestion that the latter is a large book to disconcert him, and no one should allow the fact that this new edition of Chronic Diseases, by Hahnemann, is a large book to disconcert him and prevent him from purchasing it. Hail the day when we are provided with books of value, no matter what their size.

The present volume is a critical translation of the second enlarged German edition of Hahnemann's Chronic Diseases, issued in 1835. Competent critics proclaim that the translator has done his work well. The book has been edited by Dr. Pemberton Dudley. Those who know him appreciate what this means. The annotations by Hughes add a value to the work, and thus we have an unusually acceptable volume. It was by means of this book that Hahnemann taught his early followers how to build homeopathy's substantial foundation. He might have preached similia similibus curentur till doomsday and not have builded upon it a separate and distinct medical system which today occupies an established and honorable place among medical systems did he not exemplify the truth of his law and demonstrate the ability of remedies administered according to it to cure diseases. His largest successes were along the line of chronic ailments, those which had resisted all known treatments. These cures were accomplished by fitting the remedy to the case in every instance. Accuracy of selection was demanded. It was exemplified. Cures resulted. Homeopathy became an established fact. His "Chronic Diseases" tells how these cures were effected. It is really a large symptomatology. He gives the nature of the remedy, its medicinal virtues, its preparation, its mode of action and its symptomatology. He describes chronic diseases and tells of his various theories of their origin, particularly of his psora theory. Here we have it in Hanemann's own words. We may not agree with him, but no one has offered explanation of many of the manifestations of chronic ailments which have served a better purpose than his explanations, and certainly no one has offered anything like half as good a method of treatment for all chronic disease as the potent and subtle influences of the homeopathic remedy applied according to the symptomatology of each particular case and each particular remedy selected.

We are grateful to the translator, the editor and the publishers for this book. It is a second homeopathic bible. It will require painstaking care to apply the remedy according to the principles laid down, but the physician so doing will be rewarded for his labor. Unhesitatingly we assert that this book should be among the most acceptable volumes recently issuing from our publishing houses and should find a warm welcome in the library of every homeopathic physician and student. It is the work of a master mind.

Cold Air Baths have become somewhat popular in Germany as a new practice, namely, *Die Luftbäden.* They are taken in open fields enclosed by fences. One walks about naked, exposed to the air and light for a few minutes in winter or a few hours in summer. They are largely employed in Dresden and Lemnitz. Dr. Lagrange praises this practice and compares it to cold water baths. Under the influence of cold air the vaso-motors contract uniformly and the reaction follows. They are less violent than the cold water baths and their action is analogous.

Ledum.—A woman aged 50 had suffered for several years from rheumatism of the knee joints so badly that she could only walk a very short distance and that sidewise and with the greatest pain. The pains were described as sticking, and one of the joints was swollen. *Ledum* 5th night and morning for about three weeks did not change the trouble much and as the remedy seemed indicated it was given in the 14th dilution, one dose a day and continued for a month. There was considerable improvement at the end of that time and a continuance of the remedy entirely cured the case.

Ledum is not only very efficacious in articular rheumatism but also in gouty and rheumatic affections of the hip and tarsus. When the foot pains upon every step and the ligaments are inflamed it will often cure. It has not been found so useful in rheumatic affections of the upper extremities.—*Schweizer Valksarzt.*

The fourteenth annual report of the National Homeopathic Hospital Association of Washington for the year ending December 31, 1895, has been issued. The hospital reports that the number of patients admitted during 1895 was seventy-two more than in 1894, the total number treated being four hundred and ninety-nine. Of the whole number two hundred and forty-six were discharged cured, one hundred and eighty-one were improved, twelve were unimproved, eight discharged as incurable, and thirty remained in the hospital. During the year 1895 there were more surgical cases treated in the hospital than ever before in one year. The training school for nurses is looked upon with pride by the hospital as being one of the most successful schools in Washington.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - EDITOR.

New York and Chicago, June 1, 1896.

A FEAST FOR THE GODS.

The meeting of the American Institute of Homeopathy at Detroit this month will afford the great mass of the profession an opportunity of which it should not be slow to take advantage. Last year the Institute met in the far East and the year previous in the far West. It would be difficult to select a more central and convenient location than Detroit, and we may with reason expect the largest attendance of recent years because it will be so easy and so inexpensive for the majority of the profession to get there. Detroit is within twelve to twenty-four hours' travel of nine-tenths of the homeopaths of the United States. Even if it be not possible for all to go to remain throughout the week it will still be easily possible for all of us to be on hand during a part of the session.

The Detroit meeting marks an epoch. Homeopathy is this year an hundred years old. Hahnemann gave publicity to his first paper on the law of cure in 1796. The Detroit convention will partake of the nature of a centennial celebration. Besides the centenary address of President Dudley there are to be three analytical addresses pertaining to our tenets and work by Dr. J. P. Sutherland, of Boston, Dr. R. N. Foster, of Chicago, and Dr. W. M. VanDenburg, of Fort Edward, New York. These are to be over and above the regular sectional program, which is this year unusually elaborate and attractive. It may be said without extravagence that in no recent year has the Institute promised so enjoyable, so profitable a feast. It will be a sin of omission, almost a crime, for anyone to miss it who can possibly make it convenient to attend.

Besides the regular Institute programme and the special philosophical and scientific addresses already referred to there will be the Materia Medica Conference on the day preceding the formal opening of the session, which will provide a most attractive and valuable feature. Who will say that the following menu will not be worth enjoying?

* * * * *

I. Has the Law of Similars ever been unequivocably demonstrated by the deductions from general practice, and do we not require its more formal proof by inductive experimental research.

Essayist: Conrad Wesselhoeft, M. D., Boston, Mass. Discussions by C. W. Butler, M. D., Montclair, N. J.; Martin Deschere, M. D., New York; Chas. W. Mack, M. D., Chicago, and Chas. Mohr, M. D., Philadelphia.

II. In what particulars has the proving of drugs deviated from the rules laid down by Hahnemann in the Organon, and in what particulars do Hahnemann's rules and directions for proving drugs differ with or fall short of those required by the methods and precautions of modern scientific research?

Introductory remarks: T. F. Allen, M. D., New York. Essayist: Eldridge C. Price, M. D., Baltimore. Discussions by M. W. Van Denburg, M. D., Fort Edward, N. Y.; E. H. Porter, M. D., New York; Conrad Wesselhoeft, M. D., Boston, and Geo. Royal, M. D., Des Moines, Iowa.

III. In the search for the similimum shall we endorse Section 8 of the Organon, which says that the totality of the symptoms must be the sole indication to direct us in the choice of a remedy?

Essayist: William Boericke, M. D., San Francisco. Discussion by H. C. Allen, M. D., Chicago; W. J. Hawkes, M. D., Chicago; J. D. Buck, M. D., Cincinnati, and L. C. McElwee, M. D., St. Louis, Mo.

The time limit for the above essays and the discussions thereon has been fixed as follows: Essay not to exceed thirty minutes; discussions must be limited to fifteen minutes. The essayist is to have an additional fifteen minutes in which he may comment on the matter presented in the discussions.

The balance of the time of each session will be occupied in general discussions of five minutes duration each.

* * * * *

There is no more vital topic confronting us today than our materia medica. For it, by it and upon it and it alone are we homeopaths. Every general practitioner is vitally interested in its study and exemplification, and hardly less are our specialists—whether surgeons, gynecologists, ophthalmologists or what not ofttimes dependent in good part upon it—else they are homeopaths only in name. The array of subjects and names presented for the conference are a guaranty of a profitable day and the inauguration of a reformation which shall mean as much for homeopathy in the next century as the reformation begun in 1796 has meant for the therapeutics of the century now ending.

Michigan needs us and we need the Conference and the Institute. The season of the year is a delightful one in which to visit the "City of the Straits." Its profession is preparing to keep open house for us and many delightful social enjoyments are in store.

At the closing of our first century let us gather in such numbers as to make our centenary memorable and render all possible assistance toward the inauguration of superior plans upon which to build for the future.

STATE SOCIETY REFORM.

Instructive and entertaining as our state society meetings are it would seem that there might be devised a better arrangement of the programmes for these occasions than that usually offered. In fact, there has become a monotonous routine which detracts from the interest and attendance upon these bodies. As a rule, there are too many bureaus, too many papers written for each bureau, the papers are too long and prosy, and the discussions partake too much of the nature of approval without analytic dissection. May it not be better to reduce the number of bureaus to the minimum, specify the amount of time each may occupy, limit the number of papers, according to the relative importance of the bureau to the membership of the society, to from three to half a dozen, insist that they must come in the order printed in the programme or not come at all, and limit the discussions to from three to five minutes for each disputant and allow each to speak but once upon a subject?

It frequently happens that members arrange their time for attendance upon a state meeting to suit the programme. That is, they select that day or those days or that part of a day upon which the bureau in which they are more particularly interested is to report as the time for their attendance, only to find upon arrival that a change in order has been made and that perhaps the bureau in which they have an interest has been set for altogether another time than that originally specified, and they return home disgruntled, annoyed and out of sympathy with the meeting and determined not to attend another. This happened with a number during the recent Illinois meeting at Ottawa, and during our attendance upon the Kansas meeting one bureau was so shifted that only two of a number who intended being present to read papers or engage in the discussions were able to be there when this particular bureau was finally given a hearing. We believe it would be well for the executive officers of the various state societies to give some thought to these matters and see if it be not possible to devise some way to avoid this confusion and dissatisfaction.

May it not be well, also, to adopt the "Address" plan in relation to the various bureaus at our state meetings? For instance, let the bureau of materia medica select some well known specialist a year or at least six months ahead of time to deliver a thirty or forty minutes address upon that subject, something after the fashion of Dr. T. F. Allen's materia medica lecture at the Denver meeting of the American Institute of Homeopathy or that of Dr. Kraft at Newport, and so likewise with surgery, practice of medicine, neurology, gynecology, obstetrics and other bureaus interesting to us all. These might be followed with a limited number of papers upon titles selected by the executive officers, read by writers also selected by them, and thus an interesting and instructive programme be prepared, one which would insure to the society a large attendance and a profitable session. Members who desire especially to write for such occasions, if there be such, could make their wishes known as now, and the executive committee could from the list accept those most likely to interest and entertain the profession at a given meeting.

It surely seems that some improvement upon present methods might easily be adopted. A dozen bureaus are too many. Volunteer papers are not always what the profession desires. Too many papers for a single bureau disconcert the entire programme. One or two long-winded authors will kill interest in a session and perhaps the whole meeting. Volunteer or solicited papers from writers not able to be present may look well upon the programme, but they are an injustice to those present with papers to read or disputations to offer, and, at the same time, it is unjust to an author of a paper to ask him to prepare it and then side-track it by reading it by title only.

There is need for reform in our state society programmes. Who will be the Moses to lead us out of the present chaos and confusion into the light of a clearer and better day for our state associations? We are hum-drumming along in the same old way that our fathers hum-drummed in, with the result that our state societies are not half as well attended as they should be. We surely can do better if we try.

Editor's Table.

GENERAL NEWS-NOTES AND COMMENTS.

Dr. J. C. Hanchett, of Salt Lake City, visited Chicago recently.

Cholera is said to be prevailing at Alexandria, Egypt, and Marseilles, France.

Dr. Wm. McHarrie, of Montreal, has removed his office to 53 Prince Arthur street.

Dr. A. G. Crumrine, recently at Battle Creek, Michigan, has removed to Detroit.

Dr. J. S. Mitchell, Chicago, returned early last month from a pleasure trip to California.

Dr. E. F. Storke, of Denver, formerly of Milwaukee, is enjoying a vacation in old Mexico.

Dr. Sarah Gaston, a recent graduate of the Cleveland Medical College, has located in Detroit.

Dr. B. T. Roberts has removed from Morgan Park, Illinois, to 6521 Yale avenue, Englewood, Illinois.

Dr. Frank McGuire has removed from Alpena to Detroit to engage exclusively upon eye and ear work.

Dr. E. S. Bailey, Chicago, has been enjoying a needed vacation in Colorado and on the Pacific Coast.

The Ohio State Homeopathic Medical Society met at Piqua on the 13th, 14th and 15th of last month.

The Colorado State Homeopathic Medical Society held its tenth annual session at Colorado Springs on May 27.

Dr. H. F. Biggar, Cleveland, has associated his son, Dr. H. F. Biggar, Jr., with him in general and surgical practice.

Dr. Allison Clokey, late president of the Kentucky State Homeopathic Medical Society, spent a few days in Chicago last month.

Drs. Olin and LeSeure have removed their office from Cass avenue to the Shirley Building, 32 Adams avenue, West, Detroit.

The Senate of Rhode Island has granted an appropriation to the state board of health of $1,000, for the suppression of tuberculosis.

Dr. and Mrs. H. V. Halbert, Chicago, are rejoicing over the arrival in their household of a son and heir, who came about the first of May to make them happy.

The Wisconsin Homeopathic Medical Society held its annual session on May 26, 27 and 28, at Milwaukee. The meeting was attended by a number of physicians from Chicago.

It is said that from 50,000 to 60,000 people die annually in Wales and England from pulmonary tuberculosis and another 50,000 annually from other varieties of tuberculous diseases.

Dr. S. P. Hedges, Chicago, has issued a card announcing that he has discontinued his down-town office and will hereafter receive patients at his residence, 890 Evanston Avenue, Buena Park.

At the meeting of the Illinois State Society last month the sum of $200 was appropriated to the Hahnemann Monument Fund in addition to the $100 originally given by the Illinois Association.

Dr. T. S. Hoyne, editor of the *Medical Visitor*, sails for Europe on the 13th inst., to be gone until September. During his absence his assistant editor, Dr. J. B. S. King, will conduct the *Visitor*.

The California State Society had a very successful jubilee meeting at San Francisco last month. A full report by Dr. Eleanor F. Martin, the secretary, will appear in the next number of the CENTURY.

One hundred and thirty-seven cases of typhoid fever were treated in the Pittsburgh Homeopathic Hospital last year. The death rate of these particular cases is not given, which is to be regretted.

The *Denver Journal of Homeopathy* for May gives a very commendatory review of the Homeopathic Text Book of Surgery, pronouncing it "of all the many works on surgery undoubtedly the best."

The Texas homeopathic profession should not forget that the next meeting of their state society will be held at San Antonio on the 11th and 12th of this month. Dr. Geo. D. Streeter, of Waco, is president.

Dr. H. B. Nicholson of Allegheny, a recent graduate of Hahnemann Medical College of Philadelphia, has been appointed to fill the October vacancy on the house staff of the Pittsburgh Homeopathic Hospital.

There is a good location in Central New York for the right man, made vacant by the death of a prominent homeopathic physician. For particulars address C. L. E., Postoffice Box 634, Palmyra, New York.

Dr. Stafford T. Mitchell, of Chicago, was married to Miss Mary Harriet Favor, of Hyde Park, May 20. Dr. and Mrs. Mitchell will be "At Home" to their friends on Tuesdays, in September, at 5458 Madison avenue.

The Michigan State Homeopathic Medical Society met on Tuesday, May 19, at Detroit, presenting its business for the year, and adjourned to meet in connection with the American Institute on Friday, June 19.

Dr. J. Lewis Smith, long professor of diseases of children in Bellevue Hospital and Medical College, has been made emeritus professor, Dr. Wm. P. Northrup succeeding to the active professorship of pediatrics.

The homeopathic profession of Michigan has asked for a mandamus from the supreme court compelling the regents to move the Homeopathic College from Ann Arbor to Detroit. A decision is looked for at an early date.

The Manhattan Life Insurance Company, of New York, has added to its staff of medical examiners for New York City two representative members of the homeopathic profession, Drs. St. Clair Smith and E. H. Porter.

Minnesota held its annual meeting of the Minnesota Institute of Homeopathy at Minneapolis on May 19, 20 and 21. It is reported that there was an unusually satisfactory attendance and an excellent list of papers.

Dr. G. W. Pringle, Midland, Michigan, wishes to remove to a college city for the schooling of his children, and will be glad to have a thoroughly competent man as a successor. Here is a good opening for the right physician.

The Utah Homeopathic Medical Society holds its meetings at Salt Lake City, Utah, on the first Tuesday of May of each year. Its officers are Drs. I. White, president; J. T. White, Secretary; and J. C. Hanchett, treasurer.

Dr. Emma Klein, a graduate of the homeopathic department of the University of Michigan and of the New York Homeopathic Eye and Ear Hospital, has located in Detroit for the practice of Ophthalmology and Otology.

The second Pan-American Medical Congress will be held in the City of Mexico on the 16th, 17th, 18th and 19th of November. Special rules and regulations covering the Congress have just been issued by the Mexican committee.

Dr. Lillian Dell, for several years assistant physician at the Pennoyer Sanitarium, Kenosha, Wisconsin, has removed to New York and is succeeded in her late position by Dr. Stella Cromwell, a graduate of Hahnemann College, Chicago, of 1896.

The *Medical Counselor* for May gives Martin's Manual of Nervous Diseases, recently published by the Medical Century Company, a very complimentary review of a column, commending the book to all students and practitioners for careful study.

The Indiana Institute of Homeopathy held a successful session on May 26 and 27, at Indianapolis. Dr. E. L. Smith, of Chicago, represented the MEDICAL CENTURY, and has accordingly favored us with a succint report, which will appear in our next issue.

Dr. J. H. Samuel, of Maysville, Kentucky, has been appointed a member of the Kentucky state board of health. This gives to the homeopathic profession two members on that board, Dr. J. A. Lucy having been a member for some years past.

In a recent note to the MEDICAL CENTURY Prof. Halbert, of Hahnemann Medical College, Chicago, applauds Martin's Manual of Nervous Diseases as a work of more than passing merit, and says he shall advise the students of his classes to procure the book for college use.

Drs. Barnard and Cole, professors of surgery in the Southern Homeopathic Medical College at Baltimore issued an invitation to the profession to be present and witness a series of surgical clinics during the recent session of the Maryland Homeopathic Medical Society.

It should not be forgotten that the materia medica conference, in which every member of the homeopathic profession is interested, will be held at Detroit on June 16, and that the American Institute will hold its annual session in that city commencing on Wednesday, June 17.

The Pittsburg Homeopathic Hospital is issuing a hospital publication titled *The Hospital News*, in the interests of that institution. It is a newsy publication and sets forth a good deal of information in relation to the Pittsburg Hospital and profession that is of more than local interest.

The centennial celebration of homeopathy was observed by the Homeopathic Medical Society at Buffalo with great eclat. The committee on arrangement was chairmanned by Dr. D. G. Wilcox, of Buffalo, who did his work valiently and well both in that capacity and as toastmaster of the occasion.

Dr. C. G. S. Austin, of Nantucket, R. I., notifies the MEDICAL CENTURY that Nantucket has no continuously resident dentist, and suggests that a competent member of that profession will find Nantucket a satisfactory place of residence and, during the summer season particularly, an excellent field of operation.

The *Medical Counselor*, of Detroit, has decided to issue a daily journal during the meeting of the American Institute in that city, the net proceeds of which are to be devoted to the Hahnemann monument fund. This is highly commendable and should win for the *Counselor* the cordial support of the profession.

Prof. A. C. Halphide, of Hahnemann Medical College, Chicago, is taking a special course in pathology in the New York Post-Graduate school, and pursuing clinical studies in various hospitals in that city. He will remain east until July 1, and upon his return will occupy his new residence and office at 3458 Wabash avenue.

The *Denver Journal of Homeopathy* has been greatly improved in recent months by a change in type and paper and by having taken on renewed vigor and enterprise. It is destined at its present rate of success to be of no little value to the profession of the Rocky Mountain district, and should be warmly supported.

Dr. H. J. Ravold, of St. Joseph, Missouri, formerly president of the Missouri Institute of Homeopathy, will be married on Wednesday, June 3, at Spring Brooks Ranch, Sharon, Kansas, to Miss Harriett May Jackson, daughter of Dr. and Mrs. Henry Wisner. Dr. and Mrs. Ravold will be "At Home" at St. Joseph, on Tuesdays after August 1.

Dr. Oscar O. Baines, a member of the state board of health of Illinois and secretary of the Bennett Medical College, eclectic, died on May 19, of pneumonia at his home in Chicago after an illness of but a week. Dr. Baines was 33 years of age and was recognized by his colleagues on the state board of health as a conscientious and competent member.

At the recent meeting of the Detroit Homeopathic Practitioners Society the following officers were elected for the ensuing year: President, Dr. S. H. Knight; vice president, Dr. May A. Willard; secretary and treasurer, Dr. R. M. Richardson. The officers elect and and Dr. E. Louise Orleman and Dr. R. H. Stephens constitute the executive committee.

Dunham Medical College, Chicago, was declined recognition by the state board of health at its recent meeting because of the lack of clinical and hospital facilities. It is said that Dunham graduated four students at its first commencement. Of this number it is known that two of them, at least, were not considered qualified to enter the senior classes of other colleges last fall.

The *American Homeopathist* for May 15 presented the anomalous spectacle of being the first issue of that periodical which has appeared since Dr. Frank Kraft became its editor without an editorial and a budget of "globules" from his pen. Not a line bearing the ear markings of the versatile editor appeared in that number. As a result it was less interesting than usual.

An interesting item in the *Hospital News* for May, published in the interest of the Pittsburg Homeopathic Hospital, is a statement that during the last year there were treated in that hospital, "1,135 Protestants, 549 Catholics, 17 Hebrews and two Heathens." We wonder if the inquiry might be pertinent as to how many of the Protestants, Catholics and Hebrews were also heathen?

Dr. H. C. Allen, Chicago, has been re-elected dean of Hering Medical College and Dr. W. W. Stafford has been chosen registrar for the ensuing year. Dr. Rhoda Pike-Barstow has been elected professor of obstetrics, and Dr. F. G. Wieland has been chosen professor of chemistry. It is again reported that Hering Medical College is about to erect a new college and hospital building.

The American profession should bear in mind that the Fifth Quinquennial International Homeopathic Congress will be held in London during the week commencing August 3. Physicians who are so fortunate as to be able to visit foreign lands during this homeopathic centennial year should make it a point to be in London during the sitting of this Congress. It is a meeting in which we are all interested.

The Detroit homeopathic profession is reported as straining every nerve to make the forthcoming meeting of the American Insitute of Homeopathy in that city enjoyable. Among other features of entertainment it is expected that an excursion will be provided on a large steamer up the Detroit river, across Lake St. Clair and on to the Oakland, a superb summer resort recently erected at a commanding point on Lake Huron.

Grace Hospital, Detroit, treated 218 cases during February and March, of which number 79 were medical, 133 surgical, 69 gynecological, 9 obstetrical and 6 ophthalmic. Among the operations performed were trachelorrhapies, perineorrhapies, perineal urethrotomies, vaginal hysterectomy, tenotomy for strabismus, amputation of cornea, of thigh, of foot, of breast, skin grafting, radical cure of hernia, plastic operation for hair lip, and the American operation for hemorrhoids.

A number of excellent contributions and a large number of news-notes and items have been crowded out of the present issue. They will be given place in the number bearing date of June 15. It is simply impossible for the CENTURY to give place as promptly as it would like to all the contributions so courteously sent it for publication. Contributors whose papers do not appear immediately upon being sent in will please note that the demands upon the journal are increasing daily and not all can be given place at once.

Chicago is to have another homeopathic pharmacy, conducted by the P. H. Mallen Homeopathic Pharmacy Company, at Gross & Delbridge's old stand, 48 Madison street. Mr. Mallen, who has been associated with the Gross & Delbridge firm for the past twenty-three years, is well known to the local profession as an unusually competent and conscientious pharmacist. His associates in the new pharmacy are Mr. Bailey, who has been with Gross & Delbridge for several years, and Mr. Tatge, who has, also, been long associated with that firm.

At the meeting of the Illinois State Society at Ottawa Dr. J. B. Dunham, of Wenona, was elected president; Dr. G. F. Coutant, of La Salle, first vice president; Dr. J. N. Downs, of Ottawa, second vice president; and Dr. F. E. Downey, of Clinton, treasurer. Dr. Wesley A. Dunn, of Chicago, was reelected secretary and Dr. W. W. Stafford, of Chicago, was re-elected provisional secretary. Dr. Colwell, of Aurora, Dr. Duncan, of Chicago, and Dr. Kinyon, of Rock Island, were chosen censors. The next meeting will be held in May of next year in Chicago.

A very successful session of the Northern Indiana and Southern Michigan Homeopathic Medical Association was held in Elkhart, Indiana, in the parlors of the Century Club on May 5. Several new members were elected. A number of very satisfactory papers were presented. The officers were chosen for the ensuing year as follows: President, Dr. John Burroughs; first vice president, Dr. Geo. L. Shoemaker; second vice president, Dr. John Rollmann; secretary and treasurer, Dr. H. A. Mumaw. The next meeting will be held in Elkhart on Tuesday, September 29.

The *Denver Journal of Homeopathy* notes with apparent condemnatory suggestion that the homeopathic department of the State University of Colorado, established in rivalry to the Denver Homeopathic Medical College, has had but one lecturer and two students during the past winter. Were it possible to make a successful department of this school it would be desirable that the profession of the entire state of Colorado should give it its cordial support; but if it be based on antagonism to the Denver College as an outgrowth of personal irritation, the sooner it be discontinued the better.

The Medical Record laments that the New York legislature has legislated out of office the boards of managers of the various State hospitals, excepting those of the Manhattan and Middletown, and has authorized the Governor to appoint their successors on or before December 31, bemoaning the new arrangement as a transfer of the control of the asylums with $4,500,000 of appropriation to a political machine. It is not stated just why the Manhattan and Middletown hospitals were exempted, but it is reasonable to infer that it is because the management of those institutions has been found satisfactory.

An anomalous situation is presented in the membership and work of the American Association of Physicians and Surgeons, which will hold a special meeting at Buffalo on the 23rd, 24th and 25th of June. Members of all schools of medicine are admitted to this association, and it is noted that in its materia medica and therapeutic section the general chairman is Dr. E. M. Hale, of Chicago, while there are sub-sections classified as "A," "B," "C," "D," "E," "F," and "G," covering respectively the materia medica of the allopathic school, the homeopathic, the eclectic, the physio-medical, the biochemic, hematherapy and electro-therapeutics.

The Hahnemann Association of New York is manned as follows for 1896: President, Martin Deschere, M. D., of New York; first vice-president, F. J. Nott, M. D., of New York; second vice-president, C. W. Butler, M. D., of Montclair, N. J.; third vice-president, C. S. Macy, M. D., of New York; recording secretary, S. H. Vehslage, M. D., of New York; corresponding secretary, H. D. Schenck, M. D., of Brooklyn; treasurer, A. G. Warner, M. D., of Brooklyn; executive committee, J. L. Keep, M. D., of Brooklyn. The meetings are held annually in November, at a banquet hall to be selected for each. They are attended by the profession and laity and are social in character.

A Chicago grand jury recently performed a very proper function in returning true bills against fifty or more druggists who have been guilty of violating the laws of the state relating to the sale of poisons and the manner of conducting drug stores. It was shown that in a number of instances women and children had been serving as drug clerks in local pharmacies, that poisons were being sold without cautionary labels or the least effort upon the part of the druggist to ascertain their proposed uses, and that an alarming degree of carelessness and criminal negligence is quite the rule in retail stores. The prosecution is being conducted under the influence of the state board of pharmacy.

The treasurer of the Southern Homeopathic Association, Dr. A. M. Duffield, of Huntsville, Alabama, is giving notice to the members of that body that all who pay their dues for the 11th and 12th annual sessions, which carries them up to November, 1896, will become members in good standing and entitled to the volume covering the history and transactions of the association up to date. This volume is now in the hands of the printer and it is expected that it will soon be delivered to all who are entitled thereto. The Southern Association has had an eventful history, and it is believed that every member of the profession who is interested in the progress of homeopathy in the Southern field will enjoy this volume.

The annual meeting of the subscribers and friends of the Liverpool Hahnemann Hospital and Homeopathic Dispensaries was held in Liverpool on the fourth of March in the town hall. The secretary read a report which showed that some excellent work had been accomplished by the institutions. In the out-patient department in Hope street there had been 33,106 attendants upon the dispensaries and 7,534 patients had been visited at their own homes. At the Roscommon street dispensaries there had been 24,424 waited upon and 3,103 visits had been made to patients' homes. The number of in-patients treated at the hospital during the year 1895 was forty-three and the number of admissions was 408.

The third quarterly meeting of the Northwestern Homeopathic Medical Society will be held in the parlors of the Brewster House at Freeport, Illinois, on Tuesday, June 2. There will be two sessions, one in the forenoon and one in the afternoon, the subjects to be considered at this meeting being materia medica and clinical medicine, surgery, pedology and preventive medicine, and the eye, ear, nose and throat. Dr. J. C. Burbank, of Freeport, has charge of the first named bureau; Dr. H. A. Noyes, of Mt. Carroll, is chairman of the surgical section; Dr. L. M. Currier, of Freeport, is in charge of pedology and preventive medicine, and Dr. I. C. Cole, of Freeport, is chairman of the bureau of eye, ear, nose and throat. This local society is enjoying a very satisfactory degree of prosperity.

Judge Grosscup of the Federal Court, held in Chicago, has a poor opinion of expert medical testimony. In a recent case he selected a physician of his own choosing to pass upon the physical condition of a man condemned to the penitentiary, and in declining to modify his sentence gave utterance to the sentiment that "expert testimony in Chicago is largely on the market and I have come to regard it with very little favor unless I know the competency and integrity of the witnesses and their disinterestedness in the case in which they testify." It is not surprising that a conscientious judge is chary about accepting the medical testimony of today as expert knowledge. It is a lamentable fact that in all too many cases physicians are influenced when on the stand by their relations to the attorneys or their clients in any given case. A good deal of disapprobation was brought upon us in the Prendergast trial and in other important murder trials occurring in this city in recent years. There should be some legal standard set whereby medical expert testimony that shall be medical expert testimony indeed and in truth may be availed of as necessary in courts of justice. The reflections uttered by Judge Grosscup are unfortunately not altogether without substantial foundation.

The microbicists keep killing the microbe with new discoveries from day to day. Radam first killed it with his mixture of sulphur, saltpetre, chlorate of potash and black oxide of manganese; Koch followed with his tuberculine; then Aronson, Behring and Roux doubled up on the diphtheria germ with antitoxin; Haffkine tried cholera, and now Langheld trumps up another microbe slaughterer in hypodermatic injections of cod-liver oil, ozone and other stuffs, calling it anti-microbia—a good selling name, by the way—with which he expects to knock the microbe of tuberculosis silly. The bugicidists are using the daily press for all they are worth, while science blushes for shame. It has almost come to be consonant with alleged discoveries that they first see the light of day and are declared curative through the secular press, even long before the true scientist and practical physician has had time to pass upon their possible merits. This might reasonably be expected of Radam and other non-educated experimentists and financial microbicidists, but it is shocking to a high sense of ethical conviction that educated medical men should proclaim the supposed virtues of their wares through the daily press at all and especially before giving them thorough trial in hospitals and the clinical field. Truly may it be said that the mercantile spirit has taken possession of some of us.

The Detroit local committee of arrangements for the American Institute meeting to be held in that city in June, commencing on the 17th instant, has created the following sub-committees and set to work in earnest toward preparing to receive and entertain the national association:

On Halls.—Drs. Harold Wilson, chairman; V. T. Smith, R. H. Stevens, R. C. Rudy, W. R. McLaren, Detroit; H. M. Warren, Jonesville.

Hotels.—Drs. W. M. Bailey, chairman; Chas S. Morley, A. Graham, Detroit; A. B. Grant, Olivet; A. B. Cornell, Kalamazoo.

Reception.—Drs C. C. Miller, chairman, O. LeSeure, C. F. Sterling, M. T. Stevens; Lucy Arnold, V. T. Smith, Detroit; S. G. Milner, Grand Rapids; D M. Nottingham, Saginaw; W. E. Clark. Three Rivers; H. P. Mera, E. R. Ellis, Detroit; W. A. Polglase, Lapeer.

Entertainment.—Drs. M. J. Spranger, chairman, A. E. Gue, F. V. Horne, J. M. Griffin, Detroit; J. C. Nottingham, Bay City; A. B. Avery, Pontiac; B. G. Crumrine, Battle Creek; J. A. Lenfesty, Mt. Clemens.

Finance.—Drs. R. C. Olin (chairman and treasurer of committee), E. Lodge, Mary Willard, Detroit; O. R. Long, Ionia; F. Lindley Hoag, Grand Rapids; R. S. Copeland, Ann Arbor; Joseph Cowell, Saginaw; L. R. Marvin, Muskegon; F. E. Palmer. Albion; Rachel Davison, Flint; W. A. Cotton, Escanaba; R. C. Markham, Marquette; W. J. Tyler, Niles; J. H. Reynolds, Grand Haven; N. R. Gilbert, Bay City; J. F. McGuire, Alpena; D. T. Smith, Jackson; Chas. M. Watson, Lansing; A. F. Randall, Port Huron; W. E. Jewett, Adrian; A. H. Thompson, Lapeer.

Committee on Exhibits.—Drs. R. M. Richards, G. G. Caron, A. Lodge, G. M. Canfield, Detroit.

Press.—Drs. S. H. Knight, chairman, R. H. Stevens, Douglas Long, Detroit; M. C. Sinclair, Grand Rapids; A. W. Saxton, Jackson; M. P. Hunt, Columbus, O.

Dr. D. A. MacLachlan is chairman of the general committee, and Dr. S. H. Knight has been chosen general secretary.

WASHINGTON WHISPERINGS.

Dr. J. Perry Seward, of New York, correspondent of the Century, and at one time resident physician of our hospital, made a flying visit to Washington the first part of May. He was present at the meeting of the medical society and was given a cordial reception by its members.

A circular has been received by the physicians of Washington announcing the fact that Mrs. Elias S. Hutchinson will, on May 15, open a new homeopathic pharmacy at 1331 G street, N. W., handling goods from the New York pharmacy of Boericke, Runyon & Ernesty. We have had here for years one first class pharmacy, conducted by Miss Carrie V. Dorman.

During the past year Washington physicians have more than once been impressed with the great necessity of a change in the rules of the American Institute governing admission to the Institute. We have been overrun with a lot of men calling themselves homeopathic physicians and doing much to bring discredit to the cause of homeopathy,—and there is nothing to prevent these same men from becoming members of the American Institute if they happen to have two or three friends in the Institute who are not residents of Washington, and know nothing of their present standing, to recommend them for membership. It is to be hoped that at the Detroit meeting the resolution presented at the Denver meeting in behalf of the Homeopathic Medical Society of the District of Columbia, and which came so near being adopted at Newport, will be acted upon favorably at Detroit and become a law of the Institute.

The Washington Medical Society held its regular monthly meeting at the Ebbitt House, May 5, 1896, the president, Dr. S. S. Stearns, in the chair. A resolution was passed offering the services of the members of the medical society to the committee of Christian Endeavorers. This organization will hold its annual meeting here from July 7 to 14, and will bring to the city sixty or seventy thousand people. It is the purpose of the medical society to erect a large hospital tent on the White House grounds where strangers taken suddenly sick can apply for treatment. This was done during the late encampment of the Grand Army of the Republic, and many friends and converts were made for homeopathy. Drs. F. A. Swartwout, Z. B. Babbitt, M. A. Custis, Emily O'Brien and Alice Burritt were appointed a committee to confer with the Christian Endeavor committee and make the necessary arrangements.

Dr. Mary Alice Brosius, a graduate of the Southern Homeopathic College, class of '95, was admitted to membership in the medical society.

Drs. R. Kingsman, G. W. N. Custis and Ira Dennison were appointed a committee to draft suitable resolutions on the death of the late Dr. S. S. Moffatt, and report at the next meeting of the society.

Owing to the absence from the city of Dr. T. L. Macdonald, chairman of the bureau of surgery, only a partial report of the bureau was made. Dr. Ralph Jenkins, who is making a specialty of orthopedic surgery, read a paper on the early treatment of congenital club foot.

On April 30, Senator Gallinger presented in the Senate petitions signed by a large number of residents of Washington in favor of the bill to regulate vivisection in the District of Columbia, which provides, first, that experiments on living vertebrate animals shall be conducted under anesthetics, except so-called inoculation experiments, tests of drugs and medicines, and cases of recovery from surgical procedure; second, that all experimenters except those in government service, shall be licensed, and their places of experiment registered by the district commissioners; third, that all places where experiments are conducted shall be inspected by inspectors to be appointed by the President of the United States, and to report to him; fourth, that vivisection in public schools and in exhibitions for the general public shall be prohibited. The signers of these petitions are some of the most prominent people in Washington. The old school medical society of the District of Columbia have passed resolutions opposing the passage of the bill.

Has it ever occurred to the readers of the MEDICAL CENTURY that we seem to be terribly mixed as to the quality of our medicines, if we are to depend upon what some of our drug agents tell us? And this is an important matter, too, and one worth while looking into, especially in these days when there is so much competition, and each manufacturing pharmacy is trying to outdo the other in putting up drugs and tablets at low prices. One agent was in my office a few days ago and in looking over my stock pronounced most of my tablets as being nothing more than a manufactured paste instead of being made of pure sugar of milk, and yet they were bought from one of our most reliable firms. Then again the agent of another firm a few week ago on entering my office spied a bottle of tablets with the name on it of the firm whose agent told me most of my tablets were simply a paste, picked it up, placed it to his nose, and said the goods were rank and should never be given to a patient. What does it mean? Is it simply a trick of these agents to try and down their competitors, or are we using inferior drugs? As it is absolutely necessary that our drugs should be pure and of the best quality it would be a good thing for the profession, and the people, too, if we could have a competent commission of pharmacists to examine the preparations of the different manufacturing pharmacies at least twice a year and pass upon their qualities.

No Congress has been more severely criticised than the present one, and principally because it has not taken up the time talking on finance and the tariff. In order to correct misapprehension allow me to say that this neglect of duty was only apparent. There has never been a Congress in our recollection that has given such careful attention to matters concerning the medical profession, especially that branch of it which is located in Washington. It has just passed a bill regulating the practice of medicine in the District, which we believe will be a model for medical legislation in the States, because of the fact that it insures absolute equality for all the organized schools and in addition to that, absolute uniformity of standard for all schools.

This bill is the result of the efforts of Dr. S. C. Busey, representing the old school society of the District of Columbia, and of Dr. J. B. Gregg Custis, representing the Homeopathic Medical Society. They have worked upon it for three years and were not able to harmonize their interests until the opening of this session. As soon as they harmonized, the Eclectic Society, all the irregular practitioners, and those of questionable methods and origin combined against them. By reason of the courtesy of Senator J. H. Gallinger, of New Hampshire, chairman of the sub-committee in charge of all medical matters in the senate, and of the house committee on the District of Columbia, under the leadership of Hon. J. W. Babcock, chairman, they were able to overcome this opposition, with the result stated above.

In addition to this, congress has passed a bill prepared by Dr. J. B. G. Custis, requiring all medical colleges in the District of Columbia, not chartered by special act of congress, to procure a license from the commissioners. This law will enable the profession either to suppress the alleged Homeopathic Medical College which has been such a reproach to the profession, or require it in some manner to procure a competent corps of instructors and an adequate equipment to teach homeopathy.

Further than this, the Senate has passed a resolution accepting the Hahnemann statue, and a bill relieving physicians from the obligation of testifying in the courts as to those matters which are recognized as professional.

In view of the above facts no one can say that this has been a do-nothing congress. We cannot expect people at large to put legislative matters in their proper relation as regards precedence, but the CENTURY'S readers will readily understand that both tariff and financial legislation sink into insignificance before the profession before weightier matters such as we have mentioned.

The Washington profession feels especially gratified at its success before this congress, and you can see what can be gained by giving authority to one man, provided you have such a man as we have in Dr. J. B. G. Custis, willing to concentrate his efforts in a given direction for the benefit of the school.

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Surgery.

CLINICAL NOTES IN SURGERY.

BY W. E. GREEN, M. D., LITTLE ROCK, ARKANSAS.

Case I.—An Anomalous Cerebral Condition.—April 1st, '96, R——, aged 20, in physical robustness, consulted me on account of epilepsy, giving the following history: Twelve years ago he was kicked by a horse, the blow crushing the skull in its superior posterio-lateral aspect. A physician was called who pronounced the case hopeless. The boy rallied and soon regained consciousness. The wound took on a suppurative condition and continued to discharge for five years, many pieces of bone being removed in the meantime. Soon after the wound closed the patient developed epilepsy, which has continued to recur, mostly at night, every four to six weeks, up to the present time. The boy, otherwise healthy and strong, gradually became mentally weakened though not foolish. He would answer questions about his case rationally and converse intelligently upon ordinary matters. His parents had cared for him tenderly and had made no special effort to improve his mental condition or to educate him, more than to teach him to read and write. He seemed to have no taste for study or reading.

Upon an examination of the head I found an ugly scar, covering a depression in the skull, that feebly pulsated, two inches in length and one in width, on a line that bisects the quadrant lying between the parietal eminence and the lambda. The border surrounding the cicatricial area was sensitive and depressing symptoms were produced by pressing upon it. Believing that dural adhesions, the presence of a spicula of bone, or possibly a cerebral abscess was the exciting cause of the convulsive action I advised operative measures as a hope of relief and sent him to the Infirmary.

OPERATION: *Cerebral Exploration.*—I cut down upon the seat of injury by a long, curved incision made along the border of the acquired cranial fissure, removing at the same time all the scar tissue of the scalp. Upon opening the membranes a most peculiar and unlooked for pathological freak confronted me. At a point just below the parieto-occipital fissure was an opening into a cavern of irregular contour, filled with cerebral fluid, varying in diameter from one and one-fourth to one and three-fourths inches, extending downward and inward to the left lateral ventricle. The full length of the index finger could not be made to reach its depth. Upon illuminating the interior many of the familiar points of the ventricle could be outlined. The choroid plexus was beautifully intact, and the fornix could be both seen and felt. Not at first recognizing the anatomical features of the parts I unwittingly caught the delicate fringelike structure of the choroid plexus with the forceps and tore away a large part of it; free bleeding followed but it was readily controlled by sponge pressure. There were present at the operation Dr. Newton, an accomplished and experienced old school surgeon, and my assistant, Dr. Morse, both of whom carefully explored the cavern both by sight and touch.

Drainage was introduced and the wound carefully closed. Prompt reaction followed and a high degree of pyrexia ensued, the thermometer registering 103 before night. The fever continued but gradually abated. On the tenth day the temperature was found to be normal, when the drainage tube was removed. The next day the serous fluid had re-accumulated, the wound was bulging and the fever re-appeared, rapidly reaching the former standard of 103. Drainage was again applied, when the fever receded and within a few days became normal. At the expiration of the third week the tube ceased to discharge, when it was removed without exciting trouble and the patient was allowed to depart. No improvement or injury in any way followed the procedure.

Case II. — Reflex Esophageal Spasms. — Cystic Ovaries.—Mrs. R——, aged 23; delicate and of nervous temperment, married and the mother of two children; consulted me five months previous on account of difficulty in swallowing. She had been treated for ten months by different physicians for "stricture and paralysis of the throat." The passage of a full sized esophageal bougie excluded the diagnosis of organic stricture, and her ability to swallow solid food at times, after sleeping, also refuted the idea of paralysis. I diagnosed spasmodic or hysterical stricture. Upon examination I found a badly lacerated cervix and an extensive hemorrhoidal condition of the rectum. I gave it as my opinion that the disease was of reflex origin and recommended operative procedure for its relief. I accordingly repaired the cervix and removed the hemmorrhoids, with the most gratifying results. The patient began to eat and drink with comfort the next day, gained twenty pounds in three weeks, and expressed herself as feeling entirely well. About six weeks thereafter she began to complain of severe pain in the right ovarian region; this rapidly increased until she was driven to her bed; all of her old esophageal trouble returned and she was again unable to either eat, drink or sleep. An examination revealed an enlarged and sensitive ovary; the uterus was also tender to the touch.

OPERATION: *Hystero - oöphoro - salpingectomy.* — I recommended an immediate oöphorectomy and chose the vaginal route as my method. On account of the sensative condition of the uterus I decided that it also should go. Accordingly she was placed in the Infirmary and on April 3d I performed vaginal hystero-oöphoro-salpingectomy. The right ovary was cystic and enlarged to the size of a hen's egg. The left ovary was also cystic and enlarged and there existed on this side a cyst with lax, thin walls that contained four to six ounces of greenish colored fluid; both tubes were diseased and the uterus enlarged. The vaginal wound was snugly closed without drainage and the vagina loosely packed with sterilized gauze. No shock followed; the patient called for food the next day and ate it with a relish. She sat up on the eighth day (vaginal wound closed by first intention) and left the hospital on the fourteenth. Her throat has troubled her but little since.

An important feature in doing a vaginal hysterectomy upon a young woman, especially if she be married, is to obtain a deep vagina; this is accomplished by making the initial incision well down to the os and dissecting back the cervical flaps. The broad ligaments on either side after the organs are removed are caught at their upper border, brought down and united to the angles of the vaginal wound by a ligature passed through both the anterior and posterior flaps of the peritoneum and vaginal mucous membrane, three or four additional sutures accurately closing the wound. Drainage is unnecessary; in fact, if pus is not present it is detrimental. If malignancy exist, a deep vagina is of secondary consideration. The cardinal principle then to be observed is to cut wide and clear of infiltrated tissue.

Case III.—Appendicitis.—April 5th, Miss C—, aged 12, who was attending school in a neighboring village, was brought to me for appendicitis. She had been sick five days and was attended by two physicians, who assured the parents that she was doing well and protested against her removal. I saw her at 7:30 P. M., found her partially stupefied by opiates, pulse, 120, temperature, 101, face flushed, abdomen slightly tympanitic and very tender over the region of the cecum; considerable intumescence was present, the right rectus abdominis muscle was tense and the right thigh flexed. I diagnosed appendicitis and recommended an immediate operation, to which neither of the parents would consent. Neither reason nor argument could move them, therefore I determined to put the matter clearly before the child and tell her the hopelessness of her condition without an operation. She at once consented to have it done and insisted upon its immediate execution.

OPERATION: *Appendectomy.*—Accordingly, I sent her to the Infirmary, and at 11 P. M. that night placed her upon the table and cut down upon the offending organ, by a slightly oblique incision, made well out toward the flank. The abscess contained about four ounces of pus and was walled off from the general peritoneal cavity. The appendix was badly sloughing but was inaccessible unless by breaking up the provisional adhesions; this I deemed unadvisable, and therefore, it was left, the cavity was packed with gauze, wound closed, and the patient placed in bed at exactly 11:20 P. M. The recovery was uneventful and the girl returned to school on the 18th day.

Case IV.—Septic Endometritis and Cellulitis.—On April 6th, I was called to Jefferson city, a distance of four hundred and sixty miles, to see a case of post-partum fever of severe type. I reached the place the next day at one o'clock. Upon inquiry I found that the fever had developed on the third day and had continued with great variation two weeks, ranging from 97 to 105, reaching the latter figure at some time during every day. An examination revealed a somewhat sensitive uterus, which was lying well forward and was fixed. I could not outline any tubal involvement, though I was not positive that there was none. I diagnosed septic endometritis and at once anesthetized the patient, placed her on the table and after sterilizing the vaginal tract, dilated the cervix. Upon opening it, at least two tablespoonfuls of thick pus of a greenish tinge escaped. The endometrium was curetted, the cavity irrigated and a large pledget of gauze, the size of the index finger, introduced well up to the fundus. The vagina was then loosely packed. As the patient was anxious to continue under my care, the attending physician being equally anxious that she should, I placed her on the cars and brought her to Little Rock. She made the trip without great discomfort or injury. I continued to irrigate and drain the uterus daily for one week, until the discharge had almost ceased. The fever continued, but not so high, ranging from 99 to 103. On the 9th day after she came under my care she developed a sharp attack of peritonitis; though the pain was severe and the tympanitis considerable, they began to subside on the second day and were almost gone on the fourth. An examination per vagina now revealed an intumescence and tenderness on the left side. At my visit on the morning of the fourth day thereafter I found a boggy induration back of the uterus. I at once sent for my assistant, anesthetized and placed her upon the table, opened up Douglas' cul de sac by cutting through the post-vaginal wall, and evacuated the abscess which contained about four ounces of pus. A drainage tube was introduced and the patient put to bed. For the next thirty-six hours her temperature remained near the normal point, but on the morning of the second night it became subnormal; she began to vomit and have severe abdominal pains and a high degree of tympanitis developed. I saw her at 8 a. m. and found her with temperature 101, pulse 120, weak and wiry, abdomen bloated and sensitive, thighs flexed and features pinched. Gave *Arsenicum* and *Colocynth*, ordered hot applications to the abdomen and an enema of

℞	Turpentine	f ʒ ij.
	Magnesia Sulph.	℥ j.
	Glycerine-water	aa f ℥ jv.

to be given at once. This caused the bowels to move, which was accompanied by the escape of a large quantity of gas. She was better by night. The next morning her temperature was normal and the fever never again appeared; she sat up in one week and returned home on the 12th day.

Case V.—Chronic Intestinal Occlusion.—April 10th; was called at 8 P. M. to see Mr. T., aet. 45, who had been suffering for two days from severe intestinal pains. Upon inquiry I ascertained that he had not evacuated the bowels for ten days and that this was the third attack he had experienced within six months. The abdomen was sensitive and somewhat tympanitic. Temperature 101. A physician had been in attendance for two days and had abandoned the case, directing the patient to send for a surgeon. I diagnosed chronic intestinal occlusion and recommended an immediate celiotomy. Accordingly he was sent to the Infirmary and at 12 o'clock that night I proceeded to operate.

OPERATION: *Celiotomy, Colostomy.* The abdomen was opened by a median incision and a search made for the obstruction. Owing to the extreme thickness of the abdominal walls and the large deposits of fat about the intestine, all the manipulations were rendered difficult. The bowels presented a fairly good condition. Only the colon was found to be distended. The obstruction was located low down in the sigmoid, opposite the sacral prominence. It was hard and nodulated and strongly fixed by adhesions, presenting the appearance of malignancy. Owing to the inaccessible location of the tumor and its fixed position there was nothing to be done save a colostomy; this I decided to do in the left inguinal region. Accordingly the colon was located through the median opening and cut down upon by an oblique incision. The meso-colon was very short and the walls of the abdomen thick, therefore it was difficult to deliver the gut through the parietal opening. It was seized along the longitudinal striæ with two pair of T forceps, was drawn well out and held in position by an assistant while the central abdominal incision was closed. The gut was then carefully united by two rows of fine silk sutures to both the peritoneal and cutaneous borders. As the demands of the case were imperative the bowel was immediately opened and its contents evacuated. A large amount of both gas and fecal matter were evacuated. The patient was put to bed and a hypodermic of Morphia administered. He rested very comfortably until the morning of the fourth day, when he became restless and drowsy, gradually relapsing into a condition of coma. Though the bowels were regularly flushed and evacuated but little tympanitis existed, the temperature remained below a hundred and the pulse beat regularly at eighty to ninety, symptoms of sepsis developed and he died that afternoon.

I held an autopsy two hours after death. Upon opening the inguinal wound the peritoneal attachments to the gut were found to be well formed and no leakage had occurred; but the supra-muscular layer of fat was gangrenous and honey-combed for a distance of one or two inches in every direction. The skin attachments of the central incision were also firm, but between this and the fascia a similar gangrenous condition of the tissue existed. At least a teacup of pus and broken down fat escaped; gangrene here, like in the other wound, had extensively invaded the structures, excavating them in every direction. The fascia, muscular structures and peritoneum, all of which had been coaptated by separate rows of sutures, were strongly united and in good condition. Upon opening the abdomen, the bowels, excepting the transverse colon which was considerably distended, presented a remarkably normal condition. Excepting a small area about the inguinal opening, the abdomen was free from any indication of either sepsis or inflammation. The pathological specimen was with difficulty removed, owing to the large amount of fat that filled the entire abdomen. It was of cancerous nature, developed primarily in the mucous lining which had ulcerated and broken down. The induration involved the entire circumference of the gut, completely occluding it and extended over an area of four inches.

So far as the operation affected the visceral structures it was a surprising success. The patient died from sepsis evolved in the parietal walls.

Case VI.—Tumor of Carotid Triangle.—April 12, Miss V——, aged 25, single, blonde, of strong constitution, consulted me on account of a glandular enlargement in the right superior carotid triangle. The tumor upon the exterior appeared to be as large as a hen's egg, was deep seated and but slightly mobile. She had been treated medically for six months, but the growth steadily enlarged. I sent her to the Infirmary and the next day proceeded to remove it by a transverse incision made parallel to the natural creases in the skin. The first stroke of the knife divided the external jugular, which was enlarged, and the second cut severed the deep vein which was resting on the point of the tumor and had been carried near the surface and one inch or more internal to its natural position. These vessels were caught with forceps and the capsules of the tumor exposed. The gland had developed from beneath the common carotid and was wedged in its bifurcation, both external and internal branches being intimately and firmly imbedded in its structure. Though great care was exercised, both the external and internal carotids were nicked in the effort to release them. The bleeding points were caught with forceps and the dissection completed; both vessels were tied with medium-sized cat-gut in their distal extremity and the common carotid doubly ligatured with the same material. During the operation the patient became cyanosed, breathed badly and the pulse grew weak. My assistants injected strychnia and bandaged and elevated the legs, which improved the condition. The operation lasted forty minutes. She soon rallied, her pulse became strong and she complained of neither dizziness nor blindness. She rested well for the next three days. At six o'clock on the morning of the fourth day, after a good night's sleep, she suddenly became hemiplegic, the entire left side being involved. When I saw her at 8 A. M., she was aphasic, mentally bewildered and could move neither hand nor foot on the left side, in fact, the entire motor tract seemed to be involved. The diet had been liberal and she had been kept lying flat. I now increased the quantity of food, placed her on *digitalis* and *strichnine*, removed the pillow from under her head, bandaged the legs and raised the foot of the bed. At the present writing, the 10th day, she seems mentally stronger, has no aphasia, articulates better and protrudes the tongue almost straight, complains of pains in her arms and legs and has control of the functions of both bladder and bowel.

While I think she will die of softening of the brain I hope that these improved symptoms portend a favorable termination.

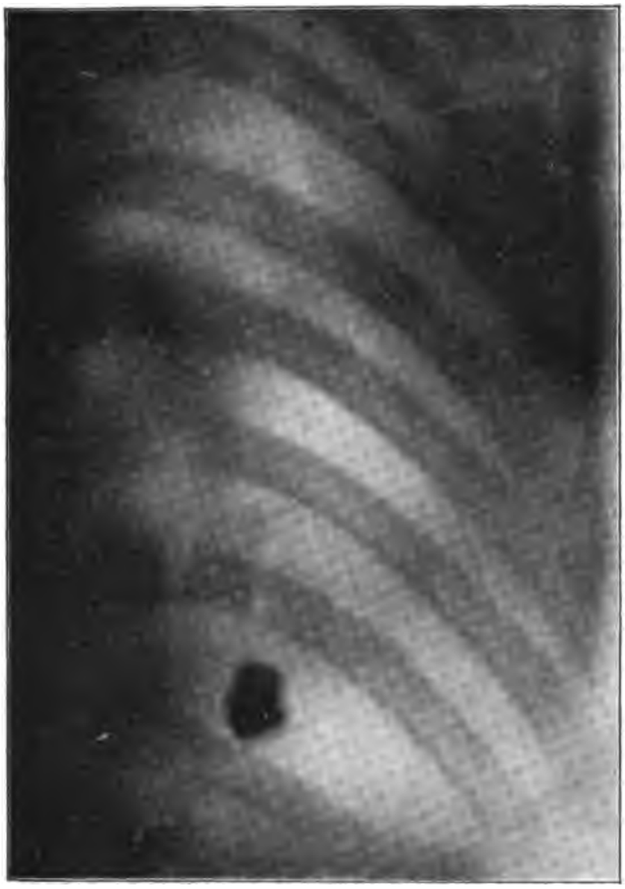
[LATER.—This patient has regained sensation over the entire body. The facial paralysis has disappeared and motion in the extremities is fast returning.]

RONTGEN RAYS IN SURGERY.

BY G. S. PECK, M. D., DENVER, COLORADO.

A Practical Demonstration.—A practical demonstration of the X rays was made at the plant of the Rocky Mountain Electric Company on the evening of May 1st. A few days before a young man from the Cripple Creek mining district presented himself at the surgical clinic of the Tabernacle Homeopathic Free Dispensary with a 38 caliber ball in his back, the point of entrance being about two and one half inches from the center of the spinal column. As the ball had been in there a week or more, and as its general direction was from below upward, it was impossible to locate it. Through the courtesy of Messrs. Lacombe & Johnson of the Rocky Mountain Electric Company arrangements were made with them to try the experiment of piercing the body with the X rays and thus locate the ball.

The Procedure.—The patient was placed on his back with the plate strapped over the right side of the spine covering an area about eight inches square. The Crookes tube was then placed over the right chest and about eighteen inches above it. The exposure lasted a little more than an hour and a half. The trial proved a success, the location of the bullet being indicated by a pronounced irregular dark spot. On May 5th the patient was anesthetized in the dispensary operating room, an incision made in the region shown by the photograph, which had been fully developed by Messrs. Williamson & Haffner, photographers, and the bullet, which had struck the lower margin of a rib and imbedded itself in the muscular tissue about three inches from the spine, between the 7th and 8th ribs, was removed.



BULLET LOCATED BY RÖNTGEN RAYS.

This is the first trial made in Denver to locate a foreign substance in the body, and the subsequent removal of the bullet, made easy by the photograph, proves the Röntgen rays to be of much practical utility. The photographing and removal were witnessed by more than a dozen prominent physicians who were greatly interested in the proceedings, and from the fact that no two of them agreed as to the location of the missile, differing in the location, owing to several points of tenderness, by several inches, all were highly pleased with the result.

President Cleveland has appended his signature to the District of Columbia medical bill and that measure has now become a law.

A UNIQUE CASE OF APPENDICITIS.

BY MONROE MANGES, M. D., BUFFALO, NEW YORK.

In reporting this case of appendicitis no instruction as to how to perform the operation will be essayed, for all have read about "An Incision of An-Inch-and-a-Half and A-Week-and-a-Half," and "The Toilet of the Stump," and the theoretical perfection of sewing each abdominal layer separately, and so on *ad infinitum*.

History.—The case in hand, while uncomplicated and extending over a period of almost two years, presented so little evidence of pathological changes that there seemed no logical and rational method of accounting for its most violent symptomatology imaginable, consisting of pain alone.

On March 10th I was called about one hundred and fifty miles out of the city to see a patient of Dr. W.; he was a farmer, about fifty years old, living six miles from town. He had been suffering with violent pains at intervals for almost two years; during the first year he was up and down, while the attacks of pain grew more frequent and severe; during the six months previous to my seeing him he had been steadily growing worse and "gradually dying," as his kind and sympathizing neighbors whispered and prophesied. For two weeks before the operation the pain was so violent that he took from six to ten grains of morphine hypodermically daily to keep him quiet, but this amount did not induce sleep and the pain was so intolerable that he remained cramped in a rocking chair for nine days and nights, refusing to be moved on account of the anticipation of pain and suffering.

During the year and a half his temperature had risen only once or twice up to 101, and it remained up only a day, falling to almost normal at once. At times his temperature was subnormal a half degree. He had never had a severe chill, in fact the physician had never observed that the patient was even chilly. Further, the physician said that his most careful observation never led him to the conclusion that inflammation of any consequence existed.

Symptoms.—Pain was the symptom above all others; this was never localized or focused at McBurney's point; the entire abdomen was sensitive to the lightest touch, in fact the pain was most severe half an inch to the right of the umbilicus and at a point over the fundus of the bladder. There was incessant pain over the crest of the ilium above the anterior superior spine, which made the old man think that the bone was diseased. With all this pain the bowels never showed any torpidity and there was no accumulation of flatus or distension of the bowels until morphine was used, and even under its influence they were not severely constipated and required only mild cathartics to relieve them. He never was nauseated and at no time was the peristalsis affected, as is frequently the case. The pain was not aggravated during stool, but during the ten minutes after stool he suffered all the tortures of the unmentionable place; this pain usually localized itself in the region of the cecum, although it began in the rectum and extended upward to the former point, where it was most intense. The stools were narrow but sufficient in quantity.

All other organs of the body seemed to perform their functions naturally. The patient's appetite was unimpaired until the last weeks, except as influenced by the morphine, of which he had already become a fiend.

From the absence of pathognomonic symptoms the case was rather puzzling, and different physicians had given as many different opinions. In fact doctors who had seen the case said that an exploratory incision would be the only means of diagnosis as the symptoms were too obscure to warrant a positive diagnosis; the pain over the crest of the ilium and the sensitive point at the fundus of the bladder were as ambiguous as an oracle.

Diagnosis.—After careful observation Dr. W. came to the conclusion that the appendix had something to do with the case. He called me in consultation, although the patient was by now a freaky skeleton whose weight had decreased from one hundred and fifty to one hundred pounds. Upon examination we found that while McBurney's point was no more sensitive than any other point on the right side there seemed to be a little more tenderness extending from the region of the colon to the bladder on the right side than on the left. This, with the localized pain in the region of the cecum after stool and the exclusion of other diseases from lack of symptoms, led us to the conclusion that it was a case of chronic appendicitis with an unusually long appendix.

Operation.—We opened the abdomen at the usual point and found the diagnosis verified. A long appendix, uniformly thickened, but showing not the slightest signs of inflammation externally, extended down to the bladder. It was almost straight, not curled up and lying back of and beneath the cecum as we usually find it. The peritoneum extended over the entire appendix and the mesocolon extended to the end of it. The mesocolon was so wide and large that it was ligated in three parts to avoid a large thick pedicle which would have been produced by a single ligature. In the appendix something the size of a cherry pit could be felt and moved the full length (over six inches) of the appendix with ease. The appendix was removed and carefully laid open. In it was found a soft concretion of phosphates and fecal matter surrounding a large shot.

The mucous membrane was highly inflamed and it could be seen that this shot had traveled back and forth the entire length of the appendix, for the posterior surface showed the effects of friction and there were three points where the erosions were marked—at the lower end, near the middle, and near the cecum. These erosions were not deep, extending only into the submucosa, and could not be dignified as ulcers; they were not even very angry looking and moving the concretion back and forth before removing the appendix did not produce any oozing; however, there was an irritable appearance along the entire length of the appendix. While the shot was easily moved the entire length of the appendix it could not be forced into the cecum because the appendix was strictured at its junction therewith.

There was no evidence of impending ulceration and no sign of imminent inflammation; the cecum was in no manner involved and the mesocolon and peritoneum were unimpaired. The only thing that emphasized the patient's misery was the pain—but this pain was a sure killer.

Unusual Features.—This case is unique because it was one of almost a single symptom, pain. Why the entire abdomen participated and was so extremely hypersensitive is to me still a question; the slightest touch or pressure on any part of it almost distracted the patient with pain. The case simulated the attacks of violent colic, or neuralgia of the bowels, in common parlance. In fact this was the most common diagnosis of the case, and from the lack of diagnostic symptoms it was in the line of good guessing. About two years ago a similar case in a boy twelve years old came under my observation and I wished to operate for appendicitis but three doctors disagreed in diagnosis, two calling it colic, the other calling it impaction. The case was treated by one of the other doctors, of course, but in a year and a half suppuration set in and an operation became imperative. The case of this boy was so much like the case reported that my experience at once led me to the diagnosis of the farmer's case.

In less than three hours after the operation in the case of the old man the pain had left the abdomen entirely, while the reflex pain over the crest of the ilium diminished gradually. The patient made an uninterrupted recovery and is exhibiting his appendix and the shot to his many rustic friends.

THE EARLY TREATMENT OF CONGENITAL CLUB-FOOT.

BY RALPH JENKINS, M. D., WASHINGTON, D. C.

Some Practical Points.—In giving the following suggestions on the early management of congenital club-foot I am sure that I am offering something practical and that which every practitioner can do as well as the orthopedic surgeon.

Taking for granted that we are familiar with the different varieties of club-foot and the etiology of the same, it is sufficient to state that these principles of treatment will apply to whatever variety the deformity may be. The most common form, however, that we will be called upon to handle will be equino-varus. Somehow or other, the popular idea exists that one should wait a few weeks before anything is done, or one should wait until the child is old enough to stand a little pain. The point I wish to emphasize is that the treatment cannot begin too soon. "Twenty-four hours after birth," is the motto of Dr. Lewis A. Sayre, and, in fact, why not? The object is to correct the deformity by stretching and manipulating the foot, and the sooner this is done the more easy the contracted tissues will yield.

Method.—Take the foot between the two hands and by gradual and gentle pressure place it in the normal position. In bad cases it will be impossible to accomplish this on the first attempt. After holding the foot in the corrected position for some minutes let it go free and allow the circulation which has been temporarily stopped by the pressure to return. This manipulation should be repeated three or four times, and each time a slight gain will have been made. The heel should rest in the palm of the left hand and be grasped firmly, and the bending and stretching be done with the right hand. One will be surprised to see how much a badly contracted foot will yield to the intelligent pressure of the hand. Instruct the nurse to follow out the same manipulation three times a day. So much for the manual manipulation.

Dressing.—Should the case be strongly resistant the following dressing will be necessary: After daily manipulation and massage, as stated above, take narrow strips of adhesive plaster and fasten one end to the sole of the foot, just back of the toes; draw it around over the top of the foot diagonally, drawing against the deformity and extending it up to the ankle. Attach another strip next to the first one and draw it in the same direction; in drawing these slips note the color of the toes so as to be sure the pressure is not interfering with the circulation. A flannel bandage is then put on, leaving the toes in sight. If it is thought best a plaster-of-Paris bandage may be put on over all and just before it is hard the foot may be pressed in the corrected position. This bandage must be changed at least once a week and the foot washed and manipulated. If it is left longer the folds of skin which are bound to be caused by the pressure will become very painful and sore and will necessitate a period of rest.

If this method of treatment is followed out, by the time the child is old enough to walk the foot will be so much corrected that every blow of the foot in the act of walking will be in the right direction.

Clinical Medicine.

A CLINICAL HINT.

BY C. F. MENNINGER, M. D., TOPEKA.

Theory unsupported by practice is of no value. I therefore present the following case from my practice and from it I will draw a conclusion:

Menopause Insanity.—Mrs. L., age 51 years, dark eyes and hair, is greatly disturbed with religious fancies, very melancholy and has fears of being poisoned. Is sleepless most of the time. After sleep seems worse. Hot flashes.

On June 14, I gave *Lachesis* 200, B. & T., three doses every three hours followed by placebo.

June 17, patient much the same, perhaps some better. I gave placebo.

June 19, the patient was not so well, had not been so for three days. Religious melancholy; talks much about religion and sacred things; prays; is over-conscientious; has a mania to tear things—to run away; wants to walk and walk, she does not know where. Slight moisture on forehead, which was cold; has not had her menses for several months. I gave *Veratrum album* 1m, B. & T., 30, one every six hours and placebo.

June 22, the menses returned after absence of over three months. Is more quiet; answers now all questions—but not always correctly; still much better than lately. Still laments, but in an undertone; sleeps some better; generally feverish in the evening; towards evening, louder and more boisterous; obeys better than formerly; has visions of angels, etc. Speaks of things being dirty. Placebo continued.

June 24, appetite markedly better. Sleeps more. Laments still but much less than formerly and in an undertone. Much more quiet, especially noticeable at night now. Still feverish at night. Worries some about children. Placebo continued.

June 26, patient worse for two days—think she has been gradually growing worse for the last three or four days. Loud and boisterous; gets very angry and will talk and laugh loud; angry and quarrelsome, and became violent; very much excited. *Hyoscyamus* 3m, B. & T., 30 and placebo, one every six hours.

June 29, Material improvement since the 27th (the day following the administration of *Hyoscyamus.*) Talks loud some, but very little; is much in earnest; thinks herself unworthy. Sleeps very much better. Ate breakfast with family first time this A. M. since the first of the month. Has not lamented since the 27th. Has taken an interest in the family since the 27th. Placebo.

July 6, very great improvement — continued steadily since the 27th of June. No lamentations; sleeps nearly all night; when awake in night lies quiet and does not talk; scarcely any irrationality; thinks she has been bewitched by a neighbor lady. Is very weak. Placebo.

July 16, patient about well—all senses and reason returned and is busy every day with household duties. Weakness is passing away. Is able to sleep nearly all night, only occasional hot flashes; slight nervousness and is easily frightened. Placebo.

August 3. Patient called at office today. Has been perfectly well, she says, since I gave her those sugar powders and now would like to have a number to keep on hand for future use. I have seen patient repeatedly since and know that she has had no more trouble. Menses have returned after an interval of two months and now have not reappeared for some time.

The one point to which I wish to call attention is the keeping of an accurate record of the symptoms. By Hahnemann, in his Organon, ¶¶ 104 and 139, we are directed to keep a record of the case and told that "when all the prominent and characteristic symptoms * * * have been carefully committed to writing, the most difficult part of the labor will have been accomplished." This was always a hard matter for me to understand. I looked upon it as a useless undertaking, a waste of time and a very impracticable task. That was when I had less to do and consequently could have done it much more successfully than now. I was, however, compelled to do something of that sort when more patients sought my aid, and now I do not see how I could get along without using it. It is as necessary now as it then seemed unnecessary and I can now heartily endorse what Hahnemann said, namely, "the most difficult part of the labor will have been accomplished."

It is simply impossible for any physician to remember all the symptoms in detail of all his cases. At the moment of time when he has taken the case he is able to form some idea of the sick picture; but how soon all but the most general outlines of that picture have faded from his memory! If he has many cases these general outlines will soon be effaced. As soon as memory loses the sick picture judgment and reason are unable to choose the right remedy, the remedy most similar to that sick picture. I could not study my cases properly when I did not take accurate account of the symptoms. And when called upon to see the patient the second or third time I would try in vain to recall what all the case was about. I could institute no adequate comparison between the condition of the patient now and then, because I did not have the other sick picture. And so I floundered around from case to case, much as a mariner at sea without his charts and compass. I was not honest or just toward myself, my patient, nor to the school of medicine in which I had all faith. I was no credit to homeopathy, and I knew it. My cases did not get well like those about which I read. I became discouraged. I was merely a routinist—felt the pulse, looked at the tongue, asked a few stereötyped questions, looked wise and gave some medicine, which I am now convinced did not help the patient to get well. If the patient got well it was usually in spite of the remedy administered.

But the day came when I was forced to face the situation squarely. It came, I saw, I conquered. Little by little I have gained on it until now I do not know how I could do without it. My work is more than half done when I have written down the last symptom. I entreat all who have read my experience to give it a trial—especially with chronic cases. Start with them and you will cure them much more quickly and with greater satisfaction to yourself and your patient and greater credit to homeopathy.

Practice of Medicine.

DIPHTHERITIC CROUP — INTUBATION — ANTITOXIN.

BY G. F. WASHBURNE, M. D., CHICAGO.

Fatality.—Diphtheritic croup, or laryngeal diphtheria, has always been regarded as one of the most quickly fatal of all diseases. Whether the other symptoms present are severe or not the fact that a membrane is forming or has formed in the larynx, accompanied by a croupy cough, makes the prognosis grave. In fact, even since the more common use of tubes, whether by tracheotomy or intubation, the percentage of deaths is too high to be regarded with equanimity. But with the advent of antitoxin, used in conjunction with the mechanical means referred to, the death rate is being greatly reduced, and it bids fair to grow smaller and smaller just in proportion as physicians awake to the importance and necessity of using the new remedy early in the disease, often enough, and in quantities large enough to combat the morbid process.

Cases.—As the statistics of large cities and hospitals are sometimes doubted, especially by members of our school, it may be of value to have a few cases from private practice given, which show the operation of the new remedy as yet looked upon somewhat askance by the conservative homeopath.

I have inoculated more than forty patients within the last year, without losing a single case; but as some of these had simple diphtheria and might have recovered under ordinary homeopathic treatment, though I doubt if they would have recovered as quickly and thoroughly, and as I treated them alone, I have confined myself here to three cases which were admitted to be *in extremis* by the attending physicians, all three practitioners of well-known standing. In these cases, therefore, no one can claim that the disease was not genuine laryngeal diphtheria, and every candid observer must admit that the recoveries could hardly have been looked for under other methods of treatment.

CASE 1.—Child three years old. The disease was recurrent diphtheria, the membrane having cleared up in the pharynx, tonsils and uvula. Just when the patient was apparently recovered the laryngeal symptoms appeared in full force. There was no mistaking them. The laryngoscope revealed the membrane on the epiglottis. The rasping, crowing, stridulous respiration showed stenosis. As this case has already been reported by the physician in charge, Dr. J. S. Mitchell, both at a medical meeting and in the college paper, I shall not enter into particulars here. Suffice it to say intubation and antitoxin saved the child. Two inoculations were given eighteen hours apart—a thousand units each of the imported No. 2. I think perhaps one dose would have been sufficient, but I also think recovery was hastened by the second.

CASE 2.—Diphtheritic croup in a child four years old. I was called on February 17th by Dr. R. N. Foster for the purpose of intubating. However, it did not seem quite time to introduce the tube, so we compromised on a dose of antitoxin to be administered immediately. The night was long and anxious but we stood ready to intubate at a moment's notice. Fortunately it was not necessary. The one dose of antitoxin did its work and did it most effectually. Even Dr. Foster, who like Dr. Mitchell is opposed to the new remedy theoretically, had to admit its efficacy in this case—and without the help of a tube. The tube alone may sometimes be sufficient. In fact, it has been the one reliable means at our command up to within a year or two. But its use is purely mechanical. It cannot prevent the spread of the disease. On the other hand the antitoxin will stay the morbid process. It acts as a soporific and tonic. The relief following its use seems to be almost immediate.

CASE 3.—Laryngeal diphtheria. Girl two years old. The family physician, Dr. C. F. Bassett, had been treating her for twenty-four hours for sore throat when he suddenly discovered on the morning of May 10th patches on both tonsils and the uvula. In a few hours a croupy cough sounded the alarm, followed by stenosis and stridulous breathing. Dr. J. R. Kippax was hastily summoned and at once agreed with Dr. Bassett as to the gravity of the case.

At 4:30 Dr. Bassett injected antitoxin and sent for me to intubate. The effect of this dose lasted until the next morning. It was then repeated. At 3 P. M. of the same day, May 11, it became necessary to intubate. The tube remained in only nine hours, for an overdose of milk caused the child to vomit and in her efforts the tube came up with the milk. On the 12th at 1 A. M., just one hour after the tube was ejected, we gave another dose of antitoxin, and at 3:30 P. M. reinserted the tube. Again at 7:30 we gave the fourth and final dose of antitoxin. While the tube remained in the breathing was perfectly free except for an occasional accumulation of mucus which was immediately coughed up. On the 13th no antitoxin was used for the reason that the patient held her own and showed no signs of sinking as she had done previously, when the stimulating effect of the serum had worn off. On the 14th at 6 A. M. the tube was removed after being in over a day and a half. Our object in removing it was to make it easier to nourish the child—for somehow patients drink more comfortably and freely when sitting up than when standing on their heads. Close watch was kept all day and night as we expected to be obliged to reinsert the tube, but as the hours passed our gravest apprehensions passed with them. At this time all that was required was plenty of rest and nourishing food. During the five days here recorded the patient's diet consisted of beef tea, milk, lemonade, grape juice and water—all cold.

Several enemas of milk and brandy (brandy ʒj, milk ʒvij,) were given on the 12th and 13th. Three or four hypodermic injections of pure brandy were also given—a drachm each. The only medicine used was an occasional tablet of *Mercurius dulcis* 1x—not more than three or four in all. It was impossible to get the urine at any time, although it was passed freely enough, but always in a diaper.

This case is so remarkably similar to the one noted in the MEDICAL CENTURY, March 1st, that I have permitted myself to go somewhat into detail. At this writing, May 20th,* the child's voice is a little husky, but she is steadily improving.

☞ For easy reference the following table is appended, showing the amount and frequency of the dose, and the varying condition of the patient:

ANTITOXIN.

May 10th, 4:30 p. m., 750 units.
" 11th, 10:30 a. m., 1000 "
" 12th, 1:00 a. m., 1000 "
" 12th, 7:30 p. m., 600 "

INTUBATION.

May 11th, 3:00 p. m., tube inserted.
" 11th, 12:00 p. m., tube ejected.
" 12th, 3:30 p. m., tube inserted.
" 14th, 6:00 a. m., tube removed.

Highest temperature, respiration and pulse:

May 10th,	99.5	28	120
" 11th,	99.4	34	130
" 12th,	102.2	36	140
" 13th,	102.2	34	140
" 14th,	100.7	24	114

Institutes of Medicine.

IF HAHNEMANN SHOULD VISIT AMERICA?

BY ALLISON CLOKEY, M. D., LOUISVILLE, KENTUCKY.

The careful reader of our journals who has followed their drift the past two or three years cannot fail to have noticed a gradually growing dissatisfaction among our best thinkers with our materia medica. This dissatisfaction has been wide spread, but not until lately has the profession felt self-reliant enough to speake its mind. It has now taken definite shape and the Centennial of Homeopathy is to be celebrated by the American Institute by a consideration of how best to revise or reconstruct our materia medica. A Materia Medica Conference has been called to meet in Detroit, June 16th, to consider the following questions:

1st. Has the "Law of Similars" ever been unequivocally demonstrated by the deduction from general practice, and do we not require of it more formal proof by inductive experimental research?

2d. In what particular have the provings of drugs deviated from the rules laid down by Hahnemann in the Organon, and in what particulars do Hahnemann's rules and directions for proving drugs differ from, or fall short of, those required by the methods and precautions of modern scientific research?

3d. In the search for the similimum shall we endorse Section Eight of the Organon, which says that the "totality of the symptoms" must be the sole indication to direction in the choice of a remedy?

It is the last of these questions to which I desire to call attention; "In the search for the similimum shall we endorse Section Eight of the Organon, which says that the 'totality of the symptoms' must be the sole indication to directions in the choice of a remedy?"

I answer "No!"

* * *

All hail to Hahnemann! If his severest critics must acknowledge, even while criticising him, that "he abolished the lancet and made medical men think," how can we, his disciples, hope to sing his praises loud enough or far enough?

One hundred years ago, when Hahnemann disturbed the medical world with similia, he stood head and shoulders above his profession; he was in advance of his time; he advanced a theory which the world was not yet ready to accept, and like other reformers, ostracism was his reward. This is the man at whose feet thousands of physicians and hundreds of thousands of patrons bow today and cry "All Hail!" "We sing of the man who though by fate an exile" rescued medicine from among the arts and made a science of it.

Hahnemann's glory should be the greater because of the disadvantages under which he labored. The microscope, the polariscope, electricity and other agencies for study and research which we today consider absolutely indispensable were then but little known, if known at all. The study of pathology was then in its infancy and little definite was known, or if known it was not understood, because the means for further investigation and confirmation were not at hand. If consolidation of the lungs was recognized it remained for the microscope of later years to interpret its meaning and for the stethoscope to apply it.

Under such circumstances, when the great reformer discovered the law of similia, he constructed a symptomatology upon which to apply it. This he developed with great pains-taking and self-sacrifice and handed it down to us as the By-Law which should be the means of applying similia, the Constitution. Hahnemann was grasping after a more satisfactory pathology when he evolved his psora doctrine, which the subsequent discovery of the ascaris by the microscope exploded.

If this were Hahnemann's day, if this were the time for him to announce similia, would he do it exactly as he did one hundred years ago? Would he adopt symptomatology as the basis upon which to apply the law of similia, or would he rather adopt pathology, which is fast becoming one of our exact sciences? Does anyone venture the assertion that a man like Hahnemann, progressive in all his instincts, would today ignore pathology, the product of the microscope, the polariscope, the stethoscope, of electricity?

* * *

If Hahnemann were to visit America today what would he find? Would he discover that his talent of progressiveness had been put to usury or would he find it still hidden in a napkin? What would he think, for example, of a certain association and of a certain society which in their exclusiveness have banded together a lot of men whose creed is "no progression," whose password is "the old lines." Would not Hahnemann say unto them, "I know ye not; depart from me!"

In an article headed "Practicing along the Old Lines," a prominent physician concludes by saying, "I propose to stick to the old lines." How long, in Heaven's name, are we going to stick to the "old lines"—a hundred years more, forever? If Hahnemann was so successful one hundred years ago practicing along the old lines why should we not be more successful today practicing along some new ones?

Even religion, the very warp upon which the woof of civilization is woven, has had to keep pace with the restless tread onward; old things are passing away and all things are becoming new. Shall homeopathy remain in the rear; or shall we, following the example of her founder, keep in the front?

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* May 22. I have just heard that the child has entirely recovered.—G. F. W.

* * *

Symptomatology, from the very nature of the case, is unreliable and never will be anything else. Among several provers the identically same symptom will be described by one as a pain, by another as an ache, by still another as a "misery." In the course of a proving I defy any man to separate the actual drug effects from the incidental sensations to which we are daily subject. While writing I have a very ugly pain in my left shoulder which I have never had before. If I were proving a drug, be it any one from *Aconite* to *Zincum*, that pain would be most faithfully recorded as a symptom of the drug and perhaps indicated as opening up a rich field of further usefulness for it.

In "taking our case," too, we are at the mercy of the ignorance of our patients upon whose individual peculiarity of description we must depend if the "totality of the symptoms" is to be our sole indication in the choice of a remedy.

Symptoms are divided into subjective and objective, the former being those which the patient must tell us, the latter being those we can determine ourselves through our five senses and the sixth sense, touch. The subjective symptoms are the unreliable ones, while the objective symptoms are exact.

With Hahnemann's Constitution, similia, no change can be made, for like other natural laws, it is unchangeable; but Hahnemann's By-Law, symptomatology, I would change and write a new one —pathology—as a basis upon which hereafter to apply similia. I make bold to assert that the time will come when the old by-law will have to give way to the new.

* * *

I would not limit pathology to an actual change of tissue but would extend it to cover change in function—any departure from the physiological which we can detect with our senses, which we can see, hear, taste, smell or feel. Pathology, then, would include our subjective symptoms, which are not symptoms at all in the strict sense of the word. The coated tongue which we can see, the foul perspiration which we can smell, the rapid pulse and hot skin, dry or moist, which we can feel—these are pathological, as truly so as a change of tissue; they are all tangible departures from the physiological and the term "symptom" as applied to them is a misnomer. Where have we greater success than in the treatment of the diseases of children? And yet here we are forced into pathological prescribing even, if it may be against our own will. We must be guided entirely by what we detect ourselves, the little patient being able to tell us nothing.

Many a time have I stepped into our ward at the city hospital to find a new patient threshing about the bed, too sick to tell anything about his own case. He might, perchance, have been a foreigner whose language was Greek to me. But I did not care. The fever, quick pulse, rapid breathing, the cough, directed my attention to the chest, and taking my stethoscope I found bronchial breathing. I wanted nothing further; it was a case of pneumonia, and the patient received, perhaps, *Bryonia*, not because *Bryonia* has fever, quick pulse, rapid breathing, pain, etc., but because it has consolidation. The fever, quick pulse, rapid breathing and pain are not symptoms of *Bryonia*, but of the pathological condition which *Bryonia* excites. If I had been prescribing symptomatologically I would have hunted up a lot of symptoms which weren't there or which had no bearing on the case. I would have asked the patient whether he had had measles when a baby, how long the eruption stayed out, etc. I would have taken the "totality of the symptoms" in other words, and would then have thought of *Aconite, Arnica, Arsenicum, Baptisia, Belladonna, Bryonia, Calcarea, Capsicum, Carbo vegetabilis, Chelidonium, Cuprum, Ferrum metallicum, Ferrum phosphoricum, Gelsemium, Hyoscyamus, Kali carbonicum, Kali hydriodicum, Lachesis, Lycopodium, Mercurius solubilis, Nitric acid, Opium, Phosphorus, Pulsatilla, Rhus tox., Sanguinaria, Senega, Sulphur, Tartar emetic* and *Veratrum viride* (according to Rawe), most of which never did cure pneumonia and never will.

* * *

We had at one time a patient in the hospital whose case was pronounced pneumonia by the resident staff, pleurisy with effusion by the visiting staff, neither physician yielding his diagnosis to the arguments of the other. Finally one of our well known materia medicists was called in to see the case and settle the diagnosis. After examining the patient he said he was not willing to risk a diagnosis, but the symptoms pointed plainly to a certain remedy. "But how can you prescribe that if you are not certain whether the case be pneumonia or pleurisy," was asked him. "The remedy has no relation to pleurisy; the symptoms call for it anyway," was the response. The remedy was prescribed. Two days later the patient developed jaundice and low delirium; pus had formed; the case had become one of empyema. It had been pleurisy, and the effusion was now purulent and an operation was the only recourse to save life. What about your symptomatic prescription in a case like that? While waiting for the remedy to "act" the man would have died because the pathological condition had not been recognized. I do not claim, of course, that any other remedy, however selected, would have given better results. All of our remedies have their limits, and the case cited plainly indicated operative procedure.

How about our reflexes? What a beautiful *Belladonna* headache cervical cicatrix will cause! What a beautiful *Arsenicum* sciatica a small tumor pressing upon the nerve will cause! How beautifully a contracted and adherent fore-skin will bring out the "key notes" for *Ignatia*, and yet, alas, how these remedies disappoint us! We have taken the totality of the symptoms, according to section eight of the Organon, but we have neglected the cause of those symptoms—the pathology of the case, in other words. The symptoms indicating *Belladonna, Arsenicum* and *Ignatia* so well did not call for these remedies at all; they indicated the removal of the scar, the removal of the tumor, the removal of the fore-skin.

* * *

Would I, then, ignore symptoms, subjective symptoms, altogether, in the selection of the remedy? By no means. But I would consider them not so much as indications for the remedy as guide-posts pointing to the disease, the pathological condition, which we must correct if we would cure.

Richard Hughes, than whom there is no more practical writer among us, places symptoms where they belong when, after giving the "key notes" of *Arsenicum*, he says: "Let me repeat my caveat, that all such characters are to be taken as suggestive, not as decisive, of the choice of the remedy. Undoubtedly, the more of them that are present and the sharper their definition (so to speak), the keener will be the action of the drug in removing the morbid state which they characterize, and the more minute may be its dosage. But there may be many a diseased condition in which they are entirely absent, and to which arsenic is yet thoroughly homeopathic and curative. Never make such a misuse of them as that which we shall see in the case of cholera, where the want of minute symptomatic similarity (among other points, in that very 'drinking little but often' whose small value I have shown above) was made a ground for denying to arsenic a place in the therapeutics of this disease, which it so truly causes, and which it has so often arrested."

* * *

How then shall pathology be developed that we may use it as a basis upon which to apply similia? By proving drugs exactly as Hahnemann directed. We can prove them upon ourselves until we bring out the objective symptoms and then develop the corresponding change of tissue in the lower animals, We might take *Aconite*, for instance, until we had developed in ourselves the nervous and arterial tension so characteristic of it, until we had developed the full bounding pulse, the throbbing carotids, the palpitating heart, and then further develop the proving upon some lower animal till we had determined the various tissues and organs to which *Aconite* was a specific irritant, and the character of that irritation. The sphere of all our prominent remedies is fast being determined in this way, and the pathological By-Law may not be so difficult to frame as we may suspect. It presents no such difficulties to my mind as that of the construction of a reliable symptomatology.

* * *

Another point! I do not think we will ever get away from alternation, which I believe is the rule, until we adopt this pathological method of prescribing. It is the "totality of the symptoms" which confuses and leads us into giving two remedies or more when in the very nature of the case only one can be indicated.

In making a proving we are after a physiological effect, the physiological action of the remedy, and an appreciable quantity of the drug must be taken. It may be only a fraction of a drop of the tincture, or it may be one of the lower potencies, but the drug has not yet lost its identity. I can have no confidence in provings from any but the lowest potencies. The power of our higher potencies is said to be a dynamic power, which surely no sensible man can expect to excite symptoms. I myself do not believe in a dynamic action of drugs, if I understand the meaning of the word. I understand by dynamis a power, independent of a mechanical effect, imparted to the drug while potentizing it. Any power which the drug may gain while undergoing this process is due solely to its finer subdivision. Nothing is added to the drug which was not already there.

* * *

One of the writers already referred to says: "To throw out symptoms because only one prover had them, or as Hughes has done, because the thirtieth decimal does not agree with the second, or to throw out the provings above the twelfth decimal, is to cut the materia medica right square in two."

That is just what we want. We want not only to "cut our materia medica square in two" but we want to quarter it. Let us get down to a common sense working basis; let us get away from that irrationalism which has so often brought homeopathy into ridicule. Our worst enemies are in our own ranks—men whose fanaticism reflects discredit upon us all. It is the men who potentize lachryma filiæ who excite the smile of incredulity.

At the present time the homeopathic profession is loud in its protestations against the unjust discrimination on the part of insurance companies against homeopathic examiners. I maintain that the homeopathic profession is partly to blame for this condition of affairs. A blind adherence to symptomatology during all these years, while pathology has been making such marvelous strides, has weakened the confidence of the insurance companies in our ability to make correct physical diagnoses.

But the tide has turned, and the students graduating from our colleges today are thoroughly grounded in everything, I say in everything, which makes the practice of medicine easier and more certain.

* * *

Materia medica will ever be our stronghold, as it has always been; but let us teach our students to read and interpret it through actual drug effects rather than through a startling array of symptoms, subjective symptoms, the greater number of which are delusions and snares. We must, after all, face this question from the standpoint of the student. If the student who is bewildered by a mass of symptoms, a large portion of which in the very nature of the case are fanciful, if, I say, the student could turn from this unsatisfactory pile to a clear, concise study of actual drug effects, physiological effects, he would step from the slough of despond to ground that is firm and certain. I pity the student who from an ignorance of how to study his materia medica is wasting his substance in an effort to master a symptomatology. Let the student study materia medica as it is taught by such men as Hughes and it will become a fascination rather than a bug-bear.

I am not unorthodox; there is no stauncher homeopath than myself; I believe as firmly in the law of similia as I do in the law of gravitation; I believe in the single remedy and in the potentized drug; but I believe just as firmly in progression. Was not Hahnemann progressive? And shall we stop where he left off?

Materia Medica.

Conducted by W. A. Dewey, M. D., New York.

STANNUM METALLICUM—ITS MENTAL AND NERVOUS SPHERE.

Mind and Emotions.—Depression, sadness and tearfulness are characteristic symptoms of *Stannum*. The patient is given to crying and weeping and these make him worse. These symptoms may lead to the use of *Stannum* in phthisis occurring in the insane, in those who are melancholic especially; not that it is not sometimes indicated in the sane, but with these there is usually a bright and hopeful aspect with phthisis. In insane conditions *Stannum* sometimes finds a place; thus we have a persistent, fixed idea which cannot be gotten out of the mind. There are visions of fanciful things, inclination to stormy outbursts of anger, the memory is weak and the patient is forgetful and absent-minded. Imperative conceptions would here suggest *Stannum*. Again, the patient may be moody and sullen, talks very little or gives short and curt answers; there seems to be a lack of courage to do anything. Dreads to see people. The anxious, sad, discouraged, hopeless mood is characteristic and will suggest its use in a number of mental conditions.

Nervous Phenomena.—The whole nervous system is weakened by *Stannum.* It is sometimes the remedy in nervous exhaustion or neurasthenia; the patient is weak, nervous and irritable, cannot walk down stairs and drops into the chair exhausted and faint. In epilepsy reflex from abdominal irritation, such as worms, it has been found useful. Sexual complications may be present; there are clenching of the thumbs, unconsciousness and opisthotonos. The spasmodic symptoms of the drug are not so marked as its paralytic symptoms. It is useful in paralysis, a left-sided paralysis; the arm is heavy, the limbs are heavy and the paralyzed parts are constantly moist from perspiration. Paralysis from emotional causes or onanism. The weakened nervous system gives rise to neuralgia, and here *Stannum* comes in with the characteristic that the pains increase gradually to a certain point and then decrease gradually. This kind of neuralgia is apt to attack the supra-orbital nerves. In prosopalgia following intermittent fever and the abuse of quinine *Stannum* often finds a place. Hard pressure relieves.

In hysteria *Stannum* is sometimes useful, it has a marked action on the female organism and though its hysterical symptoms consist of spasms with pain in the abdomen and in the diaphragm the similimum leading to it may be found by taking the female genital symptoms into account, and especially the gradual aggravation and amelioration of its symptoms. Then, too, the sensation of faintness so characteristic of the remedy might be present.

* * *

Section of Materia Medica.—The energetic secretary of the materia medica section of the American Institute, Dr. C. F. Menninger, has been hard at work for some months perfecting his section and at the present outlook it promises to be the great feature of the session. The number of papers promised is large and it is hoped the chairman will select the most practical ones, putting them on first, and if it be necessary to read any by title let it be those of the theoretical side.

Neurology.

NEUROLOGICAL NOTIONS.

BY W. A. DEWEY, M. D., NEW YORK.

Insanity Treated by Thyroidine.—Four cases treated by extract of thyroid gland were somewhat improved; it was noticed under its use that though at first the patients lost weight and became feeble, they developed an increased desire for food and gained in weight as soon as it was discontinued. That the effect on the mental state was practically *nil.*

Dipsomania may be occasioned by traumatism. The *Presse Médicale* reports a case occurring in an officer who was thrown from his horse and dragged some distance, injuring his head and wounding the nucha quite extensively. An excessive thirst for alcohol developed; he also became erotic and manifested a suicidal tendency.

Writer's Cramp.—Bonnier, in the *Bulletin Médicale,* reports a case cured by a strictly milk diet. He suggests that indications of renal trouble should be carefully looked to in the professional cramp of writers, telegraph operators, and in fact in all professional neuroses.

Paralysis of the Facial Nerves is now said not to be due so much to its exposed position, else the ulnar should often be affected, but to the large number of lymphatic glands and vessels which surround its exit from the stylo-mastoid foramen. Stagnation of lymph favors morbid changes in neighboring nerves, and such often occurs at night, hence the frequency of nocturnal onsets of facial paralysis.

Paresis of the lower extremities, with tottering, tremulous gait, exaggerated tendon-reflexes, but without wasting of muscles, will sometimes be benefited by *Lathyrus.*

A New Book on Nervous Diseases.—A concise and practical treatise on nervous diseases has just made its appearance from the pen of George H. Martin, M. D., professor of mental and nervous diseases in the Hahnemann Hospital College of San Francisco. It is in the form of a quiz-compend, and contains just what an everyday practitioner of medicine should know about nervous diseases. It gives the outlines of each disease and a wonderfully practical circumspect of treatment. True, many remedies will be missed, but this might be said of every book ever written. Dr. Martin's experience in nervous diseases has been extensive. As an authority and expert he ranks in judicial circles on the Pacific coast at the head, and as a teacher he is a general favorite. Students will welcome "Martin's Manual of Nervous Diseases" as a substantial aid in mastering that difficult branch of medical practice. It is not a large work and forms the first of the MEDICAL CENTURY LIBRARY series. The book-making part of it is good. Typographical errors are rare and this in a book with so many hard words in it, as one on nervous diseases naturally would have, shows careful attention to proof-reading. The binding is substantial but, like some of our earlier books, it evidently is not intended to pose as a library tome, but for everyday practical use. It should be placed among the physicians' books for ready reference, and every homeopathic physician should have it. We welcome it cordially.

Bicycle Riding and Nervous Affections.—Bicycling is no doubt very beneficial in many incipient nervous affections, and particularly is it useful in neurasthenia. An important point, however, is to have a wheel that is suitable, one that fits. The stooped position should be avoided, and above all saddles which press on the perineum should be avoided. Remember that the tuberosities of the ischii are to be used in sitting on a wheel as well as in sitting in a rocking chair. Pressure on the perineum produces all sorts of reflex disorders. An article in the *Journal of Neurology* calls attention to this fact, and recommends the Duplex Safety Saddle as the one which has the least perineal pressure of any thus far made. This saddle has also a spring in it which greatly lessens the jarring, which is an important desideratum. Thus, two important factors which have hitherto condemned the wheel in nervous affections are done away with.

Associations.

NEW YORK HOMEOPATHIC MATERIA MEDICA SOCIETY.

REPORTED BY J. PERRY SEWARD, M. D., NEW YORK.

Clinical Verifications.—Dr. Henry von Musits reported a remarkable cure with *Bufo rana* 6x, in a case with the following symptoms: A man of twenty-six years, morose, averse to society, irritable, anxious about his health, afraid of death, particularly fearing phthisis, which had been diagnosed by several specialists. He had a dry cough, thick expectoration, cough worse on waking in morning and at night, and on motion. Respiration was whistling and rattling, and there was palpitation of the heart at intervals, with an intermittent pulse. He had attacks of suffocation and of cardiac pain. He confessed to masturbation since boyhood, and always woke with his hands on his genitals. He had an absence of sexual desire and an aversion to coition or even to the society of women. *Bufo rana* 6x was given three times daily for a week, with great benefit. Then six powders of the 900th potency were given, and in three weeks he was perfectly well. He is soon to be married.

Dr. von Musits also reported a verification of *Cicuta* in meningitis.

Dr. A. W. Palmer reported verifications of *Ferrum phos.* 6x in otitis media, and *Palsatilla* 3x in atonic dyspepsia.

Dr. R. du Jardin sent verfications of *Lycopodium* 30x in unresolved pneumonia, and *Manganum* 6x in catarrhal deafness.

Calcarea Phosphorica.—This remedy had been appointed for a discussion upon its therapeutic action.

Dr. B. G. Clark said that he had seldom used *Calcarea phos.*, except in a few lines. It was most often of value in beginning hydrocephaloid states, and even if exudation has already taken place. There is the big head with a small neck hardly able to support it, and tottering, falling over, and spasms. This remedy gives great relief and some cures. Spinal curvatures in young girls, especially at puberty, have been greatly benefited. He had taken from one such girl a brace which she had worn for two years, and for it substituted internal medication with *Calcarea phos.* with great benefit. He also uses it for errors of menstruation, flow too frequent, every two or three weeks, more painless than otherwise. He has never used it in diarrhea, though it should be very valuable.

Dr. A. R. McMichael uses the drug in three conditions worthy of note. Pre-eminently in diarrhea, in cholera infantum, in which for six years it has been his favorite remedy. The green diarrhea in scrofulous children in summer indicates this drug. It is slimy, watery, undigested, very offensive, and expelled forcibly with spluttering. This diarrhea occurs during dentition, with vomiting of milk, emaciation, sunken abdomen, thin body and look of an old man. He also finds *Calcarea phos.* of value in the headache and backache occurring with spinal curvature. It is a sore aching or shooting pain in the vertex or spine, and is relieved in both regions by this drug. Another field is the condition of kidneys and bladder often termed phosphaturia, with excretion of large amounts of phosphates, forming a thick white sediment in the chamber. The urine has a strong odor, and causes a burning and sticking pain before and during micturition. It is associated with nervous symptoms, despondency—crying for hours. Used in the third potency this drug produces an entire cure. Dr. McMichael also mentioned a case of hydrocephalus in which the head was three times its normal size and which had been given up by two physicians. *Calcarea phos.* 3x cured and restored it to its normal size.

Dr. Martin Deschere called attention to the excessive use of this salt by the old school in their various preparations of foods with phosphates. He urged the importance of its use in the preparation proved by Hering made from bone salts. The artificial chemical compound should not be used, for it is worthless, even for fertilizing. In infants during dentition Dr. Deschere uses the drug in seven out of ten cases. It is of great value in pre-natal treatment in women apt to produce scrofulous or rickety children, or those of tuberculous habit. He gives it during pregnancy in the third, fourth and sixth months, in the third trituration. By following up this practice he finds the infants are born with stronger bones, and without malformation or indigestion, like their older brothers and sisters. After birth, in rachitis, it acts best in the third. In functional diarrhea it is best given high. In phosphaturia he uses the two hundredth. Hydrocephalus has very clear indications for *Calcarea phos.*, but it must be used persistently and low. In hydrocephaloid, however, with diarrhea, it must be high. In the lower potencies Dr. Deschere regards it as a food, a tissue remedy.

Dr. J. B. Garrison had found it useful in cases threatening a phthisical disturbance, in the third. He also used it in children with a lack of bone formation, and during pregnancy to improve the constitution of the child.

Dr. H. M. Dearborn had three indications for its use. In infantile eczema, with decided symptoms of scrofula; prematurely old, or seeming to lack the expression of scrofula; and in eczema at the time of dentition. In diarrhea he uses it as outlined by Dr. McMichael. In phosphatic diathesis of any age, with excessive loss of phosphates in the urine, he has always good results with it.

Dr. Chas. Deady had used it in chronic catarrh of the ear with throat difficulty at the same time. In that connection he spoke of *Calcarea hypophos.* in rapid breaking down of the cornea. Also staphyloma of the cornea is often stopped by building up the patient with the hypophosphate after tension is relieved.

Dr. F. W. Hamlin lauded the drug in children's diseases. He uses it also in amenorrhea. It is best indicated in dark-haired children, older than those requiring the carbonate.

Dr. B. G. Carleton uses it in polyuria and phosphaturia in medium potencies, when they are dependent upon nervous reflex origin.

Dr. von Musits mentioned the indication in headaches of school girls with delayed menses, that they are always hungry after a meal.

Dr. Arschagonni recalled its use in acne in a drunkard.

Dr. McMichael observed that the clinical indications call for its use in acne in girls, but the picrate in boys.

Miscellaneous Business.—Dr. O. N. Meyer, of 245 East 84th street, was elected to membership. Dr. H. J. Pierron of Brooklyn, and Dr. E. D. Rudderow of Flower Hospital, were nominated for membership.

NEW YORK HOMEOPATHIC PEDOLOGICAL SOCIETY.

Throat and Ear.—The subject for discussion at the last meeting was introduced by a paper by Dr. George A. Shepard entitled:

"THE FREQUENT NECESSITY FOR THROAT TREATMENT IN DISEASES OF THE EAR."

Dr. Shepard pointed out the great number of cases of acute catarrhal conditions of the ear in children, which specialists see every winter. Almost without exception they are mouth breathers, having enlarged tonsils and Luschka's glands. A general practitioner has seen these cases for years, but when he finally sends them to a specialist the damage is done, and relief of pain is alone possible. If taken early the trouble could have been avoided. Middle ear disease may or may not have measles or scarlet fever as exciting causes, but the predisposing cause is pharyngeal disease, either by pressure on the eustachian tube or extension of inflammation along the mucous membrane. He therefore urged the necessity of recognizing the premonitory symptoms of middle ear disease.

Dr. A. W. Palmer agreed that there are less cases as general practitioners recognize enlarged adenoid growths more than formerly. Early symptoms are mouth breathing and a depression about the alæ nasi, which are suggestive of obstruction in the naso-pharynx. Enlarged Luschka's tonsil and adenoid hypertrophy differ in the fact that in the former there are two masses with a depression between them, while in the latter there are a number of teats. If the soft or glandular portion is enlarged homeopathic remedies will relieve; but if there is more fibrous tissue removal is necessary.

Dr. W. I. Pierce came to the defense of the general practitioner. He said that they usually recognize the condition and advise treatment. But they are unable to compel the parents to persevere, and treatment is neglected until the specialist is necessary. He deprecated a routine habit of prescribing, suggesting that better success would follow closer study of each case.

Dr. A. B. Norton announced his belief that the throat and ear should be studied together as a specialty, rather than the eye and ear.

Dr. A. R. McMichael does not agree with the essayist that enlarged tonsils are the predisposing cause of inflammation of the middle ear. He believes that heredity predisposes, with cold, especially a strong cold wind, as the exciting cause.

Dr. Chas. Deady also thinks cold has more to do with it than the tonsils.

Dr. Martin Deschere said that Dr. Shepard argued not so much for enlarged tonsils as enlarged Luschka's and catarrhal infectious diseases by extention, as causes of middle ear disease. Dr. Deschere believes mouth breathing is not always caused by enlarged tonsils but by scrofulous habit. Besides remedies there should be prescribed proper diet, open air life, bathing, and clothing not too warm, for they perspire very easily. *Calcarea* is perhaps the ground work, but the expression of the face indicates *Lycopodium* and it has done good work. Adenoids often retract and disappear during general treatment, and their care does belong to the general practitioner before they are too far advanced.

Dr. J. B. Garrison said that in most cases of mouth breathers he has found some enlargement of Luschka's tonsil. He related a *Nitric acid* case.

Dr. Shepard claimed that not all but a great number of ear cases are due to throat troubles. If we often find that a long-standing catarrh is cured by the removal of a spur in the nasal cavity, surely enlargement of these adenoid growths irritate so much that they may cause aural trouble. The general practitioner should know the condition of the vault of the pharynx and the nose.

Dr. A. R. McMichael reported a case of a child with enlarged adenoids and a constant nasal discharge which had caused the habit of snorting frequently. The condition was of two years standing. The adenoids did not seem large enough to account for the trouble, and they were left undisturbed. *Sanguinaria nitrate* 6x cured this case in less than a month, and there has been no return. There was never any ear involvement in the case.

Dr. Deschere showed to the society a reflector devised by him for examination of the throats of children at their homes. It was of vest pocket size, and had a clip to hold firmly a candle. The idea was suggested by his previous use of a table-spoon with a candle for the same purpose.

JUBILEE MEETING OF THE CALIFORNIA STATE SOCIETY.

BY ELEANOR F. MARTIN, M. D., SAN FRANCISCO.

Twentieth Session.—The Twentieth Annual Session of the California State Homeopathic Medical Society was held in San Francisco on May 13, 14 and 15. The meeting partook of the nature of a jubilee session. There were ninety-eight physicians in attendance, including Drs. E. S. Bailey, of Chicago, Byron E. Miller, of Portland, Allard, of Troutdale, Oregon, Nichols, of Hoboken, N. J., and Sarah Kendall and T. M. Young, of Seattle. Twenty-four new members were admitted during the session, and at times the audience was considerably augmented by the presence of lay adherents of homeopathy. The president, Dr. C. B. Currier, of San Francisco, presided throughout the meeting, his annual address read on the morning of the first day proving to be a forceful, interesting and profitable document.

The literary features of the meeting consisted of the reports of the bureaus on Clinical Medicine, Obstetrics, Gynecology, Surgery, Pediatrics, Neurology, Hygiene and Sanitary Science and Materia Medica, and Provings. The number of papers read was larger than at any recent previous meeting, most of them being unusually practical.

Clinical Medicine.—The section on Clinical Medicine, of which Dr. H. M. Bishop, of Los Angeles, was chairman, presented a paper by Dr. A. C. Peterson on "Two Cases of Peculiar Throat Trouble," and another by Dr. W. E. Ledyard titled "Cases from Practice with Comments."

Obstetrics.—The section on Obstetrics, of which Dr. Bradley, of Oakland, was chairman, presented papers on "Post-Partum Hemorrhage and Retained Placenta," by Dr. J. T. Martin, on "Criminal Abortion," by Dr. Susan J. Fenton, on "Sterility," by Dr. Bertha Wagner Stark, on "Ante-Natal Influences," by Dr. C. L. Guild, and papers on "Prenatal Influences" by Dr. J. M. Selfridge and Dr. Leonard Pratt. The papers in this bureau were particularly interesting and instructive, the discussions thereon being participated in by Drs. Cole, Martin, Bishop, Salisbury, Alumbaugh, Selfridge, Hastings, Bryant, Stambach, Bush, Arndt, Bradley, Kendall and Bailey.

Gynecology.—Dr. J. W. Ward had charge of the bureau of Gynecology, which presented papers by Dr. Geo. H. Martin on “The Relation of Mental Disorders to Pelvic Diseases;” by Dr. Florence N. Ward on “Modifications in the Technique of Vaginal Hysterectomy;” by Dr. Susan J. Fenton on “The Etiology, Pathology, Diagnosis and Significance of Uterine Displacement;” by Dr. Alice M. Goss on the “Medical, Hygenic and Prophylactic Treatment of Uterine Displacement,” and by Dr. J. W. Ward on The Mechanical and Surgical Management of Displacement.” These papers were liberally discussed, that of Dr. Goss being especially complimented. Dr. Selfridge followed in this bureau with a paper entitled “Gynecological Experiences,” and Dr. Byron E. Miller of Portland presented a paper entitled “Imperforate Vagina—A Case from Practice.”

Pedology.—Gynecology was followed by Pedology, Dr. J. T. Martin, of Woodland, chairman. Dr. Salisbury of Los Angeles contributed an exceedingly practical paper on “How the New Born Should be Fed.” He was followed by Dr. Myra B. Averill on “The Care of the Child Immediately after Birth.” Dr. W. G. Cole discussed “Flatulent Colic of Infants,” Dr. J. T. Martin concluding the work of this bureau with “The Result that Intelligent Treatment Will Have on the Future Child.” These papers were instructive and practical and were liberally discussed by Drs. Selfridge, Hurlburt, Oberg, Stambach, Cole, Salisbury, Ledyard, Guild, Martin and Almbaugh. It was especially gratifying to the authors of the various papers to know that they were accounted worthy of the liberal discussion which prevailed throughout the meeting.

Neurology.—The Neurological bureau, of which Dr. H. R. Arndt, of San Diego, was chairman, considered wholly the sexual functions. The chairman presented a paper entitled “Sexual Functions; A Factor in Civilization and in the Moral and Intellectual Development of the Individual.” The author handled the question with exceeding delicacy yet thoroughly. He was followed by Dr. A. Stanley Dolan on “The Sexual Function; A Factor in the Causation of Diseases of the Nervous System, ”the work of the bureau being concluded by a paper by Dr. Geo. H. Martin on “The Sexual Function; Its Perversions as Found Among the Criminal Classes, and its Specific Relation to Insanity and Crime.” These papers were discussed in the broadest manner, each evincing careful consideration of the subject by its author, the whole aggregating a contribution to the literature on this topic which will be found both entertaining and helpful to students in sexual science.

Hygiene and Sanitary Science.—Under the bureau of Hygiene and Sanitary Science Dr. Guy Manning read a paper on “The Mineral Springs of California,” which was an exhaustive discussion of the relative values of the various mineral springs of this State in relation to the treatment of disease. In the afternoon Dr. Bishop contributed to the feast a paper on “Pest Houses and Small-Pox,” being followed by “Specialties and the Doctor” by Dr. E. T. Hurlbert, the chairman, Dr. Simpson, closing the work of the section with “Some News on Sanitary Progress.”

Surgery.—Dr. George H. Palmer of San Francisco was chairman of the bureau on Surgery. The first paper presented under this subject was by Dr. Pliny R. Watts entitled “Surgical Reflexes—A Case.” This was followed by a paper by Dr. E. R. Bryant on “Hip Joint Disease,” and by another by Dr. Palmer on “Tuberculosis of the Bones.”

Eye and Ear.—The bureau of Ophthalmology contributed a paper by Dr. Simpson on “Hemorrhagic Glaucoma,” another by Dr. A. C. Peterson on “Suppurative Rhinitis in Children,” and a third by the chairman, Dr. Bryant, on “Treatment of Conjuctivitis Trachomatosa.”

Materia Medica and Provings.—Under the chairmanship of Dr. Boericke, Materia Medica came next, Dr. J. M. Selfridge presenting a paper on “Tobacco.” Dr. Boericke followed in the evening with a paper entitled “A Century of Homeopathy,” and Dr. Wm. G. Cole gave “A Concise Statement of Hahnemann’s Doctrines as Taught by Himself;” Dr. Arndt followed with “A Century’s Modifying Influence Upon Them;” Dr. S. E. Chapman contributed “Their Essential Truth, the Basis of a Science of Therapeutics;” Dr. Catherine V. Scott contributed a paper entitled “Loyalty to Homeopathic Therapeutics,” Dr. Boericke closing with an entertaining resume of the entire subject.

Papers were contributed to the bureau of Anatomy, Physiology and Pathology and Medical Education. Nearly all of the papers which have been mentioned were discussed fully, the more practical ones especially serving to develop the best thoughts of the profession in attendance.

Centennial Celebration.—On the evening of the first day public exercises were held in Native Sons’ Hall in celebration of the one hundredth anniversary of homeopathy. A large and enthusiastic audience was present. Dr. C. L. Tisdale presided. Remarks were made by Dr. Geo. H. Martin and an original poem on “Hahnemann” was delivered by Dr. Hayes C. French. The orator of the evening was Dr. H. R. Arndt, of San Diego, editor of the *Pacific Coast Journal of Homeopathy*, who delivered an able address suited to the occasion. Vocal and instrumental selections were interspersed between the other numbers of the program.

Banquet.—On the evening of Thursday the society and visiting physicians attended a banquet in the maple room of the Palace hotel spread by the members residing in San Francisco, Oakland and Alameda, Dr. Tisdale presiding. Toasts were offered and responded to as follows: “Hahnemann,” Dr. H. R. Arndt, San Diego; “The State Society,” Dr. Geo. H. Martin; “The College,” Dr. Geo. H. Palmer; “Our Northern Brethren,” Dr. Byron E. Miller, Portland, Oregon; “Our Southern Brethren,” Dr. H. M. Bishop, Los Angeles; “Our Washington Brethren,” Dr. Sarah Kendall, Seattle; “Our Friends Beyond the Rockies,” Dr. E. S. Bailey, Chicago; “The Ladies,” Dr. Wm. Simpson, San José; “The Relation of Homeopathy to Surgery,” Dr. J. W. Ward; “Woman in Medicine,” Dr. Sarah J. Fenton; “The Journal,” Dr. Sidney Worth; “Homeopathy in State Institutions,” Dr. A. Stanley Dolan.

Election of Officers.—The election of officers occurred on Thursday at noon resulting as follows: President, Dr. H. M. Bishop, Los Angeles; vice presidents, Dr. George H. Martin, San Francisco and Dr. Ida V. Stambach, Santa Barbara; secretary, Dr. Eleanor F. Martin, San Francisco.

Dr. Bishop thanked the society for the honor conferred upon him, afterwards making the following appointments: Delegates to the American Institute of Homeopathy at Detroit, Dr. J. A. Albertson, of San Francisco, and Dr. J. C. Kirkpatrick, of Los Angeles.

Delegates to the Interstate Committee of the

American Institute of Homeopathy, Dr. C. E. Currier and Dr. Wm. Boericke, of San Francisco.

Chairmen of bureaux for the ensuing year: Clinical Medicine and Electricity, Dr. W. E. Ledyard, San Francisco; Obstetrics, Dr. Susan J. Fenton, Oakland; Gynecology, Dr. Ida V. Stambach, Santa Barbara; Pediatrics, Dr. George H. Martin, San Francisco; Mental and Nervous Diseases, Dr. M. B. Campbell, San Bernardino; Hygiene and Sanitary Science, Dr. Guy E. Manning, San Francisco; Surgery, Dr. E. R. Bryant, San Francisco; Ophthalmology, Otology and Laryngology, Dr. A. C. Peterson, San Francisco, Materia Medica and Provings, Dr. H. R. Arndt, San Diego; Anatomy, Physiology and Pathology, Dr. J. T. Martin, Woodland; Medical Education, Statistics and Necrology, Dr. T. L. Tisdale, Alameda.

Legislative committee: Dr. Geo. H. Martin, chairman, Dr. H. R. Arndt, Dr. C. L. Tisdale, Dr. C. B. Currier and Dr. Wm. Simpson.

Committee of arrangements for the next session: Drs. S. S. Salisbury, H. R. Arndt, M. B. Campbell, E. C. Buell and E. C. Manning.

Transportation committee: Drs. C. L. Tisdale, Wm. Boericke and Geo. H. Martin.

Notes.—A luncheon was served at the Homeopathic Sanitorium, 16th and Capp streets, on Thursday at noon, a large number of those present attending. The hosts escorted the guests through the various apartments of the Sanitorium, afterwards serving a bounteous luncheon.

The contribution of Dr. Guy E. Manning on the "Mineral Springs of California" if put in pamphlet form would make a valuable work of reference on this topic for the medical profession.

Telegrams of greeting were received from Dr. E. Weldon Young, of Seattle, Washington, and the Massachusetts Homeopathic Society in convention assembled.

Dr. Byron E. Miller, of Portland, Oregon, extended a cordial invitation to the California profession to attend the annual session of the Oregon State Society which occurred in Portland June 8 and 9.

The next annual session will be held at one of the suburbs of Los Angeles in May of next year.

OUR REGULAR CORRESPONDENT'S VERSION.

The "Jubilee Meeting" of the State Society has come and gone—a success from the start. Never before has there been such a gathering of the homeopathic fraternity in this State. The business meetings of the society were characterized by enthusiasm and good work. The papers were all interesting and the discussions bright and at times lively. Dr. C. B. Currier, the president, made an able chairman; promptness and method in his rulings predominating on all occasions. As is usual with him, no session found his chair vacant at the time for work, the result being that more had been accomplished at the end of the three days' session than anyone dared hope for at the beginning. His annual address was well received and many complimentary things are being said regarding it.

Marble Hall, of the Palace Hotel, is, of course, a magnificent room, and gave considerable style to the general effect of the assembled physicians, though unfortunately, the acoustic properties are not of the best, which at times made it a little uncomfortable; but the members were not there to find fault, hence made the best of that which could not be helped.

The laity, too, seemed to take on some of the homeopathic enthusiasm of the day. Each session brought forth a goodly number of non-professionals, men and women alike, who lent their presence and good will in celebrating the centennial of homeopathy.

The public exercises given at Native Sons' Hall, on the evening of May 13th, were also a success. Dr. George H. Martin's introductory remarks were dignified and to the point; Dr. Hayes C. French's original poem, "Hahnemann," was well appreciated; Dr. H. R. Arndt's oration was classic; the music was very pleasing, and a splendid audience was in attendance.

The board of trustees of the new Homeopathic Sanitorium were not dozing all this time, but carefully planned a most delightful surprise for the State Society and visitors, in the form of an invitation to a luncheon on the second day of the session; which, of course, was most heartily accepted, as it gave the visitors a happy opportunity of visiting the Sanitorium without losing any of the business part of the meetings. Everyone was delighted, the visitors being surprised at the completeness and perfection of the entire institution.

The banquet! What shall I say of it? I was there, of course. "Jack Robinson" was everywhere—unknown, unsought, and perhaps unloved. The banquet! Another success! How could it be otherwise? Dr. C. L. Tisdale was toastmaster. He is good at everything, but is pre-eminently at his best as toastmaster. His well-put introductions to the various respondents were clever in the extreme, and one could hardly tell whether the applause at the termination of each of his little speeches was meant for the toastmaster or the other fellow. Each respondent, however, received his and her share of applause, and well-deserved it was too, as each of them did credit to themselves and to the subjects they proclaimed. Who were there? They were all there. And if I am not very much mistaken a few would like to be there yet. The North and the South, the East and the West were all well represented.

The genial Dr. E. S. Bailey of Chicago was one of the happiest and most prominent, and responded to his toast, "Our Friends Beyond the Rockies," with heart enough to cover the entire field of that vast territory. He is a good fellow, and has gained many friends here. I believe he did try to find "Jack Robinson," but failed completely. It was surely a case of "Thou art so near and yet so far," for "Jack" was rather close on more than one occasion.

Dr. Byron E. Miller was here from Portland, and responded to the toast, "Our Northern Brethren," in a happy strain, and made the home-stretch of his speech in a pretty compliment to the beauty of the women of the profession in California.

Dr. Sarah Kendall of Seattle represented her state and responded to her toast, "Our Washington Brethren," in a professional and womanly manner. She is a bright woman, a credit to the profession.

Dr. H. M. Bishop, the newly elected president, was, of course, on hand; and in responding to the toast, "Our Southern Brethren," was as dignified as usual, and looked while he spoke as though he thought more of the Southern men ought to be present at this time.

Other members of the society who were called upon to respond to toasts were: Dr. H. R. Arndt of San Diego, who, in response to "Hahnemann" was grandly eloquent, and received applause enough to last him until the next jubilee meeting.

Dr. George H. Martin spoke for "The State Society," and proved himself familiar with its history. He knows he is a favorite, hence was pleased as well as pleasing.

Dr. George H. Palmer, president of the Hahnemann Hospital College, of San Francisco, was tall, stately, dignified and deeply earnest in his response to "The College."

Dr. Susan J. Fenton was modesty personified as she responded to "Woman in Medicine." She is contemplating a European trip this summer and no doubt will tell you more of the banquet when she stops to pay her respects to the CENTURY before her return to the Pacific Coast.

Dr. James W. Ward was in his element in speaking of "The Relation of Homeopathy to Surgery," and proved by his statements that though he loves surgery so well this does not make it possible for him to love homeopathy less.

Dr. Sidney Worth, in response to "The Journal," was extremely modest in the glory he took unto himself; and, indeed, his speech was truly characteristic of the man. He has recently moved into very fine offices in "The Wenban," 606 Sutter St., and altogether is feeling happy.

Dr. A. Stanley Dolan, Assistant Superintendent of the Southern California State Asylum for the Insane and Inebriates, at Highland, in his remarks for "Homeopathy in State Institutions," was serious, then funny, and evidently longed to linger and lingered long.

Dr. Wm. Simpson, of San José, distinguished himself at the banquet by his absence; "A woman in distress," as he wrote, preventing him from responding to "The Ladies." He left a most charming little billet-doux, however, which was read by the gallant toastmaster, himself a great admirer of the ladies, so that the proper intonations were added to Dr. Simpson's words, making the ladies present wonder how it happened that Dr. Tisdale and Dr. Simpson were so much alike.

The ladies! God bless them! What would the banquet have been without them? They all looked charming. Some of them were actually bewildering in their loveliness.

It was a pretty sight! Those gay medicos in evening attire surrounded by all that is beautiful, happy in each other's society, all doing honor to their dear old father, Hahnemann.

In the wee sma' hours of the new born day the familiar tune of "Auld Lang Syne" was heralded through the banquet hall, and our medicos hied themselves to their respective homes to rest before taking up the real work of the day.

In writing I must not forget to mention the generous hospitality displayed by many of the members in San Francisco to the visiting physicians and their friends. To tell of all the little luncheons, dinners, etc., would fill your pages. Some special dinner parties were given by Dr. and Mrs. Currier, Dr. and Mrs. Martin, and Dr. and Mrs. Ward, with a Baldwin theatre party by Dr. E. R. Bryant, and all kinds of entertainments for "the boys," by Drs. Boericke, Tisdale, and a host of others.

May 23, 1896. *"Jack Robinson."*

INDIANA INSTITUTE OF HOMEOPATHY.

The Thirtieth Annual Session of the Indiana Institute of Homeopathy held one of the best sessions it has ever held at Indianapolis on May 26th and 27th. In the absence of the president and vice president at the opening session Dr. F. L. Davis, of Evansville, presided. Prayer was offered by Rev. Dr. Clark, after which Mayor Taggart welcomed the profession to Indianapolis and tendered them the freedom of the city. Dr. O. S. Runnels responded briefly and appropriately on behalf of the Institute. The morning session was devoted to the transaction of routine business and in extending welcome to the visiting members and delegates.

Surgery.—Upon the arrival of the vice president, Dr. G. O. Erni, the afternoon session was opened by the bureau of surgery, Dr. H. M. Logee chairman.

"SALPINGO-OÖPHORECTOMY" was the title of a paper by Dr. O. S. Runnels, in which he held that the etiology of salpingitis and peritonitis was of two kinds, pudic and through the fallopian tubes. The points taken were illustrated by a recital of a series of clinical cases possessed of interest and practical value. Several interesting pathological specimens from recent cases were shown.

"ACUTE INTESTINAL OBSTRUCTION" was the title of a paper by Dr. H. R. Chislett, Chicago, who summed up the conclusion that a differential diagnosis of the causes of intestinal obstruction is not always possible, that even where possible is not easily made during the initial stages, and that by the time the surgeon is called as a usual thing differential diagnosis is nearly always impossible. Early recognition of the cause determines whether the case be a medical or a surgical one. Medical treatment plays no part in cases due to strangulation, volvulus, peritonitis or stricture. Medical treatment may be tried in cases of fecal impaction and intussusception. The efficacy of the remedies employed must be determined within six to twelve hours. Surgical measures should always be resorted to before cessation of pain or vomiting. This cessation sometimes occurs during most cases of obstruction and is too frequently regarded as a symptom of improvement. It really indicates paresis and the futility of operation. In late operations prolonged search for the cause of obstruction is unwarranted, the patient's interests being best served by the hurried formation of an artificial anus.

Rhinology.—The only paper presented in this bureau was one by Dr. W. R. Stewart, Indianapolis, on "CHRONIC NASAL CATARRH." It dealt with the subject from the viewpoint of the specialist, yet contained many items of value to the general practitioner.

Mental and Nervous Diseases.—Under this subject the chairman, Dr. W. B. Stewart, read a paper on "APOPLEXIA SANGUINEA." This was followed by Dr. G. W. Bowen, Fort Wayne, on "THE BRAIN—ITS LOCAL ACTION." The evening session opened with a short lecture and an electrical exhibition by Prof. Edward C. Jerman, in which he presented a practical exhibition of the working of the X rays. Dr. H. V. Halbert followed with a paper on "THE TREATMENT OF LOCOMOTOR ATAXIA," Dr. F. L. Davis, of Evansville, followed with reports of "SIX INTERESTING CLINICAL CASES" and Dr. G. W. Bowen closed with a report of four additional interesting cases.

Materia Medica.—On Wednesday morning the work of the bureau of Materia Medica was taken up. The chairman, Dr. J. H. Allen, Logansport, presented a paper on "BURSA PASTORIS," in which he gave a series of provings with special reference to the action of the remedy on the urinary organs.

Eye and Ear.—The chairman of this bureau, Dr. J. W. Smith, of Vevay, read a paper on "THE EYE

A FACTOR IN DISEASE," Dr. L. W. Jordan, Indianapolis, following with another on "SURGICAL PROGRESS IN EYE DISEASES," in which were reviewed the different surgical operations upon the Eye.

Dr. R. G. Reed, Louisville, Kentucky, discussed the latter paper, differing with the author, in that he recognizes small refractions as a factor in reflex troubles arising from eye strain, and also that some nervous systems are more tolerant of these defects than are others.

Homeopathics.—This bureau was in charge of Dr. E. W. Sawyer of Kokomo. Dr. H. W. Pierson, Chicago, read a paper on "THE SCIENTIFIC BASIS OF STUDY;" he was followed by Dr. W. R. Bentley of Morristown, on "THE VITAL FORCE;" Dr. J. R. Haynes, Indianapolis, came next with "HEALTH, LIFE, DISEASE AND DEATH, AND THEIR RELATION TO HOMEOPATHY," Dr. A. W. Holcomb of Kokomo contributing to the subject a paper on "DYNAMICS." By request Dr. Emmet L. Smith, Chicago, followed with a paper on the subject of "PRACTICAL BACTERIOLOGY," in which he reviewed the present status of bacteriological science, and illustrated its practical workings in the field of practice.

Pedology.—Dr. J. P. Cobb, Chicago, read an instructive paper on "CONSTIPATION IN INFANCY AND CHILDHOOD;" he was followed by Dr. J. S. Martin of Muncie, Indiana, on the "BOWEL DISEASES OF CHILDREN;" Dr. Anna B. Campbell, Rockville, closing the bureau with a practical contribution on "BRAIN DISEASES OF CHILDHOOD."

Gynecology.—Dr. C. E. Sawyer, Marion, Ohio, read a very instructive paper on "PRURITIS." He considers the disease of neurotic origin, no matter what its local manifestations. The treatment embraces a corrected diet, exercise, personal habits, mental and moral influences, etc. Oat meal was avoided, and the suggestion was made that too great abstinence from food as well as to too free indulgence is harmful. Electricity, hot sitz baths, oil of cade and balsam of Peru form the local treatment.

Rebecca W. Rogers, M. D., Indianapolis, presented a paper on "ELECTRICITY IN GYNECOLOGY," reviewing the Apostoli method and giving its practical details.

Dr. J. C. Fahnestock, LaPorte, read a paper on the "RELATION OF SURGERY TO GYNECOLOGY," this finishing the work of this section.

Obstetrics.—Under Obstetrics the following papers were read: Dr. F. C. Stewart, Indianapolis, "MOLAR PREGNANCY;" Dr. C. Martz, Fort Wayne, "PREMATURE LABOR;" Dr. Sollis Runnels, Indianapolis, "TREATMENT OF ABORTION;" Dr. W. E. George, Indianapolis, "PRE-NATAL IMPRESSIONS."

Sanitary Science.—The chairman, Dr. W. B. Clarke, read a paper on "THE UNSANITARY CHARACTER OF VACCINATION."

Miscellaneous.—A resolution was presented for the appointment of a committee of five to consider the advisability of establishing a homeopathic college in Indiana.

The name of Dr. J. C. Holloway, Vincennes, was dropped from the roll for unprofessional conduct.

The following officers were elected for the ensuing year: President, Dr. J. D. George; first vice president, Dr. F. H. Huron; second vice president, Dr. A. E. Springstead; secretary, Dr. F. C. Stewart; treasurer, Dr. J. S. Martin; board of censors, Drs. D. H. Dean, A. W. Holcomb, E. D. Bergen, J. N. Coons, J. F. Thompson.

The meeting was attended by nearly one hundred physicians, and seven new members were elected. After the appointment of the chairmen for the different bureaus for the ensuing year, one of the most successful meetings of the Indiana Institute was closed.

Chicago. *Emmett L. Smith, M. D.*

The bulletin of the Iowa Health Board gives the CENTURY'S news item on cremation the honor of a page and a half of notice in a recent number, albeit the notice is tinged with sarcasm and false premise. This journal did not "review" or "criticise" the Iowa Health Board's views upon this topic, but simply referred courteously to the reception of the published opinions of its president. In no word did it indicate that it looked upon earth burial as "Christian," though the bulletin would suggest that it did, and it uttered no dictum in regard to nor did it "airily dismiss the subject." Evidently the author of the paper referred to is made of that kind of flesh and blood of which most mortals occupying positions like unto his are made. They cannot tolerate the least expression of opinions or beliefs at all at variance with theirs without looking upon those who entertain them as unworthy of courteous consideration, as subjects for irony and ridicule, as possessed of all the unwisdom of the earth, while they, clothed in a little brief authority, must needs forsake the work for which they have been appointed and busy themselves with supposed great reforms, which, after all, need no boosting if, indeed, they be reforms worthy of adoption. There are many topics that our state health boards might well busy themselves about that are of more immediate and vital interest to the people than whether nations who burned bodies were or were not or are or are not Christian peoples; and the taxpayers' money might be spent to much better advantage than in issuing polemic bulletins containing the views of individual members of health boards upon topics like unto this.

A new incubator is being put upon exhibition in Paris, the inventor of which is M. Lyon in the Boulevard Poisonière. M. Lyon has ten incubators at his hospital, which consists of a shop on the ground floor and to which the public is admitted on the payment of a small fee. The place has been open five or six weeks and no deaths have yet taken place although the couveuses have been occupied by infants in all stages of viability. The incubator consists of a cage of glass and metal whose sides are one-half a yard in width and three-quarters of a yard in height. There is an automatic heating apparatus which, by means of a metallic thermometer and arrangement of levers, can be depended upon to partially cut off the supply of warm air when the temperature exceeds a fixed degree, whereupon when the normal has been restored a free entrance of warm air is again allowed. The same metallic displacement will ring an electric bell to call an attendant. Antisepsis is provided for by bringing the air from the outside of the building through a pipe and filtering it through cottonwood. When the children are fed they are taken into a room which is maintained at a higher temperature and feeding is done by the bottle and nasal alimentation. The weight of the prematurely born child plays a most important part in its chances for life. The inventor of this instrument has shown that out of one hundred and eighty-five cases treated no child survived who weighed less than a kilogramme.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - EDITOR.

New York and Chicago, June 15, 1896.

INTERNATIONAL HOMEOPATHIC CONGRESS.

The permanent secretary of the International Homeopathic Congress, the next of which will be held in London, August 3d to 8th, has issued the following explanatory announcement:

> "In consequence of the demand for a hearing at this assembly it has been determined that the forenoons, hitherto destined for extemporized and informal gatherings, shall be utilized for "overflow meetings," to be held under the rules and officers of the congress. They will be devoted to the further discussion of the subjects of the preceding afternoon, or to the handling of fresh subjects of the same order.
>
> "As a good deal more time will thus be made available, the officers can abandon the limitations under which, in their 'preliminary announcement,' they invited further communications. They will now welcome such, not only 'on the topics hitherto specified, and on those which will be later announced as chosen by the American committee,' but upon any subject which may be selected by the essayist. They would add, moreover, that even should the additional time prove insufficient for a discussion of all the papers they may receive, these —if accepted—will be read by title at the meeting, and be printed in the transactions.
>
> "All American contributions should be sent to Dr. Dewey, 170 West 54th street, New York, the secretary of the committee appointed at the last meeting of the American Institute of Homeopathy for furthering the interests of the congress from that side of the water. Contributions from other countries should be addressed to the general secretary of the congress, Dr. Hughes, Brighton, England."

Some confusion has existed in relation to the arrangement of a program for the London meeting and no little correspondence has passed between the permanent secretary, Dr. Hughes, and members of the American profession and the American journals in respect to this subject; but it is believed the confusion which has existed has been cleared away and that a most harmonious and profitable session will be enjoyed. All American physicians who contemplate being abroad this summer and all who can go for the express purpose of attending the fifth quinquennial congress should make it a point to be present. The interests of homeopathy at large should take precedence over personal and factional interests, every time. Our English colleagues are doing all they can for a successful and comprehensive program, and we should encourage them. It must be remembered that these congresses are for us all, and that while, naturally, the profession in whose country each is held are most directly interested in the special congress meeting in their midst, we all are, after all, equally interested in their success and continuance. The Atlantic City Congress was an occasion of great importance, likewise the Philadelphia Congress in 1876. The London Congress is an equally important event, and should be largely attended from this and other countries.

THE DELIGHTS OF DISEASE.

It is not to the credit of the medical profession that it has been left to theorists and criminologists to point out the relative values of mental and moral insanities, and to classify under these harsh but just names the lesser obsessions, which as hysteria and hypochondria have long been demandant upon the sympathies of the physician and the public. In the face of the figures and deductions of these scientist-statisticians it begins to look as though we have been blind to the nice distinctions others have noted in the mental and moral equipoises of the sick—distinctions upon whose recognition pivots many a diagnosis and whose right classification, as distinctively mental or moral, clears up many a mooted point. There are some circuits over which no drug force has as yet been or ever will be able to act, and it is not wholly rational to go on grinding out triturations whose power will forever miscarry along those subtle lines which lead to the mental dynamus. For all that it will yet be some time before we, as physicians, are attuned to the treatment of obsessions as obsessions, before we understand the mentality and morality of disease and the treatment of them, and realize pathologically that the tendency to feed upon disease is the symptom of the patient most to be combatted.

To even a healthy, clear-eyed, sound-tempered individual who falls ill there come temptations to yield to the molly-coddling about him, and he finds it in some measure compensating to be the object of solicitation and to be sympathized with. To the invalid this mental attitude ofttimes grows to be his every day and chiefest pleasure, and slowly but surely his moral stamina disintegrates and allows the commiseration of others to trickle in. Emerson was denouncing what he knew to be a treacherous and wanton element of humanity when he scorned the effusive sympathy that runs from person to person, weakening and excoriating. That this is essentially a vicious and misguided altruism is shown by the occupant of every long-time sick bed. It seems not possible for an invalid to know his body—or, more pertinently, her body—for what it is, a piece of anatomical machinery whose screws have somewhere slipped, a bit of flesh whereon a decayed or cankerous spot is showing. Quite the contrary! The invalid does not live beyond the accruing rust on the screws; she usually fattens, as it were, on her cankers.

Let it be allowed that we are now looking at the detached tendency to disease-petting exclusive of the real sufferings and actual anomalies, mental and moral, which attend it. We are taking it as a symptom, and because we cannot medicate it we take its treatment up separately instead of along with the medicable totality. Treat it we must. Having once opened our eyes to the attitudinizing of disease we should in all honesty attempt to render it back to the natural. We are familiar with the term "a healthy wound;" what we especially need now is "healthy disease."

But "Disease is so delightful!" lisps Beardsley between his charcoal strokes, and the profligate conclusion is attested daily by the chronic invalidism about us. Pushed ruthlessly out of its various poses, however, it will become less interesting to the diseased. For instance, a young girl is given over to the consideration of herself, her pretty paleness, the dark circles under her eyes, the strange new weakness and the little pains; if now she might be brought to see herself objectively, sick, yes! but no sicker than a sick cow or a sick horse, we would have fewer cases of chronic ovaralgia, fewer hypochondriacs, fewer insane asylums. We little realize how near to moral insanity are our usual hysterics how near to hysteria are our weak sick girls.

But to get back to the beginning, where hysteria has not become insanity and self-commiseration has not become hysteria! Where stands the keystone to the arch which shall bridge the perilous way the mind must go from health to disease and from disease back to health? The answer comes—more than anywhere else in suggestion, in a humane hypnotism.

Medicine at its best and fullest has so long been denied anchorage in the havens of the exact sciences that it seems treacherous to further endanger it by launching it upon a psychiatry which is in itself an unsailed sea without a trustworthy chart. Yet the current of mind today is sweeping up so widely that we can no longer shut out from our theory and must soon, perhaps, and universally, take into our practice the recognition and application of those dynamic forces which just beyond our material grasp we know as psychic. Although medicine is not a science it is noteworthy that all the vaster and newer discoveries of science come back to the medical profession for their most virile interpretation. Just as the cathode rays find nowhere such a sphere of illumination as in pathology; just as electricity has everywhere attached itself to medicine as one of its best exemplars, so hypnotism and the various other phases of the psychic life are practically valuable only as they are of the healing art, and they are now unrolling their virtues and vices at the feet of the medical tribunal for judgment. It is a startling array of forces, long unrecognized in medicine, unnamed except for slurring subjective terms—hysteria, hypochondria, melancholia, nervous exaltation or nervous prostration—names very meagrely indicative of the possible interdependence of the wholly material and wholly psychic, and not at all significant of the great play of the mental condition over the physical.

Meantime, however, and notably at Salpetriére and Nancy, the medical vocabulary has been enlarged to cover the recognition of certain influences which have been discovered to be potent factors of a larger art, so that names like "suggestion," "magnetism," "animal electricity," "telepathic diagnosis" and "induction" now open up inviting possibilities of medical investigation through the influence of the psychic state of the individual upon the physical state—a purely subjective influence—and the influ- of the psychic power of one individual over a morbid development in another individual—an alien influence.

On the one hand are the weakly nerves of hysteria, their causes and their consequences, on the other the mentally-compelling power operating through both an arousing of the patient's own effort and the direct compulsion of the weaker sick-mind to accept and abide by the dictum of the stronger well-mind. In their every day presentations evidences of psychism are easily accepted—recognized by such terms as "superior will power;" and while we do not at all understand what we mean by will power, nor from what dynamo it is generated, we are accustomed to its milder manifestations as commonly in the control of the obdurate sick person as of the stubborn well child. It is only when we attempt to reduce to a system these stray efforts and influences that we hesitate and fear charlatanry—a fear, in truth, not ill-founded. For did not Charcot, after years of study and toil, almost despair of his own ability to separate the chaff from the wheat? Despite his despair and in the face of us hesitating, however, those subtle electric powers that use the brain as a storage battery act and react from brain to brain as though across charged wires, and the sick before our eyes are helped to get well for apparently no better reason than that they are told to get well. Burdened with evidence, we are indubitably made aware of this powerful influence for healing that the strong, health-generating mind may throw out toward the sick body.

And under a careful cloaking there is nothing incomprehensible, nothing uncanny in "suggestion." Or if upon anaylsis it remain just as incomprehensible, we have at least grown used to our lack of understanding and may accept it blindly. And having accepted it may it not be as well to make useful capital out of it as a beneficent adjunct to those other not more subtle forces shut up in Aconite and Belladonna? In the hands of the incompetent, it could but abort innocuously, while the intelligent physician who could look after and direct his patients mentally with as much assiduity as he does physically might steer them from many a dangerously degenerate current.

HO FOR DETROIT!

By the time this number of the MEDICAL CENTURY reaches its subscribers within a radius of 1,000 miles of Detroit the time will have come for them to start for Detroit to attend the Materia Medica Conference and the Centennial of Homeopathy meeting of the American Institute. It is not often that an event of so great moment presents to our attention. The meetings of the American Institute are the most important held by our profession. They exceed all other meetings in interest and numbers. They are most practical and most delightful from the social view-point, and since this is our national association it is held that the pride we ought to have and doubtless do have in the success of our work throughout the United States should prompt us to give loyal support to that body and to attend its meetings from year to year wherever held.

The Detroit meeting promises to be an unusually interesting and practical one. The Materia Medica Conference, of which so much has been written, will be held on Tuesday, June 16, commencing at 3 P. M. This alone will be worth all the expense and loss of time necessary to attendance upon it. The brightest materia medica minds of the United States have been preparing for the last twelve months to discuss our materia medica. It has come to be recognized that it is absolutely necessary to reconstruct and rearrange our great corner stone. Just how to do this is a problem, and it is this problem which this Materia Medica Conference will attempt to solve. It is not expected that this solution will be accomplished in one day nor one year, but the essential steps toward reconstruction will be taken at Detroit, and since every homeopathic practitioner is alike interested in this momentous subject every one who possibly can should be on hand to lend his counsel, give ear to that which is to be presented by our masters in materia medica, and evolve each for himself some grain of thought which will enter into the construction of the substantial superstructure which is sure to be erected upon the foundation of its success.

Of the Institute it is not necessary to make more than passing mention. This is our centennial year. Besides the regular Institute program prepared for all Institute meetings there has been outlined for this centennial gathering a series of special features which will prove to be highly entertaining and of undoubted value. Dr. Pemberton Dudley will deliver a "Centenary Address," in which will be given the history and accomplishments of the homeopathic profession to this date. This address will be delivered at the evening session on Thursday at a public gathering, at which an address of welcome will be delivered by the Governor of Michigan, Hon. John T. Rich. There will also be a "Centennial Address" on the afternoon of Thursday by Dr. R. N. Foster, of Chicago, on "The Logical Basis of the Law of Similars; Does It Commend Itself to Our Reason?" On the afternoon of Friday, a "Centennial Address" will be given by Dr. M. W. Van Denberg, of Fort Edward, N. Y., titled "Experimental Administration of the Law of Similars; Can Its Existence and Operation be Proved?" On Monday afternoon there will be a third "Centennial Address" by Dr. J. P. Sutherland, Boston, titled "The Clinical Efficacy and Superiority of the Law of Similars; Is It a Reliable Guide in the Practice of Medicine."

These centenary and centennial addresses will add greatly to the interest of the Detroit meeting and together with the Materia Medica Conference will doubtless attract the largest attendance the Institute has enjoyed in recent years. All the scientific sections have made unusual efforts to present practical and valuable programs because of this being homeopathy's centennial, which fact alone should draw the profession from every part of the union. Only the sluggard, the indifferent man and woman, the doctor for revenue only, and those who are absolutely unavoidably prevented from attending the Detroit Centennial will remain away. Those who attend will unquestionably enjoy the most delightful medical convention ever held in the United States.

PATHOLOGY OR SYMPTOMATOLOGY?

The near approach of the Materia Medica Conference authorized by the American Institute of Homeopathy last year prompts general consideration of the subject of materia medica reform and revision, the attention given to it by many of the state associations which have met this spring showing that the interest in it is widespread, in fact, quite general. On the floor of the Missouri, the Kansas, the Illinois and the Wisconsin State Homeopathic Medical Associations we have heard pleas for a return to the methods of Hahnemann and the early fathers. In the journals from time to time during the past two or three years, more than ever before, there have appeared articles upon this topic—all this going to show that there is felt by the whole profession a demand for something more satisfying and practical than our present symptomatologies and repertories. The more careful prescriber according to the totality of the symptoms alone seems to be content with the old way. The coming generation of physicians, those already on the field and many fully in the saddle, demand something more tangible than symptom-codexes and repertories. It is for the Materia Medica Conference to determine just what plans for revision shall be laid just, what shall be the nature of the reforms to be instituted. Shall the new materia medica be based upon the totality of the symptoms method of finding the remedy, or shall it be grounded on pathology as revealed by the microscope, the stethescope, the sphygmograph, the Röntgen rays, the polariscope and other modern means of research? This is the question of the hour.

At the meeting of the Wisconsin Society the position was taken by Prof. Arnulphy, of Hahnemann Medical College, Chicago, and by Prof. Ludlam, of the same college, that the time has gone by to rely upon symptomatology to the extent that Hahnemann relied upon it for the selection of the drug, and in this issue of the MEDICAL CENTURY Prof. Clokey, of Louisville, presents a paper titled "If Hahnemann Should Visit America," in which he takes practically the same ground, the paper being in all essential features his presidential address at the late meeting of the Kentucky Society. Are these gentlemen right in their deductions, or is their reasoning fallacious and likely to lead us into the quagmire of theoretical and uncertain prescribing? We believe the latter. There is no pathology except as heralded and recognized by symptomatology. There is no pneumonia without congestion, inflammation, consolidation. There is no pleurisy without inflammation and pain. There are no vomicæ in the lung without hectic and suppuration. There is no abscess of the liver without phrenic pain, rigors, fever, sweats and constipation or diarrhea. In the case cited by Prof. Clokey wherein Bryonia was given because there was pneumonia with consolidation any one of a dozen remedies might have been indicated because of such pneumonia and consolidation, while at the same time the concomitant symptoms, in fact the pathognomonic symptoms, may have called far more loudly for Iodine, Veratrum viride, Sanguinaria, Kali carbonicum or other remedy than for Bryonia, though in this particular instance Bryonia may, after all, have been the similimum—the very best, the only remedy homeopathic to that case. In the second case cited in which pleurisy with effusion was the condition the failure of the symptomatologist to diagnose and properly treat the case was no worse than the failure of those calling him in consultation, and they were no better off as to treatment while standing on the pathological basis than was he while resting upon the totality of the symptoms. In fact, in that particular case it will be easily recognized that it was too late at the time the totality-remedy was given for any remedy to have prevented pus formation. The case had already become one for surgical treatment. But who was to determine this, and was not the factor of time absolutely necessary to a correct diagnosis and the proper treatment? These cases come to us all, and have absolutely no rightful bearing upon the essential question as to whether the remedy should be prescribed from the viewpoint of pathology or that of symptomatology.

For purposes of diagnosis and prognosis the symptomatologist and pathologist alike should be thoroughly informed in pathology and all other elementary departments of medicine. Not only so, but for purposes of correct prescribing he should comprehend as clearly as possible the natural or physiological functions and also the departures from the normal in every organ or tissue of the body when the pendulum of life is swinging away from the perpendicular, whether he be symptomatologist or not. This degree of knowledge belongs to the physician of all medical beliefs and practices, and should be appropriated by us all, beyond question. But to assume that pathology should bear the burden of the selection of the remedy is not logical, to our mind, nor do we believe it would be sustained by results in practice. It is absolutely impossible to even approximate the pathological states present in many of the commoner forms of disease met with in daily practice through drug-proving, and upon no other basis does it seem to us to be possible to fit a remedy to its case as it should be fitted than upon the hypothesis that its force should be expected to be spent in the sick upon the organs and tissues to which its force is directed in health.

"But," says the pathologist, "this is exactly what we desire." Administer remedies for the pathological conditions they will produce? The argument is seductive, but not sound. How can it be possible to push drug proving to the extent necessary to determine the production of abscess of the liver, for instance? Or, who will submit himself to drug proving until there shall be vomicæ developed in his lungs or gall-stones in his gall-bladder? Here is pathology in its clearest possible types, but how impossible for us to accurately determine that any remedy will produce abscess of the liver, or abscess of the lungs, or abscess of the brain, or hob-nail liver, or sclerosis of the kidney, or other equally pronounced pathological state. And even were it possible to determine the effect of remedies to this degree it does not follow that all patients with abscess of the liver or lung will be benefited by the same remedy; hence the pathologist would be as much at sea as ever.

To illustrate further: A patient suffers dysentery. The mucous membrane of the colon and rectum is engorged, inflamed, ulcerated. In one patient there will be violent, perhaps continuous straining. His agony is intolerable. The pathological state is clearly understood. It is also known that Mercurius corrosivus will produce the symptoms from which he suffers and the pathological state of which they are but signs. The remedy may here be selected by the pathologist and symptomatologist with like satisfactory results. But in another subject the mucous membrane and deeper structures will be affected exactly as in the case just cited, while the symptoms will be altogether different and Mercurius will not cure at all. This has been demonstrated time and again to our entire satisfaction, even in cases wherein the eye could see the rectal condition and the finger determine that of the sigmoid. During the existence of the pathological state for which the pathological prescriber would have us select the remedy cerebral symptoms may come on, even to convulsions and coma, with practically no development of true pathological lesion of the brain. If the remedies are now directed only to the original pathological site of disorder the patient may be sacrificed to reflex or secondary conditions which, after all, can only be determined by symptoms and not by a known pathology.

In truth, we know no pathology except as we know symptoms. Consolidation is a symptom and effusion is a symptom—the one of pneumonia, the other of pleurisy—and each excites other signs or symptoms by which the specific conditions may be recognized. 'Tis a case of tweedle-dee and tweedle-dum—this cry for a knowledge of the pathological condition upon which to base the prescription and this ignoring of the symptomatology in selecting the remedy while accepting it for all it is worth in making a diagnosis. Symptoms are exceedingly valuable to the diagnostician and prognostician, why should they not be allowed to have their value to the therapeutist?

In Hahnemann's day the old school administered treatment according to the accepted pathology of its time. Today the old school administers treatment according to the pathology of its time. An hundred years from now that school will be administering treatment according to the pathology of its time. That there has been progression cannot be gainsaid. That there will be further progression is not doubted. But with all the aids science can bring to bear there will continue to be a lack of exactness in pathological knowledge, because of the very complexity of the human body and the delicacy and subtlety of by far the larger proportion of disturbances of the vital functions which doctors are called upon to combat, and pathology will thus be a poor guide by which to direct treatment.

By no means should we ignore pathology in selecting the remedy when the pathological state is known and fully recognized, and when the action of remedies upon the organs or tissues which are the seat of the pathological state are fully understood. And right here is to be found a wide field for development in materia medica, beyond question. But, to to our mind, it will be second to symptomatology for purposes of drug-selection, for the reasons given and because the pathological picture presented by patients suff ntically the same pathological states will vary according to constitutional idiosyncrasies and bases upon which the pathology is grafted. Hair-splitting of symptoms often determines between two remedies closely allied in their pathogenesis, just as hair-splitting of symptoms is frequently witnessed in a single disease in different persons or at different times in the same person. The pathology of hysteria, headache, neuralgia and febrile disturbances in their early stage is of uncertain nature. By the symptoms developed it may in a measure be determined, but not with that degree of accuracy upon which to base a pathological prescription that may be said to be a scientific prescription. Not so with symptomatology. Even though there may seem to be a lack of scientific precision in the administration of a remedy for a condition not definitely understood and comprehended, such prescription may yet be perfectly scientific in its selection if it be selected according to a definite law or rule which shall be operative in a given series of cases, the number being large enough to establish for the rule a reasonable degree of generality of application.

Symptoms are the sign boards of disease. They tell us that a departure from the normal is taking place. They tell us the road the disease is taking. Their acuteness tells us about how long it will take for it to get to the point for which it is starting. Their variability informs us about how tortuous will be the path selected. Their violence marks the dangers of the trip. It is the symptoms, the symptoms, the symptoms, which annoy the patient, alarm the friends, make the diagnosis, and upon which the prognosis is based, and in the very nature of things it must be the symptoms that shall determine the selection of the remedy.

It is no argument if fanciful symptoms have been allowed to creep in and make less valuable the materia medica. These should be eliminated. It is no argument if the fanciful symptom hunter has recorded a pain in the shoulder as belonging to a remedy to which it does not so belong, but were several provers to have such pain while proving a drug it might with reason be recorded as belonging to it. It is no argument that because a symptomatologist fails to recognize a pleuritic effusion a symptomatically selected remedy will not in some cases promote absorption of effusion. This has been accomplished times without number by the internal and external administration of drugs by all schools of practice.

Our materia medica needs revision badly. Upon this we are nearly all agreed. But to our mind the overturning of the doctrine of the totality of the symptoms will but send us helter-skelter into the uncertainties of pathological prescribing that have characterized the therapeutist of the dominant sect for lo! these hundreds of years.

The "totality of the symptoms" means both objective and subjective symptoms. Hahnemann clearly so states. Pathology accepts the objective symptoms—those which may be seen, felt, heard and smelled. The totality man will apply all these as he is able to interpret them but he will do more; he will avail himself of the subjective symptoms, also, and ofttimes these are of greater import and practicality in applying the remedy than all the objective symptoms to be found.

There is need of a care that we be not led away by the seductiveness of the pathological picture. It is fair to look upon but it is not sufficient for the everyday needs of the therapeutist. The totality should be made to embrace it in all its fullness, but the team should be driven tandem and the totality should ever occupy first place. It is symptoms that disturbances of the vital forces produce and it is symptoms that drug forces produce. The paralleling of the pathogenesis of the drug with the symptoms of the patient more nearly approximates a scientific application of drug force to disease force than all other methods yet attempted. We should be slow to abandon this philosophy.

Editor's Table.

GENERAL NEWS-NOTES AND COMMENTS.

Dr. and Mrs. L. D. Rogers, Chicago, sailed for Europe on the 29th ult.

Dr. Chas. Dake of Hot Springs, Arkansas, visited Chicago on June 1 on business.

Prof. Vilas has been re-elected dean of the Hahnemann Medical College, Chicago.

Dr. M. W. Kapp, of Akron, Ohio, was married recently to Miss Caroline E. Shepard, of Medina, Ohio.

Dr. L. A. Herrick, of Carson, Nevada, has been appointed physician to the State Orphan's Home of that city.

Dr. L. A. Queen, New York, formerly associated with Dr. St. Clair Smith, has removed to 125 W. 85th Street.

Dr. W. J. Martin, of Pittsburg, will sail for Europe on the Canadian steamer Laborador from Montreal, July 25.

Dr. John F. Beaumont, oculist and aurist, has removed his offices in the Columbus Memorial Building to Suite No. 809.

Dr. C. E. Holloway has removed from Knoxville, Iowa, to Des Moines, with offices at 417 Walnut St., and residence at 744 17th street.

Dr. J. D. Lewis, formerly assistant surgeon in the New York Homeopathic Ophthalmic Hospital has located at St. Paul, Minnesota.

At a recent meeting of the Society of Electro-Therapeutists Dr. A. B. Norton, of New York, was elected president for the ensuing year.

Dr. E. L. Warren, recently of Wheeling, West Virginia, has located in Denver on the north side. He reports a cordial welcome extended by the Denver profession.

The Hahnemann Hospital, of Chicago, has received the handsome sum of $32,000 from the estate of the late Mrs. Harvey B. Hurd, of Evanston, in aid of its endowment fund.

Dr. Sollis Runnels has opened a suite of offices in the Hutchin's Block, 38 East Ohio street, Indianapolis. Dr. Runnels is making a speciality of obstetrics and diseases of children.

Denver celebrated the centennial of homeopathy in April by a banquet at the Brown Palace Hotel, and San Francisco followed with a similar celebration during its jubilee meeting last month.

Dr. F. C. Titzell, recently removed from Lake City, Minnesota, to Chicago, has been appointed associate to Dr. Tooker on Diseases of Children in the Chicago Homeopathic Medical College.

Dr. M. P. Hunt, Columbus, Ohio, late professor of obstetrics and gynecology in the Homeopathic College at Ann Arbor, has been elected president of the Ohio Homeopathic State Medical Society.

The Chicago contingent upon the various medical associations held in proximity to this state were, as usual, cordially welcomed by their hosts. This was especially the case at St. Louis and Milwaukee.

Dr. T. J. Gray, formerly of Hering Medical College, has been associated with Prof. Matchen in the principles and practices of surgery in the Homeopathic Medical Department of the University of Minnesota.

Dr. R. G. Reed, of Pulte '89, and New York Ophthalmic '95, has located at Second and Chestnut streets, Louisville, Ky., and is now professor of eye, ear and throat diseases in the Southwestern Homeopathic Medical College.

Dr. L. A. Bishop, of Fond du Lac, Wisconsin, met with a serious runaway accident on May 27, resulting in a fracture of one rib and the femur on that side. He was otherwise severely injured but is making a happy recovery.

Among the physicians in attendance upon the Wisconsin State Society at Milwaukee last month were noted Drs. Ludlam, Delamater, Pratt, Shears, Fisher, Fellows, Dunn, Arnulphy, Swan and others whose names are not now recalled.

Dr. H. S. Gardner and Dr. Eva A. Cunningham, both of Lawrence, Kansas, wisely decided to unite their lives, fortunes and professions and were married on May 14. They are "At home" to their friends from and after June 4.

The Baptist Hospital of Chicago, of which institute Dr. A. C. Cowperthwaite is superintendent, has removed into commodious quarters in a thoroughly renovated building on the South side. The building was formerly occupied by the Chicago University.

Dr. A. E. Wheeler of Los Angeles, California, is visiting Chicago in post-graduate study. He will attend the meeting of the American Institute of Homeopathy at Detroit and will visit New York and other Eastern cities before returning to the Pacific Coast.

Dr. Chas. Adams, professor of principles and practice of surgery and clinical surgery in the Chicago Homeopathic Medical College, has issued a neat reprint of his paper read before the homeopathic medical society recently on the "Surgical Cure of Inguinal Hernia in Children."

At the meeting of the Homeopathic Medical Society of Chicago, held on Thursday evening, June 11, Dr. J. S. Mitchell presented a paper on "The Treatment of Appendicitis," which was a clear elucidation of how best to treat appendical inflammation without resorting to surgery.

Dr. W. Sharp, of Rugby, England, the author of "Sharp's Tracts on Homeopathy," a series of campaign literature, which did more to introduce homeopathy among the laity than perhaps any other literature of this character ever placed before the people, died at the age of 91 in April.

The Iowa *Medical Journal* criticises the late meeting of the Homeopathic Medical Society of the State as anything but a homeopathic medical meeting according to its way of thinking—and its editor was present in person. Its editorial on this subject with comments will appear in the next issue of the CENTURY.

The title of the Montreal Hospital journal is the *Messenger* instead of the *Leaflet* as published in the CENTURY last month. The *Messenger* is the usual record of hospital events and is serving a good purpose in keeping the interest of the Homeopathic Hospital of Montreal before the people and profession of that city.

Dr. A. W. Woodward, one of Chicago's best known and most popular physicians, was married on Wednesday, June 10th, at noon, to Miss Cornelia MacNaught Shaw. Dr. and Mrs. Woodward will be "At Home" to their friends after June the twentieth at their home No. 130 Ashland Boulevard. Congratulations are extended.

The Post Graduate Alumni Association of Chicago Homeopathic Medical College has issued a neat roster of its members, from which it is learned that the officers for 1896 are: President, Frank Webster, M. D., Dayton, Ohio; vice-president, Rachel M. Paxton, M. D., Kiowa, Kansas; and Lorenzo N. Grosvenor, M. D., Chicago, secretary and treasurer.

Dr. T. L. Macdonald will sail on July 10 for Europe, to be absent two months in the interest of his health. Dr. Macdonald's laborious duties as co-editor of the Homeopathic Text-Book of Surgery, together with the cares of his large and responsible surgical practice, have made a vacation and rest necessary. His friends in the profession will wish him "bon voyage" and needed rest and recuperation.

The California State program was the neatest which has come to the MEDICAL CENTURY office this spring. Indiana, Illinois, Iowa and Kansas also issued very handsome programs. It has got to be quite a fad to publish the photographs of officers of the various associations in the annual programs, making these documents much more expensive than need be. The practice is to be deprecated.

In the "Voice of the People" department of the *Chicago Tribune* the subject of antitoxin in relation to diphtheria has again come to the fore. On May 27 that paper contained an item from Dr. E. M. Hale quoting from the *Medical Record* a statement by the Paris correspondent of the *Cincinnati Lancet-Clinic* to the effect that the enthusiasm manifested last year in antitoxin is already on the wane.

The MEDICAL CENTURY extends its congratulations and felicitations to the venerable Dr. Egbert Guernsey, senior editor of the *New York Medical Times*, upon the celebration of the 50th anniversary of his graduation in medicine. The occasion was celebrated by a banquet given in his honor at the Union League Club, New York, on the evening of May 27, by the medical board of the New York Metropolitan Hospital.

The *American Homeopathist* for June 1 contains a thoroughly sensible editorial protesting against the proposed reduction in the salaries of the secretaries of the American Institute of Homeopathy. In this protest the CENTURY most heartily joins. If the American Institute with its large membership cannot afford to pay its hard worked secretaries reasonable compensation for their meritorious services it had better go out of business.

The journal of the British Homeopathic Society, edited by Dr. Richard Hughes, and published by John Bale & Sons, London, is one of the most practical and acceptable journals published in the interest of homeopathy. It is a quarterly of 96 pages and contains the papers presented before the British Homeopathic Medical Society, together with a summary of pharmacodynamics and therapeutics collated by Dr. Hughes from the homeopathic journals throughout the world.

The Homeopathic Eye, Ear and Throat journal for May contains more than a full page review of the Homeopathic Text-Book of Surgery which is very complimentary to that volume. The closing paragraph is as follows: "Every student in every homeopathic college should possess a copy at once. The illustrations are many and fine and the printer and binder have done the work creditably indeed to themselves and to the promotors of this great homeopathic hand-book of surgery."

The Missouri Valley Homeopathic Association has changed the dates of its next annual meeting to September 1, 2 and 3. The meeting will occur at Omaha at the time the Nebraska State Fair is held and that the Knights of Aksarben hold their annual parade. The holding of the State Fair at the same time guarantees to all who attend the State society a one fare round trip rate which will be appreciated by the doctors in these hard times. Further notice of the meeting of this enterprising association will be given later.

The annual circular of the American Institute of Homeopathy for the session of 1896, to be held at Detroit on June 17, a neat pamphlet of forty pages, has been issued by the general secretary. It contains the material usual to the American Institute's annual program, together with a map of Detroit and a description of the places of interest in and about the city, with general information that will be of value to those who desire to attend. It is regretted that the circular was not issued at earlier date that the essential features of it might have found place in the June journals.

"Homeopathic Therapeutics," a series of introductory lectures to the post-graduate course delivered at the London Homeopathic Hospital during the past winter by Dr. Richard Hughes, of Brighton, England, has been issued by Gould & Son, 59 Moorgate Street, London, England, in pamphlet form, of which a copy has been received at this office. As with all of Dr. Hughes' writings, these lectures are highly entertaining and instructive. The first is titled "The Place of Drugs in Therapeutics;" the second, "The Place of Homeopathy and Drug Therapeutics;" the third, "Homeopathy, Ideal and Actual."

At the recent meeting of the Milwaukee State Homeopathic Medical Society the following officers were elected for the ensuing year: President, Dr. M. L. Huntington, of Darlington; first vice president, Dr. F. B. Stiles, of Sparta; second vice president, Dr. Isaac Buckeridge, of Beloit; recording secretary, Dr. Philip Forsbeck, Milwaukee; corresponding secretary, Dr. Evelyn Hoehne, Milwaukee; treasurer, Dr. E. W. Beebe; censor for three years, Dr. Lewis Sherman. The next meeting will be held in Milwaukee in May of next year. Dr. Harvey Dale, the retiring president, conducted the functions of his office with satisfaction to everybody and credit to himself.

MATERIA MEDICA CONFERENCE.

The following is a complete program of the Materia Medica Conference to be held at Detroit on the 16th and 17th of June.

Opening Session—Tuesday, 16, 3 p. m.

Opening Remarks—By the Chairman, T. F. Allen, M. D., New York.

TOPIC I.

"Has the law of similars ever been unequivocally demonstrated by the deductions from general practice and do we not require its more formal proof by inductive experimental research?"

Essayist—Conrad Wesselhœft, M. D., Boston.

Discussions—By Martin Deschere, M. D., New York; Chas. S. Mack, M. D., Chicago; Chas. Mohr, M. D., Philadelphia; C. W. Butler, M. D., Montclair.

General Five-Minute Discussions—By Chas. W. Eaton, M. D., Des Moines; C. F. Menninger, M. D., Topeka; W. W. Van Baun, M. D., Philadelphia; A. C. Cowperthwaite, M. D., Chicago; Chas. H. Evans, M. D., Chicago; I. T. Talbot, M. D., Boston; T. C. Duncan, M. D., Chicago; B. F. Bailey, M. D., Lincoln, Neb.; G. G. Shelton, M. D., New York; W. B. Hinsdale, M. D., Ann Arbor; P. S. Duff, M. D., Great Belt, Pa., Robert Walter, M. D., Walters Park, Pa.

Second Session—Tuesday, June 16, 8 p. m.

TOPIC II.

"In what particulars have the provings of drugs deviated from the rules laid down by Hahnemann in the Organon, and in what particulars do Hahnemann's rules and directions for proving drugs differ from or fall short of those required by the methods and precautions of modern scientific research?"

Introductory Remarks—T. F. Allen, M. D., New York.

Essayist—Eldridge C. Price, M. D., Baltimore.

Discussions—By M. W. Van Denburg, M. D., Fort Edward, New York; E. H. Porter, M. D., New York; Conrad Wesselhœft, M. D., Boston, George Royal, M. D., Des Moines.

General Five-Minute Discussions—By Pemberton Dudley, M. D., Philadelphia; Martin Deschere, M. D., New York; Millie J. Chapman, M. D., Pittsburg; Ch. Gatchell, M. D., Chicago; H. M. Paine, M. D., West Newton, Mass.; Annie Lowe Geddes, M. D., Glen Ridge, N. J.; Bushrod W. James, M. D., Philadelphia; H. W. Pierson, M. D., Chicago; J. P. Sutherland, M. D., Boston; H. C. Allen, M. D., Chicago; A. C. Cowperthwaite, M. D., Chicago; H. P. Holmes, M. D., Omaha; C. K. Beldin, M. D., Jamaica, L. I.

Third Session—Wednesday, June 17, 10 a. m.

TOPIC III.

"In the search for the Similimum shall we endorse Section 18 of the Organon which says that the totality of the symptoms must be the sole indication to direct us in the choice of a remedy?"

Essayist—Wm. Boericke, M. D., San Francisco.

Discussions—By H. C. Allen, M. D., Chicago; W. J. Hawkes, M. D., Chicago; J. D. Buck, M. D., Cincinnati; L. C. McElwee, M. D., St. Louis.

General Five-Minute Discussion—By J. B. G. Custis, M. D., Washington; J. M. Schley, M. D., New York; C. B. Gilbert, M. D., Washington; Wm. Owens, M. D., Cincinnati; Lamsen Allen, M. D., Worcester, Mass.; J. L. Hanchet, M. D., Sioux City; Edwin M. Hale, M. D., Chicago; A. L. Monroe, M. D., Louisville; E. R. Snader, M. D., Philadelphia; H. W. Pierson, M. D., Chicago; T. P. Wilson, M. D., Cleveland; A. P. Hanchett, M. D., Council Bluffs; E. H. Walcott, M. D., Rochester; A. R. McMichael, M. D., New York.

NEW YORK NEWS-NOTES.

Dr. Rita Dunlevy sailed for Europe on May 30th.

Dr. Wilfred G. Fralick has removed from 745 to 601 Madison Ave.

Dr. Cordelia Campbell has returned to the city and is practicing at 411 West 57th St.

Dr. Abbie H. MacIvor is one of Mayor Strong's appointees as school inspector in her district.

Dr. Edmund Carleton has removed to 62 West 49th St., where his former office hours will be maintained.

The Women's College is taking measures to reorganize its dispensary by the establishment of specialized clinics.

Dr. Geo. G. Shelton will spend three months this summer abroad, leaving Dr. Frederic W. Wall in charge of his practice.

The Flower Surgical Hospital and the New Medical Hospital have received appropriations from the legislature amounting to $12,000 apiece.

The death of Dr. Isabel Werner, of 38 East 4th St., a graduate of the class of 1892 of the New York Medical College for Women, occurred in May last. Dr. Werner had not been in good health since she graduated.

The commencement of the New York Medical College and Hospital for Women was held on May 4th. A class of five received diplomas. Dr. Sidney F. Wilcox was the orator of the occasion. On the evening of May 5th the Alumni Association held its annual dinner at the Hotel Savoy.

Dr. Wm. Tod Helmuth has removed from 299 Madison avenue to 405 Fifth avenue. Upon his return from Europe in the fall Dr. Helmuth will occupy his new location. The trend in New York is "Up Town." Dr. Helmuth's new number is not far from the intersection of Fifth avenue and 42nd street, which is the up town cross Broadway.

The death of Dr. George J. Mirrielees, of Brooklyn, after an illness of six years from blood poisoning, acquired in the practice of his profession, occurred on May 7th. Dr. Mirrielees was the founder of the ambulance service of the Brooklyn Homeopathic Hospital. After long service in the hospital he devoted himself to private surgical practice.

Several changes have been made in the faculty of the New York Homeopathic Medical College. Dr. Wm. S. Pearsall has been appointed to the chair of Physiology, so long filled by Dr. Chas. McDowell. Dr. McDowell is now Professor of Hygiene. Dr. W. W. Blackman has resigned the chair of anatomy, and Dr. Henry B. Minton has been appointed to the full professorship. Dr. J. Perry Seward is made Lecturer on Anatomy. The Governing Faculty of the College will hereafter consist of the twenty-four full professors.

A bill before the legislature makes it a misdemeanor for an ambulance surgeon to refuse to take a person to the hospital when summoned. Opinion is divided as to its wisdom. On the one hand "fake" cases entail much extra and unnecessary work upon the surgeons. Free rides for plain drunks are hard on the surgeon who has to play footman. On the other hand the discretion has not been always well used by the tyro, and his hospital is always abused by the press on such occasions. Most doctors will sympathize with the woes of the ambulance surgeon no matter which way the legislature decides

Notwithstanding the willingness of the class of '97 of the New York Homeopathic Medical College to stifle their disapproval of co-education in behalf of their distressed sisters of the corresponding class in the Woman's College, their chivalry has gone for naught. The faculty has refused permission to the young ladies to matriculate with the men, and thus cheat the new charter of their own institution. Were there no other reasons, the courtesy due the Woman's College would have sufficed to compel this decision. Co-education is still almost as far from realization in New York as before the days of the New Woman.

The famous clinical lectures of Prof. F. E. Doughty, delivered at the New York Homeopathic Medical College, are soon to be published by Boericke & Tafel. They have been reported by Dr. George Parker Holden, and arranged in a unique manner, eminently adapted for practical use. The little work will be entitled "A Practical Working Handbook in the Diagnosis and Treatment of the Diseases of the Genito-Urinary System and Syphilis." All who remember Prof. Doughty's clear, concise, and practical lectures will welcome this book. Dr. Doughty is reviewing the proof sheets, thus ensuring a faithful representation of his views..

Medical men should take an interest in the remarkable display made by the street cleaning department in its parade on May 26th. Already appreciating the great improvement made by Col. Waring in the appearance of the streets, we yet failed to realize the magnitude of the work and the necessary equipment. But the unique march of the white-clad army, taking an hour to pass, impressed the spectator with the conviction that the actual cleaning of four hundred and twenty miles of streets daily is a stupendous task. Its hygienic importance is such that it is our duty to assure ourselves that it never again becomes a political job.

The Flower Surgical Hospital has issued a report of its work for the period from May, 1893, to January, 1896. It emphasizes the benefit resulting from the ambulance service, established in 1893, which of late responds to an average of 111 calls each month. This has necessitated the preparation of an "emergency room" in which many minor operations and preliminary treatments have been administered. Operative cases in the hospital during the eight months last reported have numbered 293, most of them major cases. A rapidly growing surgical dispensary is the latest development. Earnest work and liberal donations of the Woman's Guild are warmly acknowledged.

The Medical Board of the Metropolitan Hospital celebrated the fiftieth anniversary of the graduation of Dr. Egbert Guernsey on May 27th, by giving a banquet in his honor at the Union League Club. Dr. Alfred K. Hills presided, and, on behalf of the Medical Board and the Alumni Association of the hospital, presented Dr. Guernsey with a silver loving cup, suitably inscribed. He alluded to Dr. Guernsey's activity in the organization of the Metropolitan Hospital, and his twenty-one years of faithful, continuous service as president of its medical board.

Dr. Guernsey, in his response, recalled his student days with his preceptor, Valentine Mott. He discussed the relation of Hahnemann's philosophy to the therapeutics of the past, and to the development of the laws of nature, hygiene, antisepsis, etc., that followed it.

Gen. J. R. O'Beirne, commissioner of charities, responded to the toast "The Department of Charities." Regent W. H. Watson spoke to "The University of the State of New York;" Dr. C. L. Bagg represented the Medical Board; Dr. B. G. Carleton spoke for the Alumni. Other toasts were: "The Chief of Staff," Dr. Geo. Taylor Stewart; "The Legal Profession," Hon. Wm. Van Nawce; "Medical Department of the National Guard," Surgeon-General Terry; "New Jersey," Dr. F. B. Mandeville; and "Our Medical Colleges," Dr. Malcolm Leal. Among others present were Drs. H. M. Dearborn, C. C. Boyle, D. D. Stevens, W. N. Guernsey, J. F. Talmage, H. M. Hitchcock, J. B. Garrison, J. A. Carmichael, and Gen. Howard Carroll.

WASHINGTON WHISPERINGS.

Drs. J. B. G. Custis and W. R. King spent Decoration Day in New York.

Dr. H. H. Hawxhurst made a flying visit to New York the last week in May.

Dr. F. D. Lewis, of Buffalo, who has been visiting some of the southern cities, stopped over in Washington on his return home, and attended the June meeting of the medical society.

Since the passage of the bill regulating the practice of medicine in the District of Columbia there has been a rush to the health office for the purpose of registration. There are now 1,244 registered physicians in this city.

At a meeting of the Hospital staff, held May 25, a resolution was adopted recommending to the Board of Trustees of the Hospital the advisability of extending the time to three years for a student to remain in the Training School for Nurses connected with the hospital before graduation.

The absence of Dr. T. L. Macdonald from the Detroit meeting will be very much regretted by his friends. He has been in poor health for two months, and while he is improving he does not feel equal to the task of attending the Institute meeting and taking part in its proceedings. He has completed arrangements to leave Washington about July 10 for a trip to Europe, to be absent two months.

Drs. J. H. McClelland and H. M. Smith were in Washington, June 2d, in the interest of the Hahnemann monument. Together with Dr. J. B. G. Custis they visited the capitol, and after an interview with some of the members of the committee on library, Representative Cummings of New York made a favorable report on a resolution providing for the acceptance by the government of the statue of Samuel Hahnemann.

The National Homeopathic Hospital Training School for Nurses, held its graduating exercises. May 27, at the Assembly Presbyterian Church. The commencement was attended by nearly all the well-known people connected with the hospital, and a number of the prominent homeopathic physicians. The class was addressed by Mr. John Joy Edson, president of the board of trustees; Hon. Charles Lyman and Hon. George Truesdell, district commissioner. The graduates were Elizabeth W. Chase, Rhode Island; Florence D. Doing, Indiana; Ida F. Drake, Virginia; Ida M. Pinkerton, Ohio; Ella Smith, Virginia, and Alice V. Speer, Virginia.

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Practice of Medicine.

MIRACULOUS CURES.

BY M. W. VAN DENBURG, A. M., M. D., FORT EDWARD, NEW YORK.

The Universality of Natural Law.—It seems to have escaped the attention of most who have considered the subject of miraculous cures that they happen according to natural law, the same as any other so-called phenomena.

Natural law is an invariable order of sequence. The why is, in the last analysis, beyond our ken. But the order of sequence is a matter of observation and experiment, and when that order of succession of events has been demonstrated the natural law has been formulated.

Not among the least strange things that have been put forward in the evolution of education is the belief held by many, that there is such a thing as an exception to natural law.

An exception is unthinkable. The same antecedents must produce the same results or the stability of the universe is at an end. With these views clearly in mind, we may examine the causes of miraculous cures by the same method we investigate other phenomena.

Sudden changes of the existing state of health as the result of strong emotions, with accessory mental and moral phenomena attending the production of these emotions,are not uncommon occurrences. The change may be a departure in either direction from the present state, that is, the person may be made sick, or he may be made well; or he may be started on the road to sickness, or on the road to health, by the operation of mental influence.

Psychic Disturbances.—On the sick-making side we may have an almost instantaneous onset of disease, which may rapidly prove fatal. Such an attack may assume almost any form of severe disease, but is particularly prone to adopt the type of any prevailing epidemic. Diphtheria, small-pox, yellow fever, typhoid fever, or any other contagious or infectious disease will often develop rapidly under severe mental impressions, and generally in a dangerous form of the malady. There isscarcely a disease, acute or chronic, that may not be induced and promoted by the influence of extreme mental excitement. Consumption, heart-disease, cancer and liver diseases are not less liable to follow prolonged and constant dread, anxiety, despair, and belief, than acute diseases under similar circumstances. Peritonitis, cystitis, pneumonia, meningitis and like acute diseases are among the common results of severe mental emotions.

Under similar but opposite circumstances cures may be wrought just as instantaneously. It is difficult to see wherein the cure is more miraculous than the induced sickness.

Most people recognize the sick-making power of bad news, of strong spectacular impressions of a horrifying nature, of strong impressions from sight, smell, taste, hearing or touch, or several of these senses combined. Accidents by rail, at sea, in mines, or in large factories, where immense force is brought into play and terrific results ensue, especially when sight and hearing are reinforced by sickening odors, are often powerful sick-making factors. So too does the rapid spread of a communicable disease, when havoc and death rapidly follow; the terror of a community has almost or quite as much to do with the progress of an epidemic of this sort as the infection itself.

The sensation of a poisonous snake crawling over some part of the naked body, the sudden startling effects of a supposed horror, the hearing of sounds that a vivid imagination conjures into supernatural effects, great convulsions of nature by cyclone, thunder, lightning and hail, earthquakes, fire beyond control, floods and land-slides, all things tending to produce terror, awe, despair, and such intense mental impressions, may result in almost instant sickness, and even death, and that too where no previous organic disease or abnormal condition was present. On the other hand, while most people recognize the healthful effects of pleasant and elevating emotions, few seem to realize how these experienced in an extreme degree may result in the sudden cure of existing maladies.

Conditions for Miraculous Cures.—I will now attempt to point out some of the conditions for sudden cure of disease, first examining more closely the condition under which sudden sickness may occur, for sickness and recovery are correlative terms.

In the sick-making sphere a highly excitable and impressionable nature is the fundamental requirement. Sudden results cannot be expected in a phlegmatic, unimpressionable temperament; neither will they occur in a person of strong self-control and stable mental balance. It seldom happens that a well trained, educated mind loses self-control so completely that a perfect panic ensues. In a panic dependence on the animal instincts for instantaneous self-preservation takes the place of reason and judgment. Hence in highly excitable natures education and training tend to render panic-sickness impossible, or to greatly modify its pernicious effects.

In sudden cures the same general principles hold true.

An indispensable condition to mental or miraculous cure is an extremely sensitive, excitable, impressionable nature. The phlegmatic, the self-balanced, the educated, reasoning and reasonable mind will seek in vain from now till doomsday for faith-cure, or miraculous healing. Stability of character, reliability and habitual self-control are impassable stumbling blocks to that panicky self-abandonment, that unreasoning and unreasonable exercise of the emotions necessary to miraculous cures. The second indispensable requirement for miraculous cure is also like the second requirement for miraculous sickness. It is sufficient stimulus to arouse the naturally highly sensitive nature to the extremest pitch of emotional excitement.

The more thoroughly this is accomplished the more easily and completely will the cure be wrought.

It is not necessary that the person should shout and dance and sing, though he often does; he may restrain most of the outward signs of emotion. But like the victim of yellow fever panic who says little but is filled with an inexpressible dread as a forerunner of the attack, and whom the sudden onset of increased excitement surely prostrates, so the subject of miraculous cure may have passed weeks in anticipation and preparation, the consummation of which is the extraordinary excitement induced by some relic, some awe-inspiring personality, or some critical circumstance.

Elation in an extreme degree is capable of healing under circumstances where depression and despair would suddenly develop disease.

Hopefulness is a part of elation; faith is another part—for if one does not believe the desirable thing is possible how can he be elated? Courage is another element for sudden cure, and an indispensable one; it is the opposite of discouragement, that most potent ally of sickness.

A strong effort of the will is still another necessity. To abandon all will-action in extremely unfavorable circumstances, to yield up all opposition like a wilted leaf, is to invite the direst results of disease. To rise up courageously, hopefully, and in strong faith put forth a supreme effort of the will, is to render miraculous cure not only possible, but an accomplished fact. But what is there more miraculous in the cure than in the sickness, except that the sick-making results of strong emotions are more frequently observed than their healing power.

Possibilities.—Finally, I desire to call attention to the probability of this method of cure ever becoming popular, or very successful. The class of people most likely to be benefited by this method are the credulous and the ignorant. Credulity and ignorance are equally powerful factors in disease. If they dispose to faith without a reasonable basis they also dispose to despair in a like unreasonable manner.

The emotional nature is put under restraint by education, and reason takes the place of impulse. Hence, in the educated classes, hopefulness becomes a moderate quantity, based upon reason; elation is suppressed and its more subdued alter ego, enthusiasm, is curbed in a great degree. Courage is stolid and undemonstrative, and faith becomes a matter of mathematical calculation of chances. To the modern, philosophical mind, cure through the mental sphere is a process of slow improvement, and at best but an adjuvant to other means.

Occasionally a shrine, or a hypnotist, or a religious enthusiast may afford genuine cures under the conditions pointed out. But the age of this sort of miracles is doomed to fade away. When all have ceased to be credulous and ignorant there will not be left sufficient ground upon which to build any more miraculous cures, and very slight ground for miraculous sickness.

STUDY OF DISEASE AND THERAPEUTICS.

BY HARA NATH BASA, M. D., CALCUTTA, INDIA.

Physiology and Pathology.—Life has been defined by Dunham as "a series of oscillations within physiological limits." Disease is a transformation of the physiological functions wrought by the action of general stimuli in living organisms. In order to study disease, an intimate acquaintance with physiology and pathology—the two most important branches of the science and art of medicine—is indispensably necessary. The practitioner who does not possess a sufficient acquaintance with these two branches of knowledge is not well-read in medical science.

Physiology is a study of the composition, structure and functions of the tissues and organs as they exist in the human body in a healthy condition; whilst pathology deals with the morbid phenomena noticed in the human body which are apparently deviations from the healthy state, and treats of the various changes which are associated with diseasees. The etiology and symptomatology of disease may be regarded as two subdivisions of pathology. To demonstrate the importance of physiology and pathology in diagnosis let us take one example:

In tracing the cause of an epileptiform convulsion a physician was struck with the idea that it might have been due to some physical irritation of the nervous centers or modifications of vital functions. The treatment of a case like this depends upon its pathology. In the particular case in question a physical examination revealed that the patient had long ago received a gun-shot wound in the thigh and it was ascertained that the convulsion was of a reflex nature resulting from some injury to the nerve of the lower extremity. Accordingly, on the removal of the bullet, by operation, from a branch of the sciatic nerve the convulsion ceased.

Dunham remarked—"In this case the physician's knowledge of pathology enabled him to discriminate between the varieties of convulsions and their proximate causes; his acquaintance with physiology familiarized him with the phenomena of reflex nervous action and enabled him to detect the seat of the irritation, and finally his dexterity in practical surgery placed it in his power to cure the patient of a dreadful malady."

It is clear from this how necessary and useful are physiology and pathology in the diagnosis of a disease. It now remains for us to describe the therapeutics of disease and to discuss the comparative merits of the two systems of treatment—allopathic and homeopathic—with a view to ascertain which of them is rational and likely to yield successful results.

Hygiene and Therapeutics.—These are the two principal agents in the management of disease. A knowledge of hygiene enables a good many bodily ailments to be successfully treated without recourse to medicine. But when by a judicious application of the hygienic law the abnormal state of the health cannot be fully or properly rectified a different course must be adopted; for in that case the organism requires some new agent under a new law to restore the healthy condition of the system. This new law constitutes the law of therapeutics.

Therapeutics is the most broad and comprehensive term in the science of medicine and the "keystone to the homeopathic arch," whose scope lies in the application of special stimuli to diseased organisms. But before coming to the question of homeopathic therapeutics let us see how we differ on this point from the allopath and how often he is led astray by fallacious and unscientific prescriptions. The astute scholars of the old school boast of the rationality of their practice and the cure of diseases by the removal of their causes through the help of therapeutics. Such an opinion is, indeed, very vague and unsound, as the curative power of medicines is generally unknown and the nature and origin of diseases are always dynamic. The administration of a host of medicines mixed up together is an ostentatious practice repugnant to nature and unscientific in character. Our opinion on this point is borne out by Mercus Herz, who says in *Hufeland's Journal:* "We prefer associating several of the medicines together and count upon their community of action, or from our uncertainty as to whose action is the most suitable, for the case in question, we throw together a number of different substances and almost leave it to chance to effect the end we have in view by means of one of them." In studying a prescription we see that there is a main remedy whose action is most marked and certain other remedies which are subordinate to it and which are known as helpers. So we see that in the allopathic system the cure of a disease depends upon a mode of treatment which though allopathic in appearance still recognizes one of the three characteristics of homeopathy, viz., the administration of one remedy at a time, and allopathy attempts to approximate this by making one remedy a "chief" remedy.

In fact, allopathy is a mischievous practice which becomes a quack better than a scientific physician. Its strong and severe palliatives of unknown virtue have often done infinite harm. Patients drugged by them are not infrequently thrown into incurable medicinal maladies and are sometimes brought to the verge of death. I know of a patient drugged by *Quinine* who fell a victim to tuberculosis. Another patient became deaf by its misuse and never recovered. But it is superfluous to multiply instances, for every homeopathic physician must have come across scores, aye, hundreds of cases like the above, in which a misdirected medical art had done more harm than good. To play with human life in such a manner is indeed a cruel and monstrous practice. Had not God sent that deliverer with his vast store of knowledge and experience to discover the law of similia at a time when allopathy was running rampant and death was staring the sufferer in the face in consequence of the misuse of medicines, drug disease would have become an epidemic in the world and thousands of lives would have passed away under its pernicious influence. Fortunately for man Hahnemann's new discovery became known in a short time in almost all parts of the world. Its spread was due to the miraculous cures which took the place of the maltreatment by the old school doctors. It was at first customary with most people to give a trial to homeopathy as a last resort; but true science triumphed even in extreme cases. Blinded by their own faith and prejudiced against the new discovery of Hahnemann the stubborn adherents of the old school would not believe in the new system till they saw its well-tried, unalloyed and non-irritating remedies acting with singularly salutary effects in the system, and bringing round patients declared by them to be hopelessly beyond the resources of their art.

It is for this reason that shortly after its discovery homeopathy was declared to be a real healing art by many of its formidable opponents, and numbers of people took to it as the most rational and efficacious of all the medical systems.

Application of Homeopathy's Therapeutics. To resume the thread of our own subject, the application of homeopathic therapeutics is a difficult thing. The success of homeopathy depends upon a proper selection of remedies. The use of the therapeutic law should be made in a manner different from the application of the general principle, that is, the theory of generalization which deals with the common phenomena of causes and does not take cognizance of their peculiarities. Therapeutics should be based on the theory of individualization—the most broad and comprehensive theory of disease, embracing all the peculiar symptoms of phenomena of each individual case. The individualization theory was the cardinal teaching and the inductive principle of Hahnemann. Hering justly said; "If our school ever gives up the strict inductive method of Hahnemann we are lost and deserve only to be mentioned as a caricature in the history of medicine."

But Hahnemann's theory is not recognized by the allopaths. They prescribe on general principles. Suppose an old school physician is called upon to treat a case of neuralgia and nervous debility. He will at first apply his stethoscope to the patient's chest for a few seconds and mutter to himself "Action of the heart greatly increased." He will next inquire about the condition of the patient's bowels and, next, whether headache is present or not. In this way he will pass over the long range of symptoms in the twinkling of an eye and end up roundly, "Nervous debility. I will give a good tonic which will shortly bring the patient 'round." But his tonic—which contains excellent remedies, such as *Strychnine, Bromide, Nux vomica,* etc., instead of doing any good to the patient aggravates his symptoms and brings on him new diseases.

What would a homeopath do in this case? He will enter into the details of the case and take every symptom presented by the patient as his therapeutic guide. He will not be satisfied with a mere physical examination of the chest—he will study minutely the mental condition of the patient, and even the very complexion of the skin of the patient will serve him much in the selection of a remedy. A general statement of head symptoms will be of no use to him. He will inquire about the character, location, aggravation, amelioration and various other peculiarities of headache. And, last of all, upon the totality of symptoms will depend his selection of a remedy. A medicine selected and administered on this principle will act with a salutary effect on the system instead of injuring or upsetting it.

It should be clear from this that medicines ought to be administered on the method of individualization. It is said by competent authorities that "the more perfect the similimum the surer the cure." To attain to the perfection of similimum we are sometimes obliged to take into consideration symptoms apart from the pathology of diseases. Allen gives in his "Intermittent Fever" the case of a child who was suffering from an attack of ague and who derived no benefit from several medicines that were administered to him. At last it was found that the child was crying for eggs. That peculiar symptom yielded to *Calcarea,* which effected a speedy cure. Examples of this kind are not rare in homeopathy. Symptoms overlooked or recklessly abandoned by our rational observers of the old school are readily accepted by us and serve us well in the field of therapeutics.

All these reasons have led me to advocate the cause of homeopathy. I crave of my readers that they will give a few minutes to the perusal of these lines, encourage me with their sympathy, take an unceasing interest in the system of our master, and abjure all faith in such science as is still enveloped in doubt and uncertainty.

5 Raghu Nath Chatterjus St., Calcutta.

PRACTICAL BACTERIOLOGY.

BY EMMET L. SMITH, M. D., CHICAGO.

Nature and Importance.—Bacteria belong to the vegetable kingdom and they are of the smallest kind. Bacteriology is the science of these micro-organisms. They have a life-history of their own. They grow, die or lie dormant under certain conditions. Some are harmless (non-pathogenic) and some are poisonous (pathogenic) and again some are benefactors. Bacteria are nature's scavengers. They reduce the debris to gases and mineral matter. The latter fertilizes the soil around the plant which absorbs the gases.

The analogy in the vegetable kingdom between the microscopical and the plants of the field is quite marked. The gardener knows that certain plants grow under certain conditions, as suitable soil, temperature and cultivation. All of these laws are followed in the laboratory. Some plants are edible and some are poisonous, corresponding to the bacterial products in food and the pathogenic bacteria. The plants have their alkaloids to correspond to the toxins; the seeds are likened to the spores.

The physician is interested in bacteriology in so far as it concerns his work. That it does concern his work is being demonstrated every day, and the sooner each medical man can demonstrate these micro-organisms in disease—even if by very limited methods—the more satisfactory he will be to himself and his patients. To those who care anything for an accurate diagnosis bacteriology is an essential part of their work. The investigations of the bacteriological laboratory have made it necessary to revise the standard text-books, and the understanding of bacteriology throws much light on medicine and surgery.

Methods have been simplified, instruments are much cheaper than formerly, and to one possessing a desire for this work and who will follow it up with study and ingenuity the results will be entirely satisfactory. It will be the function of this paper to call attention to some practical applications of this science. The small expense necessary for such an outfit will be amply repaid in the satisfaction the results bring to the doctor as well as the patient.

The bacteriological science as now understood is not old. Many can remember when it was first brought to notice. The prognosis of this new departure in medicine was unfavorable—especially when made by those who follow traditional pathology. Instead of being a thing of the past, however, the science of the laboratory has been on the increase and its practical benefits to humanity are many.

Governmental Application.—The science of bacteriology as practically applied by the national, state and city governments, has already lessened the mortality in the major as well as the minor plagues. Dairies are being regularly inspected in order that they may not be the means of spreading tuberculosis, diphtheria, typhoid or scarlet fever. It is no uncommon condition to find an epidemic develop in a community supplied by a dairy where there is such infection. All of these conditions can be demonstrated by the physicians who will follow the ordinary methods used, without the elaborate technique of the best equipped laboratories.

Danger Increased in Cities.—The city presents many difficulties to the surgeon that are not presented to those who practice outside of the crowded districts. In the city, with its crowded humanity, there is also found a multiplicity of pathogenic germs. The sputum from the tubercular patient is expectorated around promiscuously, the pus discharges are thrown where convenient, these, as well as many others, being ground in the dust and blown about, thus greatly increasing the chances of infection. Another great danger in the city is that families move so often. This month there may be a case of erysipelas in the family bed-room, and next month there may be a new family occupying the place and the physician may be called to attend a case of confinement in the same room. There certainly should be some legislation that would prevent such hazardous occurrences.

A wound, though it be very small, will throw out an exudate of blood serum which is a typical soil for many pathogenic bacteria. Many such cases are presented to the surgeon in an infected condition. Some get along with a small amount of attention, and others require persistent attention. Bacteriology demonstrates that staphylococci are found in circumscribed suppuration and streptococci in spreading inflammation.

Specific Urethritis.—The gonococcus of Neisser is without doubt the origin of specific urethral discharge. It is constantly present in the true gonorrhea and very often in endometritis, salpingitis, and oöphoritis. So long as the gonococcus is found in the urethral discharge there is danger of spreading the contagion. The patient may be apparently cured, but from some over-indulgence the discharge may be renewed. The bacteriological examination will show whether this is the specific or a non-specific discharge. The non-specific urethritis may be due to the bacilli coli communis and the staphylococcus pyogenes, which may come from mechanical or chemical injury, leucorrhea, menstruation, cancerous or other pelvic disease. From a social standpoint the examination is of the greatest importance to prevent infection and to protect the honor of the patient's family.

Tuberculosis.—In pulmonary tuberculosis the bacteriological examination of the sputum usually detects the tubercular bacilli before the clinical expert can demonstrate the physical signs of the disease. Formerly the detection of elastic fibers in the suspected sputum was of primary importance, but now since the demonstrations of the tubercular bacilli the elastic fibers occupy a place of secondary importance. In suspicious cases with negative results the diagnosis should not be made upon one examination, but should include several examinations, extending over a long period of time. The detection of tubercular bacilli in a suppurating orchitis, an enlarged gland, an inflamed joint, as well as in any other condition where there is a liability of tubercular infection, is of vast importance in making the diagnosis, prognosis and in directing the treatment.

Bacteria and Immunity.—Bacteria, or the spores, are abundant, and they may get into the blood current by the air we breathe, by infected food, or by infecting a wound. Thus, suppurative knee-joint may be produced from the breaking up of old adhesions or suppuration in an inflamed gland.

Nature has a protection for our bodies. In this there are two prominent theories:

1st.—Metchnikoff's bactericidal properties of the phagocytes, that is, the theory that the leucocytes take up and digest the micro-organisms.

2nd.—Nuttall's normal germicidal properties of the blood-serum.

Bacteriology has solved many problems, but there remain at the present time some unsolved problems. But this unsolved part should not be the mote that prevents us from seeing and taking advantage of that which has been proven.

The advent (in our time) of Lister's antiseptic surgery, bacteriology and Röntgen's rays open up possibilities never before dreamed of, and make it possible for medicine and surgery to reach that goal where they can be truly called a science as well as an art.

Materia Medica.

CLINICAL VERIFICATIONS.

BY NANCY I. WILLIAMS, M. D., AUGUSTA, MAINE.

Case I.—A woman of 60 years applied to me for relief for a smarting, burning and itching of her lower limb. It was so severe as to banish sleep and distract her from her household duties. She was short and stout and her expression was one of long continued suffering. The limbs were much smaller than in health, the skin was drawn tightly over the bones and was of a dark purplish color, varying to a deep red, and shiny as if varnished. It appeared as if this shrivelling and color had come from long continued bandaging. In many places the skin was broken down, forming ulcers with irregular edges. Numerous eruptions, large and small, were scattered about. This condition was chiefly confined to the anterior portion yet extended well posteriorly. From these broken down surfaces a sticky, watery fluid was constantly oozing. Homeopathic treatment had been employed for two years but little relief had been obtained and that only of short duration. *Rhus tox.* 200th was prescribed and in six weeks the itching and burning, as well as the smarting, had ceased, the ulceration had healed and the cure seemed complete. About a year after this the itching, burning and smarting began again, but *Rhus tox.* speedily ended it. It did not go on to ulceration, and since that time there have been no recurrences.

Case II.—A second case was sent to me several months afterwards, a man of about the same age. The same condition of shrivelling and the varnished appearance were present, as the bandaging in this case had been very persistent. Where the skin was intact he complained of the smarting, burning and itching. There was the same form of ulcerations with a watery fluid exuding therefrom. *Rhus tox* was prescribed, and although the cure was longer in coming it came at last and without any other remedy. He had formerly used all kinds of medicines internally and applications externally.

Case III.—In the cases of two women, one aged 58 and the other 40 (the latter being of the allopathic faith), from repeated attacks of phlegmasia alba doleus after confinement there was extensive ulceration of the legs. *Pulsatilla* 2x cured promptly. The ulceration was very extensive and the patients were confined to the house. There was in each case much burning and itching. Taking into consideration the cause of the trouble and the appearance of the ulcers *Pulsatilla* was chosen and it cured, even while the patients continued their usual occupations. No external applications except cold water compresses.

Case IV.—During an epidemic of malignant and fatal pneumonia five patients had died and the sixth had been in a comatose condition for about nine hours when I saw her. The physician in attendance had given *Bryonia, Arsenicum, Aconitum, Nux vomica, Pulsatilla,* in fact, almost every remedy he could think of. He had not called in any other physician of the town in this case, for the reason that they had been unable to save any of the others. One dose of *Lachesis,* 200th, was given and in one-half hour brought the woman out of the comatose condition. She had only two more doses of *Lachesis* and made a speedy recovery. The menses, which were suppressed at the beginning of the disease, reappeared as recovery went on, but were watery and muddy in color. A few doses of *Macrotin,* 200th, cleared up these symptoms.

Case V.—Several cases of granular eyelids, not confined to the edges of the lids, have been cured with *Natrum muriaticum,* 12x.

Gynecology.

THE RELATION OF CONSTIPATION TO PELVIC DISORDERS IN YOUNG WOMEN.

BY HENRY E. FRANCK, B. A., M. D., COLUMBUS, OHIO.

Importance.—In selecting the above subject I was not unmindful of its difficulties, but like many other old and hackneyed subjects it grows in interest as time and science advance. Since the etiology and pathology of pelvic visceral reflexes have become better understood a rational and more satisfactory method of treatment has resulted.

Intractability.—Constipation of prolonged standing gives cause to a chain of symptoms easily recognized by an acute physician, and I am safe in the assertion that a condition of this kind is one of the most difficult to remove. The term itself is of varying significance among women. Some understand by it a difficult movement, even though it occurs every day and at the regular time. Another woman would not call herself constipated even though she did not have an evacuation for two or three days, provided that it occurred then without the use of medicine. Still another considers that her bowels act naturally even if she is obliged to use some artificial means every day, provided such means are effectual.

The patient consults the physician for the relief of secondary or resulting conditions and symptoms, because the habit of continued constipation is generally the result of careless disregard of physiological functions and is entirely lost sight of by the patient as a possible cause of ill-health and physical discomfort. It is said and well said that the frequency of constipation in women, young and otherwise, is proverbial. Habit in no small degree controls every function of the body, and especially defecation. If nature's commands are ignored, she soon ceases to give them.—(Wood.)

Etiology.—The causes of constipation are varied and arise frequently in childhood from faulty diet, dress and neglect of elimination. At the time of puberty, also, when the transition from girlhood to womanhood gives rise to faulty nutrition and consequent relaxation of all the body tissues, constipation is a frequent attendant. Sedentary habits to which so many of our girls are subjected, confinement in ill ventilated rooms, in shops and factories, tight clothing, with high pressure modes of life, neglect of daily and regular retirement will at this time of the young girl's life establish the habit of constipation fatal to her future health and comfort. These and other causes which might be stated have their effects whose symptomatology leads us to the various pelvic disorders. Many of the symptoms point to pelvic disease; pain in the top and back of the head, pain in the back, a feeling of weight in the limbs, dysmenorrhea and leucorrhea, subjecting the young patient to local treatment when what is needed is a changed mode of dress and life, with the relief of constipation. That constipation is a most active factor in the production of pelvic disease in women is very evident; for, where endocervicitis and even retroversion exist rapid improvement is made as soon as constipation is relieved.

Secondary Disorders.—Many are the ailments and disorders arising as a result of constipation: Anemia, red spongy gums, greasy and coarse skin, acne, offensive breath, chronic pharyngitis, nasopharyngeal catarrhs and rheumatic pains exist singly or together, and where they do so co-exist pelvic disorders are rarely absent in women who have reached the ages of between 18 and 30 years.

Pelvic disease results from constipation through pressure. In due time there is a sensory paralysis of the mucous membrane of the rectum, and the feces accumulate in large quantities without exciting the involuntary mechanism; as a consequence the hardened feces give rise to fissures or hemorrhoids, and when pain becomes a factor defecation is postponed as long as possible. The overfilled and distended sigmoid flexure and rectum press upon bloodvessels, nerves and muscles, exerting direct and reflex influences upon the functional activities of the whole economy. The left ovary and broad ligament, with their nerves and bloodvessels, come more directly under the influence of mechanical disturbances, hence left ovarian tenderness and pain are more frequent than right. Pressure produces dysmenorrhea by increasing the normal congestion of menstruation to a pathological congestion—and consequent hyperesthesia of the pelvic nerves—and by displacements. Such abnormal congestion is never wholly cleared away even by the normal pelvic circulation, and disease of the endometrium, in part (endocervicitis) or complete (endometritis), is the result.

Constipation can aid the establishment of ovarian and uterine disease and displacements indirectly, through the malnutrition and consequent weakening of the tissues incident to poor elimination of waste products. Once the uterine supports are weakened the proper relations of the pelvic visceræ are destroyed, and the weight and pressure of the intestinal loops, distended or empty, will serve to fix the displaced uterus and ovaries in their abnormal position. The uterus, having a marked faculty of reaction upon the cerebro-spinal system, causes a train of distressing symptoms, and when associated with artificial modes of life and surroundings, together with inherited strumous or neurotic tendencies, a crippled motherhood and physical ruin are certain.

Diagnosis.—The sigmoid flexure, with loops of small intestines, may give rise to confusion and mistakes in the diagnosis of pelvic disease. If we consider the development and adult anatomy of the intestine we cannot dismiss the idea that anomalies and displacements of its various sections occur. What I believe to be of quite frequent occurrence is confusion arising from the sigmoid flexure. In making an examination per vaginam it can be readily felt if behind the uterus, and when empty is more difficult to recognize than when filled. It is well worth our while to consider for a moment the anatomical relations and development of this section of the intestinal tract. The sigmoid flexure of the colon, situated in the left iliac fossa, consists of a double bending of the intestine upon itself in the form of the letter S, immediately before it becomes continuous with the rectum at the margin of the pelvis, opposite to the left sacro-iliac articulation.

It is attached by a distinct meso-colon to the iliac fossa and is very movable, falling into the pelvis when the bladder is empty. It is placed immediately behind the anterior wall of the abdomen, and is separated from the uterus by some convolutions of the small intestine. Of the development of the sigmoid flexure we learn that "the larger intestine of the fetus at birth is comparatively longer than that of the adult. In the infant it is always nearly three times the length of the entire body; in the adult it is but twice the length of the body," and, "as the ascending colon is very short, and the transverse is not long, the principal part of the excessive length falls upon the sigmoid flexure," with a length varying from eight to thirty centimeters (Jacobi). This length gives rise to several convolutions instead of the simple sigmoid flexure. Its position also varies from left to right. One author says in one case in six it is on the right side; another claims twenty-five per cent. Opinions, however, differ greatly, though Jacobi says his own experience has taught him to look on the right side of infants for the flexure.

What has this to do with adult conditions? It may have much to do with them. With the wide variances in length and position in infancy it seems more than reasonable to assume that corresponding variances exist in adults. Constipation will aid this flexure, if in a perfectly healthy normal condition as to length and position, to seek the pelvic cavity. Constant constipation will not only dilate the viscus, but will drag it down, stretching its meso-colon.

The laxness of fiber so often found in women suffering from pelvic inflammations and constipation is an additional factor in the prolapsing. It may fall behind the uterus, and when a variation as to length and position is present, it will be felt at the median line or in the right side. It may fall in the front of the uterus, with other loops of small intestine, and hold the retroverted uterus securely in the hollow of the sacrum by means of its superincumbent weight.

Adhesions may be and are frequently diagnosticated, and laparotomy, when made, proves their non-existence, the exploring finger of the operator having very likely disturbed the relations of the dependent loops, and thus lost to sight the possible cause of the mistake.

Treatment.—Good common sense is the factor par excellence to determine the treatment. A judicious diagnosis will almost always yield a very favorable prognosis. I believe too much stress is laid by our homeopathic confreres upon the indicated remedy and not enough upon the palliative or prophylactic treatment. Time and space do not permit me to enter into a more detailed method of treatment, besides our numerous later works pertaining to this subject offer all that is requisite from a therapeutic and preventive point of view for the relief and possible cure of pelvic disorders in young women.

"The Ruggery."

Neurology.

ANATOMICAL AND PATHOLOGICAL FEATURES OF PARALYSIS AGITANS.

BY H. V. HALBERT, M. D., CHICAGO.

The occult features of every disease are understood by the anatomical study of their cause and effect. Every symptom which gives an expression of a physiological error must be known by the lesion which creates it. Every diagnosis and prognosis must rest upon the knowledge of a pathological condition. As health is a sign of functional perfection so disease is a premonition of something wrong, and when we seek the solution of any derangement we naturally consider the structural arrangement. Anatomy comprehends the component parts of the physical mechanism; physiology refers to the functional law; while pathology explains the deviations of disease which relate to both.

As yet no science is perfect enough to cure without the aid of diagnosis, and no Röntgen ray is strong enough to tell us all without the aid of these collateral branches. Particularly is this true from a neurological standpoint; for here we are obliged to contend with the insidious and mysterious symptoms which are not found in other forms of disease.

Paralysis agitans is not only an occult chronic disease but it is characterized by a peculiar tremor, the gradual development of muscular rigidity and its attendant weakness. All of this points to a rapid and advancing senility which, if not arrested, terminates in an incapacity akin to paralysis. For that reason it is called a trembling palsy, for it creeps upon the patient unawares, and before the serious complication is understood the hope of recovery may be gone. To realize this the following statements may aid our investigations:

* * *

Peripheral sensations and the local knowledge and desires of a part are conveyed into the posterior cord segment. Here the sensory cells form an idea of the requirements of that part of the body and convey them, in the form of an impulse, to the motor cells of the cord. By these an innervation is created which imparts the necessary muscular action. Thus the reflex and automatic motor apparatus fulfills the physiological demands necessary for functional activity. While this is, in a sense, an independent action, it is regulated and maintained by the brain inhibition and creative power. As these, if left to their natural tendency, work in perfect harmony, motion exists for the physical welfare and without any interruption except from the mind.

The moment, however, that peripheral conduction is prevented by any involvment of the sensory fibres, or the cells of the reflex arc are impaired, or when the afferent sensations do not reach the brain through their fibre tracts, then the automatic act is interrupted and the brain innervation is not perfect. That means a spasticity in the local muscular function which, not reaching a stage of spasm, is recognized by a fine tremor.

* * *

Our first deduction, then, is to the effect that the tremor of paralysis agitans must begin in a peripheral neuritis.

The causes which incite this pertain to those influences which come from without, and are properly termed exciting causes. Thus anything which produces an excessive stimulation of the nerves which pass to the central sensory cells may be a primal factor which creates the disease.

Exposure to heat or cold, traumatism or shock may alike bring this about. Inflammation of the nerve sheath is then the first characteristic sign, and neuralgia, sciatica, rheumatism and particularly rheumatoid arthritis must be looked after for the damage which they do. This is a self-evident proof that infllmmatory invasions which assail the nervous system follow the function of the fibers they involve.

The localized congestions which come from any of these conditions, therefore, are instrumental in the development of sclerotic changes in the sensory cells, and when this status exists for any length of time, the conduction necessary for the proper reflex action is lost and tremor takes the place of normal reaction. Disturbance of one part of the afferent system soon pervades dependent parts, and a tremor which is localized at first rapidly extends to the higher centers, until a general palsy exists. This tremor is intentional because the voluntary impulse which is necessary for action must summon to its aid the powerful energy and inhibition of the brain. This overcomes the vibratory weakness and gives a temporary quietude to the muscles involved.

A perfect understanding, then, of the first symptom of paralysis agitans gives a clinical proof that the disease is not central in its primary stages and that the application of any treatment must consider the superficial inflammatory invasion. It, moreover, teaches the necessity of attending to any incipient neuralgia as a possible cause of the later nervous lesion.

* * *

Muscular rigidity is the next progressive characteristic. While a tremor denotes a peripheral involvement, rigidity defines the first pathological change in the reflex arc and the central cord cells. It illustrates the effect of an inflammatory exudate pressing upon the motor cells. The flexors of the arms and legs are chiefly affected, because this is always observed in a condition of spasticity. This muscular stiffness soon retards the natural movements, because the spastic flexors and the weakened extensors take away the coördinating certainty. The patient hesitates long before the initial movement is made, because the cord-coördination needs the help of the brain deliberation. When he once starts he cannot always stop at will, owing to the unusual motor propulsion.

The static position resembles the attitude of an old man with the flexed limbs, the bent back and the shuffling gait. Along with this we notice the general rigidity of all the muscular flexor groups, and with all a peculiar stoical facial immobility not observed in any other disease. Associated with this are mental features which simulate the same slowness of cell action.

* * *

Thus it is observed that the disease in question is one which presents its characteristic features in a progressive form. Starting as it does from a lower spinal segment, its morbid process is manifest, by degrees, along the cord and into the brain itself. These manifestations pertain to the motor side of the cord, but, as it is previously stated as a physiological fact that nervous lesions progress in accordance with the function of a fibre tract, we cannot call this a motor development. The explanation rests, then, upon the theory that a peripheral neuritis, with an inflammatory history like this, affects the sensory gray matter first and finally implicates the motor cells through the reflex arc. While the pathological features are known by its motor symptoms, the progression of the disease refers to the posterior part of the cord.

* * *

The next mandatory treatment concerns the motor cells, while the protection of the cord-continuity and the suppression of the advancing degeneration relates to the sensory mechanism. As an apparent disease, then, it is a motor infirmity, while the complications regard the conduction towards the brain.

A similar neurotic induration seems to affect the cranial nerve centers, and particularly those of the medulla. This illustrates a sensory progression until a motor nucleus is reached, and then the paretic result is manifest. Through the hypo-glossal we notice a slowness in the action of the tongue muscles. The words come with a hesitation and there is a marked deliberation in starting a sentence. Through the motor nucleus of the vagus we notice the high pitched and senile voice, the labored breathing and the irregular heart inhibition. In the same way we account for the similar ocular effects from the spasticity of muscles supplied by the third nerve.

The pathological perversion does not stop here, for along the ultimate ramifications of the fillet we soon see the same incapacity of the motor brain. More than this, it affects the associate fibres and soon the mind partakes of the functional halt analogous to the hesitation in the gait.

* * *

The foregoing anatomical resumé explains the rapid advance of a pathological status which follows the sensory tract and disturbs a muscular tonicity. It is not a paralysis nor is its lesion traced to a specific nerve dissolution. In effect, however, it is fully as bad, for it supplants a normal coördination and resembles in time a complete paralysis. It takes away the true innervation of a healthy nervous mechanism and substitutes a decrepit weakness of old age. In every respect it resembles the strength of youth gradually transformed into premature senility. It is physical existence without the vigor of life. It is a depletion of muscular ability which leads to a tardy death.

The pronounced weakness, the vaso-motor symptoms of heat, pain and atrophy are incident to the trophic degeneration which comes from any systematic disease of this character. They are a part of the general debility and only serve to show how far an inflammatory invasion may pervade the vital part of the spinal cord.

If the pathologist were asked to indicate a method of procedure against this insidious disease he would suggest the importance of the primary symptom. This refers to the neuralgic expression, of a local character, from which the final complication develops. It comprehends the local neuritis which induces the systematic disease. If this is carefully watched and the cause of irritation is removed the ultimate cord involvement will be obviated It matters not whether it concerns a local treatment or the application of the indicated remedy. Anything which will check the cell destruction will thwart the invasion of the degenerative development. For that reason the anatomical study is of unusual importance.

Associations.

HOMEOPATHIC MEDICAL SOCIETY OF CHICAGO.

June Meeting.—The June meeting of the Homeopathic Medical Society of Chicago was held on the evening of June 11. The subjects for discussion were "Tuberculosis," by Dr. J. P. Cobb; and the "Medical Treatment of Appendicitis," by Dr. J. S. Mitchell. In the absence of Dr. Cobb his paper was read by Dr. Chas. Adams.

Tuberculosis — Etiology and Immunity.— In his paper the author gave the views of the closest students of etiology and pathology, proclaiming it his conviction that tuberculosis is not an inherited disease, but an affection acquired by direct infection largely from the breath and sputa of consumptives. He is fully convinced, however, that there is an hereditary tendency from parents to offspring, clinical experience going to show that the offspring of consumptive parents are more liable to the development of phthisis or other form of tuberculosis manifestation than are those whose parents were rugged. The author pointed out the fact that subjects in perfect good health are particularly liable to infection by means of the bacillus tuberculosis distributed in the air by means of dust. Chambermaids in sanatoriums devoted to consumptive patients and other employees of such institutions are especially prone to infection, as are, also, members of a family in which there is a consumptive invalid. The difficulty in determining whether the disease be an hereditary one or not in children and young subjects is especially pronounced, owing to the fact that such children may be born in perfect good health only to be early and continually exposed to infection from the afflicted parent. The paper pointed out that the most successful treatment that can be directed against the development of tuberculosis in subjects predisposed, because of the existence of the disease in their genealogy, lies in the direction of supportive diet and proper climatic and hygienic surroundings.

DISCUSSION.

Dr. T. C. Duncan is of the opinion that the paper presented the latest accepted views of the profession in relation to the etiology of this disease. He spoke especially upon the value of climatic treatment, dwelling upon the benefits of out-door exercise and the breathing of pure air by those predisposed to phthisis.

Dr. W. J. Hawkes coincided with the views of the paper as to the predisposing conditions and the cause of tuberculosis, especially in young subjects. He spoke particularly upon the question of climate, to which he has given no little consideration, and was emphatic in the opinion that children predisposed to phthisis, by virtue of belonging to a consumptive family, should be given the benefit of warm, dry air. He believes that the confining of human beings in dark, damp rooms and workshops and in unwholesome atmosphere, favors the development of phthisis in those by heredity so predisposed. In the matter of medication it was Dr. Hawkes' opinion that the deep-acting homeopathic remedies afford the best possible safeguards against the development of consumption and particularly the overcoming of the tendency to its development.

Dr. Chas. Gatchell referred to the difficulty of differentiating between acquired and hereditary manifestations of tuberculosis owing to the exceedingly great tendency of young subjects to become infected from tuberculous parents. He called attention to the fact that Louis had reported but ten cases out of a very large number observed in which he was in doubt as to the condition being acquired. While Flagge was equally clear in his conviction that tuberculosis is an acquired and not an hereditary disease, he admitted that perhaps in nearly one-half of the cases submitted it was difficult to present proof that would be accepted in substantiation of his position.

Dr. A. G. Beebe could hardly agree with some of the speakers in relation to the absolute settlement of the question of etiology. He had recently had two cases of local tuberculosis. One subject had a tuberculous abscess of the scalp, and the other of the glands of the neck. In neither case was he able to trace direct infection, and to his mind it is often very difficult to bring one's self to believe that there has been a direct infection of the subject by the tuberculosis bacilli. There can be no doubt but that in many cases there has been ample opportunity for direct infection. On the other hand, he believes it to be true that in a great many cases met with in daily practice it will be found exceedingly difficult to explain the development of local tuberculosis, especially in those coming under the classification of surgical tuberculosis, to be dependent upon infection of the system by tubercular bacilli from without.

Dr. C. E. Fisher spoke especially upon the influence of climate in overcoming the predisposition toward tuberculosis. In his own instance he had a direct family history from the grand-parents on the paternal side which augured badly. A residence of eighteen years in the southwest had, he believed, overcome whatever of tendency existed in his own system toward tuberculosis, and he had witnessed a large number of like results under suitable climatic conditions. He spoke particularly against the idea of inherited tuberculosis, calling attention to the fact that in every instance now recalled children born of tuberculous mothers were free from evidence of tuberculosis at the time of birth and for months and even years thereafter. In a number of instances children apparently perfectly healthy had, however, developed the tuberculous state, evidently from direct infection from the parent, not through means of their sustenance, but by breathing an atmosphere surcharged with bacilli exhaled by the mother. He commended the paper as an exceedingly careful presentation of the latest and best thought of students in etiology and infection.

Dr. J. S. Mitchell commended Dr. Cobb's paper as being an unusually succinct presentation of the causes of and the predisposition to tuberculosis, agreeing with several of the speakers as to the difficulty of differentiation. He believed that the best method of prevention of the development of tuberculosis in subjects endangered by virtue of hereditary predisposition lies in proper hygienic surroundings at home, out door exercise and suitable climatic influences.

Medical Treatment of Appendicitis.—Prof. J. S. Mitchell read an exhaustive paper upon this topic, covering the experiences of thirty-one years, in which he warmly supported the opinions of Dr. St. Clair Smith, New York, and Dr. McArtney, as given in a recent number of the *Medical Record*, to the effect that appendicitis is in a large majority of cases fully amenable to medical measures. His early cases were classified as typhlitis, peri-typhlitis, inflammation of the bowels, etc., but in the light of present differential diagnostics he is able to take from his note books ninety-three cases of appendicitis treated medically without one fatal case. The author of the paper relies chiefly upon *Belladonna* in the catarrhal and recurring cases, and upon *Arsenicum* when the conditions point to sepsis. The right-sided pain, the colicky symptoms, the increase in temperature, the distension, all indicate *Belladonna*, while the chills, the hectic symptoms, the diarrhea, when this is present, the restlessness, etc., indicate *Arsenicum*. Other remedies will be useful in numerous cases, but on *Belladonna* and *Arsenicum* he places chief reliance.

Heat, externally, is usually grateful and beneficial. He has no use for the rubber coil and cold applications in appendicitis. Nor has he had to rely upon hypodermics. Occasionally he has resorted to opium by means of the rectum, and also to laudanum applications on the abdomen. If the case points clearly to abscess or perforation he would immediately call a skilled surgeon to operate. But the indiscriminate operating of the present day is not justifiable, and the cry that every appendical pain demands the knife is sheer nonsense.

DISCUSSION.

Dr. Hawkes supported Dr. Mitchell's views as to the value of medication, and especially as to the value of *Belladonna*. He had demonstrated times without number its ability to relieve pain in the right iliac region. The spasmodic character of the appendical pain in a good share of cases, the heat, the distension, the sharpness of the pain, all call for *Belladonna*. He also coincided with the author of the paper in the preference for heat over cold. He had not resorted to opiates and did not believe them often necessary if care be exercised in selecting the homeopathic remedy. He wished to add his protest to that of Dr. Mitchell against the indiscriminate use of the knife in real and supposed appendicitis. He had cured many, many cases with remedies.

Dr. T. C. Duncan had found *Bryonia* to be the remedy of remedies for appendicitis and allied conditions. Its affinity for serous membranes proved its applicability in all such states.

Dr. A. G. Beebe agreed with the author of the paper in most that had been presented, but he had found *Mercurius corrosivus* the most often indicated remedy and had had most excellent results from its use. He formerly used *Mercurius solubilis* but now relies largely upon the sublimate in appendicitis and similar inflammations of the intestines.

Dr. Chas. Gatchell supported the paper in the views presented and stated that he had had cases recover completely in which he had even gone so far as to send for the surgeon. He gave one instance in which he believed the patient had escaped an operation and perhaps death because the surgeon sent for was slow in responding.

Dr. Charles Adams analyzed the subject somewhat carefully from the surgeon's viewpoint. He believed that fifteen to twenty per cent. of all cases of appendicitis actually demand surgical aid. Of these nearly all will die if left to themselves, whereas, if operated upon at suitable stage nearly all or quite all will recover. Fulminating appendicitis is a violently dangerous affection. We should not be deceived by confusing the simple catarrhal variety, nearly all cases of which get well in themselves, with the fulminating form, nearly all of which die if left alone, and most of which die anyway, to the surgeon's blame though not justly to his discredit.

Dr. C. E. Fisher thought there was room and place in the domain of appendicitis for both surgeon and physician. He was especially glad to hear so able a paper and to learn from Dr. Mitchell that he had been so successful in combatting those conditions which are now recognized as appendicitis but which formerly were bunched under a number of diagnostic distinctions. The chief difficulty lies in the making of a diagnosis and in the determining of the time and cases in which the knife is really called for. He was especially glad to have this paper presented before this society as a refutation of the thought that every appendix is a smouldering volcano, and decried the fact that it has come to be the boast of novices in the profession that they have been called upon to perform appendectomies by the hundreds. Graveyards are being populated and the surgical profession brought into disrepute by the promiscuous work of the appendical surgeon—so called. He cited the experiences of Dr. St. Clair Smith, New York, of which he had personal knowledge, and other illustrative cases, to show that often where the most competent surgeons had demanded operation recovery had followed without. On the other hand, he felt sure there is much need for surgery in suited cases and thought that while there should be warnings not to operate when unnecessary it is equally important not to allow surgical measures to go unavailed of in suited cases.

Election of Officers.— The following officers were chosen for the ensuing year: President, Chas. Gatchell, M. D.; vice-presidents, Julia Holmes Smith, M. D., W. J. Hawkes, M. D.; secretary, Emmet L. Smith, M. D.; treasurer, L. N. Grosvenor, M. D.; legislative committee, Drs. J. S. Mitchell, A. K. Crawford, C. E. Fisher, A. C. Cowperthwaite, T. C. Duncan, H. P. Skiles and J. J. Thompson.

The next meeting of the society will be held on the second Thursday of September.

MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY.

REPORTED BY H. O. SPALDING, BOSTON.

Eighteenth Semi-Annual Meeting. — The eighteenth semi-annual meeting of the Massachusetts Surgical and Gynecological Society was held at Tremont Temple, Boston, on Wednesday, June 10. After the routine opening of the business session, the following new members were elected: I. T. Talbot, M. D., Boston; J. W. Clapp, M. D., Boston; Willard A. Paul, M. D.; Arthur E. Perkins, M. D., Attleboro; S. B. Elliot, M. D.; Boston; J. P. Putnam, M. D., East Boston; C. D. G. Mack, M. D., East Boston.

Dr. F. W. Halsey reported for the committee on revision of the constitution and by-laws. The chief change was that of having the name changed to "The New England Association of Physicians and Surgeons." Action will not be taken until the annual meeting in December.

Dr. F. W. Elliott read an address in memory of Leslie A. Phillips, M. D., who was one of the founders, promoters and a past president of the society, and had been for many years its secretary and a leading spirit in all matters pertaining to its welfare. Dr. O. S. Saunders also paid glowing tribute to the memory of Dr. Phillips.

Ulceration of the Rectum—Dr. F. W. Halsey read a paper on "Ulceration of the Rectum." The author divided ulcerations of the rectum into five classes, according to cause, Traumatic, Tubercular, Catarrhal, Dysenteric and Syphilitic. The tubercular exists far more often than is generally supposed and often, very often, is found co-existent with tuberculosis of the lungs. The dysenteric is an acute condition seldom becoming chronic. The catarrhal rarely attacks more than the mucous coat and the syphilitic is more or less rare. The symptoms are not very pronounced and the condition is apt to escape notice unless carefully searched for. The treatment was divided into two methods, the one necessitating confinement in bed, the other permitting the patient to be up and about. The former had proved more successful, for rest is essential to the rapid, perfect cure. The method of operating is to have the patient anesthetized; after thorough cleansing of the rectum with water and mercurial solution, 1-2000, lightly curette the sore, cauterize with carbolic, wash and dress with gauze.

Early Secondary Repair of the Perineum.— Dr. A. H. Powers presented a paper on "Early Secondary Repair of the Perineum," which aroused a very general and spirited discussion. He advocated that if the primary operation prove unsuccessful the second attempt at repair be made about a week or ten days after delivery. His reasons for operating then were that if the patients were to get up and be about in fair health they would delay the secondary operation too long, often until they had become invalids; secondly, subinvolution is more frequent if the repair is delayed; thirdly, any aches or pains to which the woman was liable before laceration are referred to the last injury if they recur afterwards and then there is dissatisfaction with the surgeon and operation if they are not cured; fourthly, the woman already being in bed it is much easier to keep her there a few days longer than to induce her to go back after she is once up and around; lastly, it is an aid to subinvolution when that condition exists. The operation is essentially a cleaning and curetting away of the granulations and the careful approximation of the denuded surfaces by deep and superficial sutures.

The counter-indications are three: cancer of genitals, advanced tuberculosis, and sepsis. The last being the most to be considered, for with the pus flowing down over the wound the tissues are liable to become infected and softened thus permitting the tissues to tear out very readily.

In opening the discussion, Dr. G. H. Earl thought that the general condition of the woman was an important factor among the counter-indications. He did not think one week after delivery the most favorable time, but that the operation could be done to advantage six weeks or two months after the operation. The following atrophy of the parts is often of as much importance as the immediate injury and tearing.

Dr. F. W. Elliott reported a case of laceration of the third degree where the sphincter ani was completely torn. Here was a case where primary operation failed. Early secondary operation, as advocated in the paper just read, also failed, but after a year and a half, during which time there was constant incontinence, another operation was made, without loss of tissue, and followed by complete success.

Dr. Powers replied that as a rule, in his experience, the early secondary operation had been successful, and when it had failed it was due to softening of the tissues.

Dr. Earl thought that if, in long labor, the forceps were applied earlier, before the perineum had become edematous, the chances for good primary union would be increased because of the firmer condition of the tissues. In answer to a question Dr. Earl said that he meant by early use of the forceps the immediate application of them as soon as it was seen that the head failed to advance or recede with the pains.

Dr. G. F. Martin, of Lowell, brought up the question of lochial discharge. If the perineum can be immediately repaired there is nothing in the lochial discharge to infect the wound, but a week later the lochial discharge is the product of a slough, is an offensive fluid, which readily finds its way into the bottom of the freshened wound and results in infection; therefore it seems better to wait till complete subinvolution.

Specialist and General Practitioner.—Dr. G. R. Southwick offered a very entertaining and timely paper on "The Relation of the Specialist to the General Practitioner." He brought up the fact that with the higher grade of medical education which prevails today the general practitioner often does the work formerly belonging to the specialist. He also entered a strong plea in favor of specialization along the lines of surgery, encouraging specialists in the different branches of surgery. This paper awoke much pertinent and pithy discussion along the lines of honesty between the specialist and general practitioner, particularly in cases where the specialist is also in general practice, and where the physician has made a mistaken diagnosis and is "thrown down too hard" by the specialist.

Hypertrophy of the Third Tonsil.—Dr. G. B. Rice had a very concise yet complete paper on "Hypertrophy of the Third Tonsil," "an experience paper" the author called it. After a hurried review of the general aspects of the disease, the symptoms and diagnosis, the treatment was taken up. He had found it of doubtful advantage to depend entirely on remedies and ignore operative means, yet on the other hand constitutional and indicated remedies were almost a necessary adjunct to the operative measures. In the operation he used ether as an anesthetic and had the patient on the right side with the head low. Dr. Rice had found the curette much better than the forceps, and more thorough than the fingernail. Recurrence is not usual but may be found if the work is not thoroughly done.

Dr. T. M. Strong, in opening the discussion, fully concurred in the use of the curette and held that operation is the only satisfactory line of treatment.

Dr. Joseph Chase, Jr., spoke of the great necessity for practitioners to recognize this prevalent trouble at an early age. He preferred the curette and the patient on the side.

Dr. N. H. Houghton wished to accentuate the use of an anesthetic, for without it it was impossible to operate thoroughly.

Clinical Case in Surgery.—The last paper of the afternoon was the report of a case by Dr. N. R. Perkins, of Northampton, Mass. It was a case of fractured femur in a rachitic child of tubercular parentage, which was treated with plaster of paris dressing with what was supposed to be remarkably good results, but, for some reason, a suit for malpractice was brought against Dr. Perkins and Dr. N. W. Emerson, who was called in consultation. When it was seen that the doctors would fight the case the family endeavored to withdraw it but they were forced to bring the case to trial with the result that the doctors won easily. They had called as experts Drs. Maurice Richardson and Bolles, of the Harvard Medical School, who gave very strong evidence that the results were most excellent. Dr. Perkins also quoted from the transactions of the American Surgical Association to show that the result was perfect according to the concensus of opinion on the part of some of the leading surgeons in the country.

The discussion on this paper consisted of the relating of personal reminiscences and experiences under similar conditions and some discussion relative to the use of extension and weight in cases of fractured femur.

BOSTON HOMEOPATHIC MEDICAL SOCIETY.

REPORTED BY H. O. SPALDING.

Ruptured Tubal Pregnancy.—At the scientific session Dr. Packard, on June 4, contributed an interesting specimen of a "Ruptured Tubal Pregnancy." The history of the case was briefly as follows: Patient 28 years of age, married eleven months; last period March 11. During April had a slight flow with shreddy material discharged; in May a similar condition obtained with abdominal pain above the navel. About the 20th of May she had a collapse, following upon which was pain in the head for eight days. A couple of days later she had another fainting attack and pain. Dr. Packard had the patient removed to the hospital and on May 30 operated. He found the left tube enlarged and ruptured at the upper segment, the debris having escaped into the peritoneal cavity; a number of bloodvessels had been ruptured and the abdomen seemed full of blood. These vessels were ligated and while sponging out the abdomen the patient collapsed; the pulse could not be felt, the breathing was weak and at long intervals. A vein in the arm was opened and three pints of warm (98°) saline immediately injected. The pulse soon became stronger and the breathing so much better that the operation was completed, both tubes and ovaries being removed. At the time of the meeting the case was convalescing with every prospect of a speedy recovery.

New Rectal Douche.—Dr. H. E. Spalding presented to the meeting a rectal douche which he had devised and found to work very well. The essential feature was an escape pipe or tube which carried the injection away from the patient and bed if desired.

Tuberculosis of Children.—Sarah S. Windsor, M. D., chairman of the section on Diseases of Children, now took charge of the meeting. The special subject chosen for the evening's discussion was tuberculosis in children. The first paper on the program was "The Recognition of Tuberculosis in Children," by H. C. Clapp, M. D., but owing to the absence of Dr. Clapp the second paper was presented at once. Mr. F. F. Strong, a student doing special work at the college and hospital, had for his subject, "Microscopical Technique of Sputum Examination."

Effect of X Rays on Bacilli.—At the beginning Mr. Strong diverged somewhat from his chosen topic and spoke of the X rays with which he has experimented. In regard to the report of a Chicago professor who claims to have destroyed the bacilli of tuberculosis by exposure to the X ray the speaker thought it a questionable result, for experiments at Harvard and the Massachusetts Institute of Technology had shown that the bacteria flourish under the influence of the light from a Crooke's tube and, further, owing to the nature and formation of the X ray, which was explained at length, Mr. Strong claimed that we have been more or less exposed to X rays all our lives and yet the bacilli seem to flourish. With the aid of the stereopticon some pictures of the human hand and small animals, exposed to the cathode rays, were thrown upon the screen. Then was given an exhibition of some Geossler tubes and a Crooke's tube showing the peculiar purple light of the X ray.

In regard to sputum examination Mr. Strong showed an electric centrifuge which he had devised and which was soon to be put on the market by Otis Clapp & Son. It is very simple, comparatively inexpensive and gives excellent results. The examination of sputum for bacilli is not a difficult procedure, but many methods are advocated and it remains for the examiner to choose some one method and master that one. The speaker uses one with Fuschin and Methyl blue stains. It is necessary to examine at least seven slides before giving a negative report.

Treatment of Tuberculous Children.—Dr. Kate C. Mudge, of Salem, presented the next paper on the "Treatment of Tuberculous Children." The first step in the treatment is prophylactic by avoiding catarrh as much as possible, upholding and sustaining the vitality and system, careful nursing in all acute diseases, diet, Pasteurised milk. The injection of blood from a healthy brother or sister was looked upon as of doubtful benefit. Fresh air treatment and cod liver oil were not forgotten, especially in the treatment of the mesenteric variety.

In the discussion Dr. Earl first spoke of tuberculosis of joints and bones, where he had found it a rare thing for a case to go badly under a treatment of rest and immobilization.

The question of aseptolin treatment was raised and in response several cases were cited some showing good results, some no benefit and others injury. On the whole the results had been somewhat disappointing.

Dr. Colby wished to accentuate Mr. Strong's statement of the necessity of examining a number of slides and he gave a case in point where he had found the bacilli present in but two slides out of seven.

WASHINGTON HOMEOPATHIC MEDICAL SOCIETY.

BY R. KINGSMAN, M. D., WASHINGTON.

The regular monthly meeting of the medical society was held at the Ebbitt house Tuesday evening, June 2d, the president, Dr. S. S. Stearns in the chair. This being the last meeting of the society until September, there was a large attendance and considerable business was disposed of.

Drs. J. B. G. Custis and W. R. King were elected delegates to represent the society at the meeting of the American Institute.

Dr. J. R. Stearns, a son of Dr. S. S. Stearns, and a graduate of this year's class at Hahnemann College, Philadelphia, and Dr. W. R. Andrews of Rockville, Md., were elected to membership.

A resolution was adopted inviting the American Institute of Homeopathy to hold its meeting in Washington at any time it may be ready to dedicate the monument to Hahnemann.

Examining Board Nominees.—In compliance with the law just enacted, governing the practice of medicine in the District of Columbia, requiring that within fifteen days from the passage of the law each medical society shall furnish to the district commissioners the names of ten members of such society, from which the names of five members shall be selected to constitute the board for said society, nominations were made as follows: Drs. J. B. G. Custis, W. F. Corey, F. A. Gardner, Ralph Jenkins, W. R. King, R. Kingsman, T. L. Macdonald, S. S. Stearns, L. B. Swormstedt, and Z. B. Babbitt.

Resolutions of Respect.—The following resolutions, relative to Dr. Moffatt, were adopted:

WHEREAS, On April 25, 1896, Dr. S. S. Moffatt, a member of the Homeopathic Medical Society of the District of Columbia, came to an untimely and sudden death by being run over by a cable car; and

WHEREAS, Dr. Moffatt was for many years an active member of this society, a careful and competent physician, a kind and genial companion, generous and sympathetic in his professional relations, and one capable of doing much good in the community in which he lived; therefore, be it

Resolved, That we mourn his death, and extend to his family our heartfelt sympathy in their bereavement, and bid them look for consolation unto Him who gives rest to the weary and heals the wounds of hearts lacerated by the angel of death. Be it further

Resolved, That this be spread upon the minutes of this society, and a copy be forwarded to the family of the deceased.

G. W. N. CUSTIS, M. D.,
I. W. DENNISON, M. D.,
R. KINGSMAN, M. D.,
Committee.

Bureau of Electricity.—This bureau, Dr. F. A. Gardner, chairman, made its report at this meeting, and was one of the most interesting bureau reports of the season. It proved to the satisfaction of every one present that our homeopathic physicians are far advanced in the use of electricity as a therapeutic agent.

Dr. R. Munson spoke of the rapid growth of electro-therapeutics, and its usefulness in many nervous conditions. By it many gynecological cases can be cured; excellent results are obtained in spasmodic diseases, and as a general tonic it cannot be equalled.

Dr. Z. B. Babbitt gave a detailed description of the construction of different batteries, and said that Englemann, of St. Louis, discovered that the secondary coil of a Faradic differs greatly in its effects according to the length and size of the wire of which it is constructed. When it is desired to relieve pain the coil should be constructed of a long fine wire, No. 34 or 36, and 1,500 to 2,000 feet long; on the other hand, if we wish to produce active stimulation of voluntary or involuntary muscles we should use a short thick wire, No. 12 or 15. The short wire will greatly aggravate pain, while the fine wire will fail to stimulate contractions. He had seen the most intense neuralgias relieved almost immediately with the fine wire Faradic current; had seen subinvolution yield to the coarse wire Faradic current when everything else had failed; pelvic adhesion disappear under the influence of the negative pole of the galvanic current, the current ranging from 25 to 75 milliampères; and obstinate constipation absolutely cured by stimulation of the rectal walls with coarse Faradic electricity.

Fecal Incontinence.—Dr. J. H. Bronson reported a case of fecal incontinence treated by electricity, while he was resident physician at the National Homeopathic Hospital. When admitted to the hospital the boy was nine years old, but at the age of seven he had fallen over the stair banisters into the hall below, a distance of eight or ten feet, knocking out two teeth and probably producing some concussion. He seemed to recover from this in every respect except as regards the fecal incontinence, which existed ever since the fall; he had no control of the bowel at all; could not recognize any desire for a movement; his clothes were continually soiled, causing such an unpleasant odor that he could not go to school or be away from home. He had been under old school treatment without any benefit. After admission to the hospital applications of the Faradic current were made twice daily for two weeks, then once daily for one week longer. One ounce of normal salt solution was injected into the rectum before each application. The platinum electrode was placed in the rectum and the sponge electrode over the sacrum. A moderate current was used five to eight minutes each time. He had the usual general diet, except prunes or laxative fruits, and was given boiled milk several times daily during the first week. Improvement began after the first six treatments and continued steadily until at the end of the third week, when the child could go to the closet and have a normal stool once or twice daily. He was discharged cured and has attended school all winter, and his mother reports no further trouble from the bowels. He had no medicine at any time while in the hospital.

Clinical Cases.—Dr. Gardner reported clinical cases as follows:

CASE I.—Woman, age 45, pruritus vulva, had it for eighteen months, resisted all kinds of treatment; commenced with Galvanic current, positive pole over abdomen and negative pole in vagina, using the vaginal hydro-electric electrode; about four quarts of a hot solution of salt (very strong) was placed in a fountain syringe and attached to the vaginal electrode and passed into vagina carrying current of about twenty milliampères, one application a week, and four treatments in all, resulting in a cure.

CASE II.—Woman, aged 45, married, four children; has been flowing three weeks out of four for five months, much reduced in flesh and strength; the uterus measured four inches; my diagnosis was small interstitial fibroid. Galvanism was given, large pad over the abdomen attached to negative pole, positive was attached to an intra-uterine electrode of platinum, current of 125 milliampères twice a week for two months, and once a week for one month; at end of that time menstruation was normal and uterus measured three and a half inches; patient said she was quite well.

CASE III.—Man, age 26, paralysis of sphincter vesicle following a multiple neurits, constant dribbling of urine necessitating use of some receptacle. After it had lasted about six weeks commenced the use of Galvanic current; as the urethra was very sensitive was unable to use the urethral electrode so the current was passed from the pubic bone to the perineum, ten milliampères for ten minutes twice daily; this was continued for six weeks resulting in complete cure.

CASE IV.—Woman, age 21, pregnant three months, had been vomiting for four weeks constantly, could retain nothing upon the stomach, not even a teaspoonful of water, and was reduced to a skeleton; began treatment with Galvanic current; a bifurcated cord attached to the positive pole was placed over the pneumogastric nerve just above the clavicle, the negative pole over the stomach, a current of ten milliampères for ten minutes; after the first treatment went several hours without vomiting and retained a little nourishment; at end of a week, after taking one treatment daily, could retain three good meals every day, and vomited only a little when first rising in the morning.

WISCONSIN STATE MEETING.

The annual meeting of the Wisconsin State Society was held at Milwaukee, May 26, 27 and 28th. The session was well attended and interesting throughout. There have been meetings of this society when more papers were presented, but none characterized by brighter discussions or a more pleasant and sociable time.

The Wisconsin society is now largely made up of young men, but this meeting was made glad by the presence of some of the veterans. The only two now living of the society's charter members, Dr. T. J. Patchen of Fond du Lac and Dr. H. B. Dale of Oshkosh, were in attendance. Dr. Patchen, a snowy-haired veteran of seventy-eight years, was introduced by President Harvey Dale—who is Dr. Patchen's great nephew—as a pioneer in the homeopathic profession, one whom all the younger men are pleased to honor, and to whom all Wisconsin homeopathists look up with respect and gratitude. The old doctor responded with a few happy and timely remarks, and was given a hearty welcome. Dr. H. B. Dale, the other charter member present, is the father of President Harvey Dale. He was an active member of the society in its early days, and its president in 1878–9.

The Chicago contingent was quite large and, as usual, lively. Those present included Drs. W. A. Dunn, C. E. Fisher, C. J. Swan, C. H. Vilas, G. F. Shears, C. G. Fellows, N. B. Delamater, E. H. Pratt, R. Ludlam and B. S. Arnulphy. Our big city brethren are not afraid to talk, and we "bucolics" are always ready to listen to them.

A notable feature of the meeting was the discussion on appendicitis, which of course had its day. Another interesting discussion was that concerning what constitutes homeopathy and the totality of the symptoms, in which many of the greater and lesser lights took part. Dr. Patchen ably defended the methods and the homeopathy of Hahnemann as against the pseudo-homeopathic measures so prevalent today.

Following the president's address on Wednesday evening a banquet was held in the Plankinton house dining room. Under the inspiration of the hour many timely and happy remarks were made, and a generally pleasant time was had. A notable feature of the occasion was the presence of Dr. A. J. Burgess of Milwaukee, a prominent "regular" physician of that city, who not only broke bread with his homeopathic brethren, but responded to a toast on "The Other Side of the Medical Question."

The officers of the society for next year are as follows: President, Dr. M. L. Huntington, Darlington; first vice-president, Dr. F. P. Stiles, Sparta; second vice-president, Dr. I. Buckeridge, Beloit; recording secretary, Dr. Philip H. Forsbeck, Milwaukee; corresponding secretary, Dr. Evelyn Hoehne, Milwaukee; treasurer, Dr. E. W. Beebe, Milwaukee. Dr. Lewis Sherman was re-appointed necrologist. Drs. S. J. Martin and L. Sherman were appointed delegates to the American Institute. Chairmen of bureaus were appointed as follows: Materia medica, I. Buckeridge, Beloit; surgery, I. O. Sutherland, Janesville; gynecology, R. K. Paine, Manitowoc; ophthalmology and otology, E. W. Beebe, Milwaukee; clinical medicine, A. G. Leland, Whitewater; pedology, N. A. Pennoyer, Kenosha.

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Correspondence.

MONTREAL NEWS-LETTER.

Distressingly Healthy.--Homeopathically speaking Montreal is well and gaining in strength notwithstanding the serious epidemic of robust health which seems to have invaded the city. This statement is only partially correct and refers mainly to the doctor's private practice, as the free clinics at the outdoor department of the hospital are steadily growing since the separate dispensary has been abolished.

Hospital and Dispensary City.—Probably no city on the continent has proportionately as large a number of so called pauper patients as Montreal, owing doubtless to the reputation of the men in charge of the various clinics and dispensaries, but mostly due to the rivalry between the hospitals. Last year the Montreal General Hospital had over 30,000 patients of this class at their outdoor clinics. The attendance at the Royal Victoria will average nearly 700 patients per week, or between 30,000 and 35,000 annually. The other hospitals of the city which have outdoor departments (this is the name used here to designate what are usually known as free dispensaries), are Notre Dame, Hotel Dieu, Western, Samaritan, Hospice Gamelin, and a host of others connected with religious institutions, in addition to the Montreal Dispensary established in 1852.

The dispensary business seems to be a fad in this city with doctors who are not connected with the larger institutions; each one, or several in combination, having private ones ostensibly for the free treatment of the poor, but to all intents and purposes as a means of advertisement, which is strictly according to the code.

Homeopathic Hospital Opening.—The opening of the new wing of the Montreal Homeopathic Hospital was a grand success, financially and socially, the inspection of the building furnishing, in connection with a unique doll show and afternoon tea, a pleasant surprise for the many visitors. The handsomely furnished private rooms met with universal approval and were considered by some as being specially arranged as a means of temptation for occupants.

The new building is a handsome three-story and basement brick structure in the rear of the older part and fronting on Burnside Place. In the basement are the coal and store rooms, with boilers, etc., room for post mortem examinations, disinfecting chamber, with stairway leading to the isolation room, where infectious cases which may develop after admission to hospital are taken care of, and the various rooms and closets pertaining to a modern hospital; the whole of the floor is of concrete. The first story contains the dispensary and offices of the hospital. There are two consultation and examining rooms, a laboratory, office, drug room, house doctor's apartments, main entrance and vestibule, corridor and elevator entrance, and large waiting room, finished in oak, with table in center on which are illustrated papers, magazines, etc., making it look, except for size, more like a doctor's private waiting room than the orthodox dispensary model.

The second story is devoted to private rooms, furnished by friends of the hospital, and which are not equalled by any hospital rooms in the city. Homeopathy is a synonym for neatness, precision and the best of everything obtainable. On this floor are the private baths and closets, the main corridor with door leading to sun gallery, with its potted plants, etc. The lady superintendent's quarters are also on this floor, her sitting room, bed room, etc. One of the ward kitchens for the preparation of extras and night meals for private patients adjoins the light shaft on this floor. Among others may be noticed a pink room, a white room, and the handsome Phillips' room, finished by the leading decorator of the province.

The third story contains male surgical and medical wards, closets, baths, gallery for convalescents, room for dressing surgical cases, and the operating room, which is second to none in the country. There is ample light furnished from side windows and sky light, and there is absolutely nothing in the room that a microbe can hang to. The floor is of copper, which comes upon the wall about six inches, brazed and water tight; on this is laid two inches of concrete; three glass shelves on iron brackets and a porcelain sink constitute the fixed furnishings. All the operating furniture is of iron and glass and no instruments or appurtenances are allowed in the room save such as are required for the operation in hand. No cases are dressed in this room after the primary dressing at close of operation. Instruments and dressings etc., are kept in glass cases in a separate room on this floor. This floor also contains the Phillips' Children's Ward. The building is lighted with gas throughout and wired for electric lights, heated by steam, fitted with every imaginable sort of closets and presses, has a ward kitchen on each floor, has elevators, bells, and abundance of good air and light.

This partially describes the new part of the Montreal Homeopathic Hospital, which new addition brings the capacity up to about fifty patients and the cost approximately $20,000, there being practically no indebtedness. This is the reply of Montreal homeopaths who were asked by the dean of McGill's faculty when they sought admission to the wards of the General Hospital scarcely two years ago, "Why don't you get a hospital of your own?" This is the result of one and a half years' work, starting without a dollar, and is a wonderful tribute to the persevering energy and genius of Montreal's leading homeopathic physician and they who stayed his hands. This is Montreal's monument to Hahnemann, dedicated this centennial year, one of the prominent milestones of the path towards the light.

Arthur D. Patton, M. D.

Montreal, Canada.

LETTER FROM LOUISVILLE.

Homeopathic Progress.—It has been a long time since the CENTURY received a letter from Louisville, the last one having been lost in the budget of "copy" that disappeared in the mail. Your correspondent has been so involved in college, hospital, state society, Institute and journal work of his own in a modest way the last twelve months that he has been practically *hors de combat*.

But Louisville is too busy a homeopathic precinct not to be heard from occasionally. We do not believe there is a city in the United States where homeopathy has made the strides it has made here since the hospital fight one year ago. A member of the Board of Safety said to the writer only yesterday: "I am surprised every day to find how many people employ homeopathy and have employed it for years. Before your hospital fight made homeopathy a household word all over the city the people who employed it were not altogether certain that it was to their credit, but since you have gotten into the City Hospital I meet people every day who say, 'Why, I employ homeopathy myself.'" The patrons of homeopathy in Louisville are no longer ashamed to talk about it among their friends and the tide is turning our way.

Hospital Success.—We have been in the City Hospital just one year, and during that time not a single one of the difficulties which were predicted by our allopathic friends has arisen. There has not been the slightest friction among the resident or visiting staffs during all that time. The homeopathic and allopathic internes room together and bed together and are as good friends as brothers. The homeopathic and allopathic visiting staffs come in contact every day in the wards and shake hands like men of the same faith. The allopaths seem to have gracefully accepted the situation at last.

Our admission to the City Hospital was so bitterly and so unfairly fought by the allopaths that it made friends for us even among their own patrons who do not believe in homeopathy. We made such a fair and manly fight ourselves that ever since we have been in a position to ask for anything we want in connection with the City Hospital and we receive it forthwith.

Some two years ago the allopaths made a terrible fuss over a colored woman whom we tried to move from our own college hospital to the City Hospital. She was refused admission, and we were bitterly censured for what was called our inhumanity—until the facts were finally made public. Only a few days ago an exactly similar case occurred; this time the patient was sent to the City Hospital from the Kentucky College Hospital, and the patient, being No. 5, was handed over to us—to die. Remembering how we had been treated under exactly similar circumstances we decided to be men about the matter and say nothing. But the Board of Safety heard about it and immediately ordered the patient removed into the Hospital College ward.

College Influence.—The "Southwestern College" was the opening wedge, as it was only on account of the college that we were able to break into the City Hospital.

The Southwestern has prospered beyond our most sanguine expectations, and we look forward to a still more prosperous year in the term of '96–97. Our third annual commencement was held April 2d, when our first own class of six students was graduated.

A College Decapitated.—The Board of Public Safety created a sensation among the physicians the other day by announcing that hereafter the Kentucky School of Medicine would not be admitted to membership on the staff of physicians and surgeons to visit the City Hospital. When a new staff was appointed for the years 1896–97 the Kentucky School of Medicine was not recognized and physicians from this school were ignored for cause. A member of the Board of Safety gave the reason for the action to be the fact that the Kentucky School of Medicine had not lived up to its agreement with the city. It is the custom, he said, for each school to have the privilege of appointing an interne at the hospital for a year. This interne is given board and washing free and has the run of the entire hospital. In return for this privilege it is expected that each college shall purchase from the hospital a certain number of tickets at $5.00 each for students who are expected to attend the hospital clinics. It is claimed the Kentucky School of Medicine should have purchased at least one hundred tickets last year, but it only bought and paid for eight or ten. The other schools of medicine who were given privileges in the institution purchased their full quota of tickets.

This means that the Southwestern will in future have every fourth instead of every fifth patient as heretofore.

State Society.—The eleventh annual meeting of the Kentucky state society has just adjourned after a fairly successful meeting in this city. The most notable feature of this meeting was the Hahnemann banquet given by the faculty of the Southwestern at the Louisville hotel, Wednesday night, May 20th. The occasion was made more enjoyable and profitable by a number of toasts as follows: The Centennial of Homeopathy, A. Leight Monroe, M. D.; The State Society, Allison Clokey, M. D.; The Physician's Religion, Thomas M. Stewart, M. D.; The Bachelor Doctor, George S. Coon, M. D.; Sober Thoughts, G. O. Erni, M. D. The principal toast of the evening, The Hahnemann Monument, was to have been responded to by the editor of the CENTURY, who at the last moment was prevented from coming, much to the disappointment of us all. In the absence of Dr. Fisher, Dr. C. E. Walton, the toastmaster, made some remarks appropriate to the toast. The banquet closed with a rising toast in silence to Hahnemann and Auld Lang Syne.

The following officers were elected for the ensuing year: President, Dr. J. T. Bryan, Shelbyville; vice president, Dr. W. F. Reily, Covington; secretary, Dr. H. S. Keller, Frankfort, to succeed himself; treasurer, Dr. J. W. Krischbaum, Somerset. The society meets in Covington next year.

Drs. Bryan and Clokey were appointed to represent Kentucky in the interstate committee of the Institute.

News-Notes.—Dr. Adam Given, professor of practice in the "Southwestern," has gone to Asheville to recuperate, after a winter's hard work.

The editor of the *Guide* has just received "Given's Practice of Medicine" for criticism, it being a handsomely bound volume of 540 pages.

Rumor has it that Dr. Geo. S. Coon, professor of surgery in the "Southwestern," will become a Benedict about the 23d of this month, the bride to be being Miss Louise Brocksmith, one of the brightest of our students at the Southwestern last year.

Kentucky will be better represented at the Institute meeting this year than ever before.

Dr. R. G. Reed, formerly of Bellefontaine, Ohio, has moved to Louisville to accept the chair of eye and ear in the Southwestern.

The Clinic at the "Southwestern" is outgrowing its quarters and some change will have to be made at once to procure better facilities for handling it.

Louisville. *Allison Clokey, M. D.*

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - Editor.

New York and Chicago, July 1, 1896.

A MEMORABLE MEETING.

The fifty-second annual meeting of the American Institute of Homeopathy has passed into history. As the meetings of the Institute have been going in recent years it was a success. As they should go it was not a success. The attendance was a little above two hundred and fifty plain every day members and thirty-five seniors, making a total of about two hundred and ninety, the visitors numbering an additional four hundred. While for dull times this is a fairly large gathering, yet the profession can and should do better. The number of members at the sessions should be at least twice as large. We confidently believe we can be brought to this growth if the Institute will but set about to make its meetings more of an attraction to the bedside practitioner, who hungers less after business sessions and outings and more after knowledge which shall help him cure his patients.

Socially, the Detroit meeting was all that could be desired. The local profession grasped the situation with becoming skill and graciousness, and gave us a pleasant session. The arrangements as to halls and reception and excursion up the Detroit river and across Lake St. Clair were all that we could demand. In no recent year have we been more enjoyably entertained.

From the scientific viewpoint the meeting was a success, though toward the end of the session its programme was so broken into that many of the sections were compelled to abridge their work and recollections were carried away which were not pleasant. Especially is this true of the sections of surgery, gynecology, materia medica, clinical medicine and pedology.

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To begin at the beginning, good-natured President Dudley allowed the business session of Thursday to run over on the time of the section in surgery until the chairman, Dr. Green, had to ascend the platform and ask that the session be closed that his section might begin its work. A quarter of an hour was thus taken from surgery, and after the closing of the business session it took another fifteen minutes to secure quiet and order so that the work of the surgeons might proceed. We sympathize with Dr. Dudley in his delicate position, and know that it is not easily possible to cut off debate on important economic questions at the appointed moment. The usual delay in convening in the morning was experienced throughout the session, yet the committee on resolutions reported adversely upon a proposition to convene the business meetings at a later hour than the scientific work, that that which we are chiefly gathered to consider may be uninterfered with. It seems strange that the Institute will insist upon adhering to the old plan, when every year for the past ten years the morning sessions have broken in upon the scientific meetings. Surgery suffered another serious loss of valuable time, the fault lying within itself, in that it took all its remaining time on Thursday in discussing two papers upon the same line of thought while nearly a dozen others waited. Good resulted, however, the determination having been awakened that the section has had about all that is likely to be required in this direction for some time to come. There is such a thing as getting too much of even a good thing at the expense of too little of other good things.

Pedology suffered an infringement upon its time through the failure of Dr. Van Denburg to realize that thirty minutes should mean thirty minutes and no more. He was allotted this length of time on the regular programme but took an hour and three quarters in which to deliver his centennial address on the afternoon of Friday. Here again the president was derelict in not calling the speaker to time. There is absolutely no excuse for any member of the Institute drawing out an address to such length, the more especially when by so doing he robs a scientific section of the time allotted it. At least an hundred persons were deeply interested in the work of the section on pedology, largely through the exceedingly satisfactory efforts of its chairman, Dr. B. F. Bailey, and its secretary, Dr. Allison Clokey, to present a programme of unusual attractiveness; they were inconvenienced and robbed in part of their anticipated pleasure and profit, greatly to their chagrin and disappointment. These things should not be. The president should in every instance adhere to the rules and allow no one to take away from the time allotted a section. From half an hour to an hour and three quarters is a stretch of courtesy that no president should be expected to extend.

The greatest inconvenience of all occurred through the excursion on the river and lake. The sections in materia medica, clinical medicine and surgery were all set for Saturday evening. The boat was to have landed on its return trip at seven o'clock, but did not get back until ten. In consequence, these sections had all to go over to Monday, with a full programme already arranged for that day. Materia medica and clinical medicine pooled issues and held a joint session on Monday afternoon, and surgery had to hold its second session in the Turkish room of the Cadillac Hotel on Monday evening while the sections in pedology and neurology were also in session. The Detroit profession was greatly annoyed at this occurrence, but seemed powerless to help it. The excursion was delightful. We all enjoyed it. But it knocked the sectional work of Saturday evening into smithereens. Hereafter, no excursions for us until the sectional work is completed.

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The memorial service was spoiled by the inexcusably long and tiresome remarks of Dr. Bushrod W. James. As chairman of the committee last year he was fortunate enough to select speakers who kept within the time allotted them, the result being that the Newport service was very satisfactory. It is to be regretted that Dr. Hedges did not profit by former experiences and select speakers who knew when to quit orating and give others a chance. It is also to be regretted that President Dudley re-appointed Dr. James chairman of this committee, unless, perchance, his occupancy of the chairmanship will result in the selection of others for speakers, as at Newport. It is not to be wondered at that many members of the Institute who have looked upon the memorial service as a feature of the sessions are now in favor of doing away with it altogether.

An additional subject of criticism in this connection was the appearance of the lengthiest address of all in full in one of the Monday morning papers, while the exceedingly appropriate and satisfactory remarks of Dr. F. Park Lewis were not even mentioned and those of Dr. Julia Holmes Smith were barely referred to. It is presumed the reporter sandbagged the author of the long speech of the evening and forcibly wrested his address from him. We must be careful hereafter to see that no such misfortune befalls a member of our memorial committee. Someone might be killed by these greedy reporters, and thus the Institute be furnished with a subject for an impromptu memorial service.

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President Dudley's address was good, very good. Whatever Dr. Dudley writes is good. This goes without saying. But the address was long—not quite as long as President McClelland's at Denver—but long enough to vacate half the seats of the auditorium of Harmonie Hall before it was all delivered. Dr. Dudley was ill, too, and this made it difficult for him to deliver so long an address acceptably. Why is it necessary for our presidents to tire their audiences and keep half the members of the Institute from attending when their addresses are on? Nothing is gained and much is lost by it. Dr. Dudley jollied Dr. McClelland at Denver the morning after his two hour "History of Medicine" by telling him the people had named a mountain for him. The president was pleased, of course, and asked the particulars, whereupon Dr. Dudley replied that they had called one of their loftiest mountains "Long's Peak." Dr. McClelland saw the point and ordered weak tea. This year he is going to Alaska to see if he can find a mountain which he can name for President Dudley. If President-elect Custis wishes to win friends in the Institute he will stop somewhere short of an hour and a half next year.

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While writing about long addresses it would be unjust not to mention that by Dr. King on the Röntgen Rays. A splendid audience of more than a thousand people gathered to witness an exhibition of the new photography. They sat in anxious expectation for more than an hour while all the details of the mechanics and physics of electricity were being explained, unfortunately in a tone not to be heard distinctly more than half way back in the hall, and were then regaled with ten minutes' shadowgraphing which shadowgraphed nothing of special interest, the "entertainment" closing with a few stereopticon views by the man at the machine in the rear of the hall, two or three of which were fairly interesting.

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Five of the best sessions of the meeting were "talked to death." There is no use mincing matters—these are facts. It is not believed that it was the intention of any speaker to bring about this result, but the result was there just the same. It is in the interests of the Institute that these things are plainly though kindly mentioned. Its time is too precious to be frittered away in exhaustive and tedious addresses which but few hear through, but few read, and a less number care about at all. Presidential and set addresses are perfunctory, we presume, at all scientific meetings. But they should be limited in length, practical to the last degree, and by all means delivered in such manner as to keep the audience intact and awake during their delivery. Were anything required to kill interest in the work of the Institute with the people of Detroit the weapons were furnished by ourselves in the two public addresses they were invited to hear.

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Were all the addresses tedious? By no means. Dr. Foster's centennial address on Thursday afternoon on "The Logical Basis of the Law of Similars; Does it Commend Itself to Our Reason?" was a gem. Clear in its logic, terse in its phraseology, delivered in pleasing voice and confident manner, it was heard by all in attendance, enjoyed by all and applauded to the echo. Dr. Sutherland's companion address on "The Clinical Efficacy and Superiority of the Law of Similars; Is it a Reliable Guide in the Practice of Medicine?" was also exceedingly practical and lucid. It, too, was well received, though the Institute and its friends had been so frightened off by the length of the second centennial address that Dr. Sutherland did not have a large audience. Those who heard him were well repaid.

The materia medica addresses were all good. That of Dr. Wm. Boericke, read by Dr. T. Y. Kinne, was especially forceful and satisfactory. Dr. T. F. Allen's preliminary address and Dr. Eldridge C. Price's address at the second session were acceptable productions, the former especially so, and Dr. Conrad Wesselhœft's negative address was clear cut, logical from the negative viewpoint, and entertaining, even to those who disagreed with him. It is to be regretted that the Detroit papers made such a bugaboo over it, yet the address and the remarks of those who criticized it were well calculated to give the impression that there are those within our ranks who are faintly loyal to the essential doctrine of homeopathy and that perhaps we may be going at break-neck speed to the demnition bow-wows. Before the meeting adjourned the unanimously adopted resolution offered by Dr. Kinne to the effect that *similia similibus curentur* has been proved scientifically to be the law of therapeutics and has been demonstrated to be successful in application set at rest all doubt that may have been raised by Dr. Wesselhœft in his hyper-scientific consideration of the "unequivocal" demonstration of our therapeutic rule, as to the attitude of the Institute on the subject under discussion.

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The materia medica conference was a pronounced success. How could it have been otherwise? The list of essayists embraced Drs. T. F. and H. C. Allen, Wesselhœft, Hawkes, Bœricke, Deschere, Van Denburg, Royal, Dewey, Cowperthwaite, Dudley, Price, Kellogg, Sutherland, Buck, Custis, Snader, Chapman, Wilson, Wolcott and others. In all there were more than an hundred and fifty members of the Institute in attendance upon the conferences, and the interest was intense throughout. These meetings were the most satisfactory and assuring we have attended in many years. Homeopathy is stronger in the hearts and minds of the Institute for them. The determination to continue them from year to year was the result of a pronounced demand that this should be done. The file of the profession look hopefully to the materia medicists for an enlarged and improved materia medica in the near future—a materia medica that shall be something more than a collation of fanciful and real symptoms—a materia medica that shall appeal to the opponent of homeopathy and to the student beginning homeopathy as something tangible and logical—as something which shall quickly reveal to him the truths and beauties of homeopathy and make it possible for him early to grasp their application. Did Detroit give us nothing more than the materia medica conference Detroit gave us enough to satisfy and gratify the earnest student and loyal homeopath.

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But the sectional meetings were good, also. Some of them were most excellent. Dr. Green had a splendid lot of papers in surgery, condensed into two sectional meetings, the first of which was one of the largest held, the second of which had more than fifty members present while two other sectional meetings were in session. Dr. Hawkes, chairman of the materia medica section, had an unusually attractive programme arranged, including an illustrated lecture by Dr. Kraft, this bureau holding two meetings, the first of which was largely attended, the second of which was held in conjunction with clinical medicine because of the loss of Saturday evening as stated. Dr. Kraft's lecture was enjoyable and enjoyed, though long. It was a case of most too much of a good thing. It was well delivered, well illustrated, contained much solid information and a good many puns—in fact it was a lecture by Dr. Frank Kraft, editor of the *American Homeopathist*, his number being 57 Bell Avenue, Cleveland, McKinleyville. Dr. Lee's gynecological section attracted a large audience and the papers were good. His sectional address was up to the mark, and the paper on Cancer of the Uterus, by Dr. Cora Staddler, Chicago, called forth a most practical and interesting discussion. Other papers were good, also, and other discussions were enjoyed. Surely the surgeons and gynecologists gave the Institute its money's worth this year, albeit surgery lost so much time the first day and its whole evening on Saturday. Pedology was a success. How could it have been otherwise? Dr. Bailey, its chairman, and Dr. Clokey, its secretary, did not wait until a month or so before the Institute met to begin their work, but went at it last June and kept at it throughout the year. They had a splendid lot of papers, and surprised the Institute by issuing a neat little brochure titled "The Present Status of Pediatrics," in which are published a series of practical papers on pediatrical topics. The chairman's address was a timely and thoughtful review of pedological knowledge as reflected in the work of the past year. Sanitary science had a woman for chairman. And she reflected credit upon the Institute, the subject considered and herself. Dr. Millsop, like Drs. Bailey and Clokey, began work early and continued at it. It is perfectly safe to assert that in no recent year has this bureau been so well managed. The list of papers covered many important topics. The opening address was clever, decidedly clever, and thoughtful as well. Her wits brightened by her passage at arms with the surgeons at Newport, Dr. Millsop evolved an occasional scintillation which brought down the house. She was in a happy mood and imparted a degree of interest and enthusiasm in the work of her section which has not been excelled. Dr. Rand's paper, "Every Man His Own Germicide," was especially entertaining and practical. The Institute must look out for this section. The sanitarians are aroused and its meetings will be accounted among the best if it is not allowed to drift back into the old ruts. Dr. H. E. Spalding, Boston, had a good series of papers in obstetrics, and held two excellent sessions. Some of his authors were absent, as with other sections, but there was plenty of good material, nevertheless, and the section was a success. The opening paper by Dr. Comstock was very complete and historical, but too long. The O. and O. men had nothing to complain of, so they say. There were a number of most excellent productions in this bureau, the paper by Dr. F. Park Lewis being especially scientific, as were also the papers presented by Drs. Shearer, Dunn and others. The meeting was the best the O. and O.'s have had for years, and the genial chairman, Dr. King, was correspondingly happy. The chairman of the neurological section was not present, but the neurologists had a number of excellent papers and two good sessions. It was not our good fortune to be able to attend their meetings, consequently we cannot speak from personal knowledge.

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All in all, the whisperings that the Detroit meeting was one of the best held in many years, from the scientific viewpoint, are correct, and it is a most hopeful sign for the Institute that there was a widespread expression of desire that we relegate the business and economic meetings to second place and give the scientific work more prominence? This simply must be done. The medico-politicians must give way to the scientific workers. The handwriting is on the wall, and unless they be wise enough to interpret it themselves the Institute will make it a point to interpret it for them. We want to know how to cure the sick, how others cure the sick; how to heal wounds, how others heal wounds; how to diagnose and operate our surgical and gynecological cases, how others diagnose and operate theirs. Give us the medical and surgical pabulum we all so much wish and the Institute will prosper and grow as never before. Keep up the so-called business and medico-economic meetings and make secondary in importance the scientific work for which the majority gather and the Institute will drag along at its present pace for years to come.

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The election was conducted under the Australian ballot system, the experiment proving such a success that it is doubtful if the Institute will ever be prevailed upon to return to the old method. Nominations were made by petition on Friday, at 10 A. M., and the polls were opened at the same hour on Saturday, closing at noon. The election was conducted outside the main hall, quietly and in order. Whatever of electioneering had been done had been done at the hotels, the result being that there was absolutely no excitement during the meetings of the Institute. Dr. J. B. G. Custis, of Washington, was elected president. The only other nominee was Dr. D. A. MacLachlan, of Detroit, who withdrew on Saturday morning, leaving Dr. Custis a clear field, his election being unanimous.

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Just here is an opportunity for an abuse which must be provided against. The by-law demands that all nominations be made by Friday at 10 o'clock. Now suppose a candidate who really wished the office should get a friend to set up as a dummy and become a nominee. His candidacy might satisfy those who preferred to vote for other than the ambitious candidate and they might refrain from petitioning some one else to allow the use of his name. After Friday at 10 there can be no more nominations made, and the dummy can then withdraw and thus leave his friend a clear field. This was not done this year, yet it was suggested that it might not be well to raise the question of Dr. MacLachlan's withdrawal until after 10 o'clock, Friday, lest another candidate might be sprung. We were all satisfied with Dr. Custis. But suppose we were not so satisfied? When Saturday morning arrived and Dr. MacLachlan's withdrawal was announced it was too late, under the by-law, to petition anyone else to become a candidate. This contingency should be provided against next year.

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Another point worthy of mention is this: There were twe nominations on Friday in open session. When the ballot was presented to the Institute on Saturday it contained only Dr. Custis' name. What authority had the election committee to take down Dr. MacLachlan's name? True, he wished it taken off, but the nomination was then the Institute's, and no committee should exercise the right to remove the name of a nominee who has been formally nominated before the Institute except by its authority. In this instance we were all so well satisfied, so far as known, with Dr. Custis that it mattered not. But another time it may matter a great deal. The names of both nominees should have been printed and allowed to remain on the ticket until the Institute had accepted Dr. MacLachlan's withdrawal. It should be provided that anyone accepting a nomination shall stand for ballot, if for nothing else than to prevent trading and denying to those to whom the two nominations in open Institute are acceptable the right to vote for that candidate who best suits him. It is manifestly unfair to present a ticket with only one name upon it after the hour at which nominations may be made, provided there were two or more nominations presented for a given office at the by-law hour.

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There is still another feature of the law pertaining to elections which needs to be altered, if, indeed, it was not altered on the last day of the session at Detroit. It relates to the election of vice-presidents. On the first ballot Dr. C. E. Walton, of Cincinnati, received one hundred and seven of the one hundred and ninety-one ballots cast, Dr. Chas. Gatchell, Chicago, received sixty-seven, Dr. C. C. Miller, Detroit, sixty-two, Dr. Julia Holmes Smith, Chicago, sixty-one, and Dr. C. C. Middleton thirteen. Dr. Walton was clearly elected by a good majority. No one of the others received a majority of all the votes cast, therefore no one was successful. The law provides that under such circumstances another ballot shall be at once taken in open session. When the result was announced there was but a handful of members present. It would have been manifestly unfair to have followed the rule, consequently the by-laws were suspended and the election of another vice-president was set for Monday at 10 A. M. At that hour Dr. C. C. Miller was chosen over Dr. Gatchell. But not until then was it known whether Dr. Walton was elected first vice-president or not, although he had a large majority of all the votes cast at a full ballot on Saturday. Suppose now that the attendance had been large on Monday morning and that Dr. Walton's friends, numbering one hundred and seven, had all voted for one or the other of the remaining candidates and that a few others had also voted for him. It would have given a candidate who had but a moderate vote at the full election a larger number than Dr. Walton and he would have been named as the first vice-president—this, too, through the votes of those who selected Dr. Walton as their first choice on Saturday. Is this a fair procedure? We think not, and the by-laws should be changed to read that the first candidate receiving a majority of all the votes cast shall be declared first vice-president. As it was, the vote on Monday was small and Dr. Walton was named as first vice-president, any way, with Dr. Miller as second vice-president. But the law is defective and should be altered as suggested, or nominations should be made for first and second vice-presidents separately, thus avoiding this confusion and dissatisfaction.

* * *

Dr. Kellogg was re-elected treasurer, of course, and all the other officers were re-elected except that Dr. Aldrich, of Minneapolis, was chosen registrar for the coming year. Dr. Porter was again elected general secretary, and Dr. Kraft was re-elected recording secretary. Both are good officers and should be re-elected as long as they may wish to hold the respective offices.

* * *

Buffalo, Atlantic City and Lookout Mountain were nominated as the place of next meeting, the first named city being chosen. The executive committee will name the dates and arrange the programme. A great deal of time was wasted at Detroit. The concensus of opinion seems to be that the Institute had better return to the old way and not hold its sessions over so many days. The present plan is certainly very unsatisfactory. Members come and members go but the sessions drag along forever. The business can all be done in five or six days, the memorial meeting should be done away with altogether or given an hour—and if given an hour it should be made to mean sixty minutes—during one of the sessions, and we should close up business and get away by Saturday at the furthest, convening on Monday afternoon or evening. Doctors cannot stay away from their work so long, the result being that but a baker's dozen keep track of the business and sectional meetings from start to finish. We may as well inject a little more sound business sense into our Institute meetings, and taking the profession at its flood-tide give the largest number we can possibly induce to attend the very best meetings we can possibly hold. Detroit did splendidly for three or four days. After that it was a drag. Half the members had gone home, the sectional meetings had been disjointed, the business sessions were late in beginning and dragged over on the sectional meeting's time with the single exception of the morning Dr. Kinne was in the chair for a few minutes, the result being that a good deal of half-heartedness was shown during the last few days of the session. It is too much to expect to hold a lot of busy doctors together with absolutely nothing of scientific interest going on from Saturday at noon until Monday morning at 9:30 or 10 o'clock. They won't stand it. The Institute must reform its methods.

Editor's Table.

Dr. H. M. Spooner is located at Stillman Valley, Illinois.

Dr. H. S. Hayford is now located at Portsmouth, New Hampshire.

Dr. R. B. Andrews has removed from Chicago to Belvidere, Illinois.

Dr. Harley N. Baker has located in Chicago, at 2359 Indiana avenue.

Dr. F. McCormick, late of 516 S. Wood street, Chicago, died recently.

Dr. S. C. Whitcomb has changed his location from Oneida, Illinois, to Kewanee.

Dr. W. D. Norwood has removed from Marshall, Texas, to Shreveport, Louisiana.

Dr. F. Savant-Jerome, Hering College, class of '96, has located in San Francisco, California.

Dr. T. Franklin Smith, New York, is enjoying a season of recreation and rest across the ocean.

Dr. W. F. Brooks, formerly of Grand Rapids, Michigan is now located at Florence, Colorado.

Dr. J. H. McClelland and family, of Pittsburg, will sail for Europe the early part of this month.

Dr. C. C. J. Wachendorf, Sacramento, is having a pleasant vacation at Gilroy, Santa Clara county, California.

Dr. Mettler-Nahm, Hering College, 1896, has located at 710 Madison avenue, New York, with Dr. Kohnstann.

Dr. J. Richey Horner, of Allegheny, is in London pursuing his studies in nervous diseases. He will be absent about a year, during which time he will contribute an occasional article to the MEDICAL CENTURY.

Dr. H. C. Aldrich, of the Minneapolis Medical Magazine, paid the MEDICAL CENTURY a call on his way to and from the American Institute meeting at Detroit. Our fellow-editors are always welcome in the CENTURY'S office.

Dr. Pratt's class for instruction in orificial surgery will be held at the Chicago Homeopathic Medical College during the week beginning Monday, September 7. Particulars may be obtained by addressing Prof. Pratt at 100 State street.

Dr. W. F. Grosvenor, Chicago, after a year of practice with his father, Professor L. C. Grosvenor, sailed for Europe on the Lucania on June 6 for a year of study in Europe. He will devote his time to the study of pathology and surgery.

Dr. Geo. S. Coon, professor of surgery in the Southwestern Homeopathic Medical College, Louisville, was married on Tuesday, June 23, to Miss Louise Brocksmith. Dr. and Mrs. Coon will be "At Home" after July 1 at "The Fonda."

Dr. and Mrs. J. Kent Sanders, Cleveland, will sail for Europe on the 7th inst. It is Dr. Sanders' intention to spend a couple of months in review with Olshausen and Martin of Berlin, and also to spend a few weeks in hospital review in Paris.

Dr. F. G. Wieland, professor of chemistry in Hering Medical College, Chicago, was married to Miss Anna M. Gurley, at Mt. Giliad, Ohio, on Wednesday, June 17. Dr. and Mrs. Wieland will be "At Home" after July 1, at 3000 Michigan avenue.

Drs. H. R. Hammond and J. B. Robertson, of the Cook County Hospital staff, were suspended recently for negligence in the case of a patient. It is the intention of Drs. Hammond and Robertson to contest the right of the warden to suspend them.

Dr. J. R. Kippax, registrar of the Chicago Homeopathic Medical College, will be absent from the city until Saturday, August 1, his office remaining closed during his absence. Dr. and Mrs. Kippax will spend the summer at Swampscott, Massachusetts.

Dr. J. C. Sanders, Cleveland, who was seriously ill for several months during the winter and spring, has pleasantly surprised his family and friends by making a quick and uninterrupted return to health. He is at present taking a brief outing in the country and expects soon to be able to resume his professional work.

The Hahnemannian Emblem Company, of Rochester, Pennsylvania, has devised a pin of solid gold, with white and dark blue enamel, upon which appear the words "Sum Discipulus Hahnemannæ" in gold. It is designed to be worn on the lappel of the coat or vest, its possession indicating that the wearer is a homeopathic physician.

Dr. Davis S. Pratt, one of the oldest and best known homeopathic physicians in Pennsylvania, died at Towanda, recently. Dr. Pratt was a brother of Dr. Leonard Pratt, of San Jose, California, and an uncle of Dr. E. H. Pratt, of Chicago. He died full of years and honor and greatly respected by the community in which he lived.

McMillan & Company, New York, will issue an ophthalmocscopic atlas on the Fundus Oculi, containing about fifty full page plates in color besides many illustrations throughout the text. It is being prepared by Dr. W. Adams Frost, ophthalmic surgeon to St. George Hospital and surgeon to the Westmininster Ophthalmic Hospital, London.

Dr. J. Perry Seward, of 113 W. 85th street, New York, correspondent for the MEDICAL CENTURY, whose society reports and news-notes and comments have attracted so much favorable attention, will spend the month of July in his annual vacation and during August will take charge of the practice of Dr. L. Dennis, at 30 Central Avenue, Newark.

During the month of May the deaths in Chicago from diphtheria numbered 49, from scarlet fever 5, typhoid fever 31, whooping cough 22, consumption 231, bronchitis 124, pneumonia 168, appendicitis 10, chronic nephritis 47, puerperal affections 30, and violence 118. The total number of contagious diseases reported were, diphtheria 179, and scarlet fever 67.

The Broome County, New York, Homeopathic Medical Society held a very successful meeting at Binghamton on June 10, at which session a number of interesting papers were read and discussed. The banquet of the evening was a special feature which was greatly enjoyed. The election of officers resulted in the choice of Dr. G. H. Jenkins as president, Dr. D. P. Bailey first vice-president, Dr. C. W. Adams second vice-president and Dr. K. C. Fiske secretary and treasurer.

The Attorney General of Wisconsin has begun suit in the circuit court of Milwaukee to vacate the charter and annul the existence of the Wisconsin Eclectic Medical College, it being held that the building it occupies is utterly unfit for a medical college, that the institution has no medical library, that it employs no teachers to give instruction to students, and that it has never exercised the rights conferred by charter. It is directly held that the organization has been issuing bogus diplomas, for which they have received from $15 to $60 a piece, according to the ability of the applicant to pay.

Prof. E. E. Vaughan, for the past two years with Hahnemann Medical College, Chicago, has accepted the professorship of Descriptive Anatomy in the Chicago Homeopathic Medical College; Dr. W. S. White has been assigned the professorship of Venereal Diseases in the same college; Dr. Emmet L. Smith has been appointed lecturer on Minor Surgery, Dr. J. E. Hetherington, lecturer on Physiology, Dr. E. G. Davis lecturer on Bacteriology, Dr. C. A. Weirrick on Dietetics, Dr. W. C. Bridge lecturer on Surgical Pathology, Dr. E. E. Best lecturer on Histology and Biology, and Dr. E. E. Reininger lecturer on the Organon.

The contract has been awarded and work commenced for the erection of a ten-story building on the site now occupied by the buildings 1831 and 1833 Chestnut street, Philadelphia. The building is intended to contain offices for physicians and dentists mainly, with a few studios for artists. It will have a dining room on the tenth floor, and rooms will be rented to doctors either en suite or separately as desired. There will be a large waiting room on the first floor, and express elevators to the upper floors. The frontage of the building is forty feet and depth one hundred feet. A company has been chartered to erect the building under the title of "The Physicians' and Dentists' Building Company of Philadelphia."

The *Hahnemannian Monthly* for June gives a favorable review of Martin's Manual of Nervous Diseases in which it says, "Concerning the text of the work, and we have examined it carefully, we can speak in the highest praise. It has often been said that the task of writing a small book is harder than is that of writing a large one. Much care and jugment are required in determining just what material is to be admitted and what should be excluded. The author has displayed rare discrimination indeed in the presentation of material." Scant credit is given the publishers; in fact it seems not to be the desire of the *Hahnemannian Monthly* to find anything good in what the MEDICAL CENTURY attempts to do for its profession.

The Alabama Homeopathic Medical Association held its annual session at Birmingham on May 14th, at which time the subject of medical legislation received an unusual degree of attention, the examining board system of Alabama being thoroughly discussed and its many objectionable features exposed. The society expressed its sympathy for Dr. W. H. Burritt, who had been made to suffer the prejudices of the examining board. Election of officers resulted in the re-election of the entire staff by unanimous vote as follows: President, Dr. A. M. Duffield, Huntsville; vice-president, Dr. G. G. Lyon, Mobile; corresponding secretary, Dr. A. M. Ballard, Birmingham; recording secretary, Dr. A. E. Meadows, Blocton, and treasurer, Dr. W. W. Clapp, Birmingham.

The following are the officers of the Alumni Association of the New York Homeopathic Medical College and Hospital: President, F. H. Boynton, M. D., of New York; first vice-president, Malcolm Leal, M. D., of New York; second vice-president, F. A. Gardner, M. D., of Washington, D. C.; third vice-president, L. P. Jones, M. D., of Greenwich, Conn.; corresponding secretary, J. W. Dowling, M. D., of New York; recording secretary, E. G. Tuttle, M. D., of New York; treasurer, J. B. Garrison, M. D., of New York; alumnus trustee, F. J. Nott, M. D., of New York; necrologist, J. W. Candee, of Syracuse, N. Y.; chairman executive committee, E. J. Pratt, M. D., of New York. Meetings are held annually during the week of college commencement, this year on April 30, at Delmonico's.

At a recent meeting of the Physicians' Club of Chicago the health department was handled without gloves by prominent old school doctors. Dr. Denslow Lewis accuses the health office of attempting to attract public approbation by introducing a system of free vaccination, regardless of the ability of individuals to pay for this service to them. He also charges that in a recent antitoxin crusade the course of the department amounted to a mandate requiring people to accept a remedy they did not want. Dr. Truman Miller suggested as a remedy for the evil that members of the profession shall attend their ward primaries and put themselves in position to deal practically with politicians, that in the future the prostitution of the health office which has been observed this winter shall not occur again.

The MEDICAL CENTURY Company has put out a prospectus of the Homeopathic Text Book of Surgery which is being most favorably commented upon as a work of typographical art. Dr. Irving Townsend, of New York, says, "It is the finest thing of the kind I have ever seen," while Dr. W. D. Culin, of Philadelphia, says "It is most handsomely gotten up." Gross & Delbridge of Chicago pass upon it as the best representative of its class ever taken off the printer's press. Boericke & Tafel consider it an especially taking piece of work, while others from far and from near testify to its filling the need of a brief epitome of the "Surgery." Have you one? If not, and particularly if you do not possess a copy of the Homeopathic Text Book of Surgery, write at once for a prospectus of the "Crowning Volume."

The MEDICAL CENTURY'S next manual is now in course of preparation. It is "Washburne's Manual of Pathology, For the Use of Students and Practitioners," by Dr. Geo. F. Washburne, professor of pathology in the Chicago Homeopathic Medical College. With the single exception of Gilchrist's Surgical Pathology and Therapeutics there is no work on this subject by a homeopathic author, and that brochure does not cover the field to be occupied by Washburne's manual. It is the aim to give to the profession and the students at the homeopathic colleges our own manuals on a number of subjects belonging to general medicine, that we may not have to depend wholly upon old school publishers for works of this character. Washburne's Pathology will be ready for delivery before the opening of the college terms this fall.

At the recent meeting of the Minneapolis Institute of Homeopathy the following officers were elected for the ensuing year: President, H. W. Brazie, Minneapolis; first vice president, W. T. Stone, St. Cloud; second vice president, R. D. Matchan, Minneapolis; secretary, H. C. Aldrich, Minneapolis; treasurer, H. M. Lufkin, St. Paul; board of censors, B. H. Ogden, St. Paul; G. E. Waite, Alexandria; S. G. Cob, Merriam Park. Executive committee, St. Paul, O. H. Hall, Henry Hutchinson, E. L. Mann; Minneapolis, T. J. Gray, H. H. Leavitt. State-at-large, A. B. Cole, Fergus Falls; C. C. Pillsbury, Duluth; Thomas Lowe, Slayton. The meeting was in all essential principles a pronounced success. The institute appropriated the sum of $100 toward the building of the Hahnemann monument. Above one hundred physicians were in attendance during the session and a large number of practical papers were read and discussed.

The *North American Journal of Homeopathy* asks the Chicago papers to please copy the fact that New York is the leading state in matters pertaining to higher medical education. Since 1892 there has been an addition of about seven hundred in the number of medical students and an addition of more than four hundred in the number who have come from other states and countries to study in New York institutions. There has been an increase of over five hundred in the number of post graduates. The sum invested in medical schools has increased from $2,764,530 in 1891 to $4,061,293 in 1895, and the amount of money expended for medical education increased from $365,405 in 1891 to $697,653 in 1895. The MEDICAL CENTURY is now both a Chicago and a New York publication, but the Chicago end of the journal makes special acknowledgment to the New York end of the superiority of the figures given in the *North American Journal's* item, and congratulates its Eastern home upon the exceedingly satisfactory showing carried in the aforementioned data.

And now the X rays are to supplant constitutional medication for all the infectious diseases. The Chicago daily papers have taken up the thread of thought promulgated in the East in regard to the destructive influence of the Röntgen light upon microbes and are heralding that an electrician and a microbicidist in this city have succeeded in destroying the germs of cholera, diphtheria, influenza, glanders, pneumonia, typhoid fever, tuberculosis and anthrax by passing the X rays through the glass tubes in which cultures of these varmints were in a high state of animation. It is claimed that the destruction of disease-germs is accomplished by electrolysis, by means of which oxygen is liberated from the tissues, which, uniting with the free oxygen of the body, develops ozone, which is, in turn, intensely destructive to germ life, it being claimed that it will kill all kinds of human bacteria. There may be great possibilities in store for this theory—and again, there may be not. Medico-electricians will do well, doubtless, to follow closely all these alleged discoveries, and, proving that which is good, hold on to it tenaciously.

In discussing the situation at Ann Arbor the new *Medical Counselor*, Detroit, voices the following information and opinions: By the provisions of the one-sixth mill bill the regents are obliged to maintain the Homeopathic College; hence during the summer they set about trying to secure men to fill the various chairs, all of which had been vacated, with the result that the chairs are now filled as follows: Surgery, Dr. LeSeure, residing in Detroit; diseases of women, Dr. Parmalee, residing in Toledo; diseases of the eye and ear, Dr. Copeland, and materia medica, Dr. Hinsdale, both residing in Ann Arbor; mental diseases, Dr. Long (lecturer without salary), residing in Ionia. The important chair of "practice" is still vacant. Twenty-six students have been registered so far, and it is announced that the hospital has a superintendent of its own, as was the case up to six years ago. In short, the regents have gone back, in part at least, to the conditions existing before both hospitals were put under one management. Friends of the college will be gratified to know that the legislative victory of last spring has accomplished this much; but their pleasure will be lessened by reflection upon what the college might be were it now located in Detroit, equipped with a full faculty with the privileges of the magnificent Grace Hospital and Dispensary (free of cost to the state), and in possession of the prestige and resources which a great commercial and manufacturing city of 300,000 people, with railways leading in every direction, would afford it.

The Chicago health office, the medical department of which seems to be in charge of a physician who desires to ever pose before the public as a savior of Chicago's mankind, has been effusively communicating his fear to the daily papers that we are on the verge of a smallpox epidemic. In the *Tribune* an interview appeared recently in which he is quoted as saying, "I really fail to see how we can expect to escape much longer. We are in receipt of telegrams from all over the state asking for our vaccine virus. They come especially from the south part of the state. The telegraphic reports show smallpox is now existing in Ohio, Missouri, Iowa, Wisconsin, Michigan, Tennessee and Illinois. We have protected Chicago. Since last August 179,000 people have been vaccinated and the city is well cared for. We have examined forty-seven cases of alleged smallpox since January 1, and none of them have shown serious results." If a simple examination by an astute medical officer of Chicago's health office in forty-seven cases of smallpox has prevented them all from showing any serious results, and if that individual and his colleagues speak the truth when they say "We have protected Chicago," a debt of gratitude from our people and profession belongs to them that we feel sure will not soon be repaid—simply because such talk is buncombe. For several months the department did all in its power to frighten the community into the belief that diphtheria was rampant in our midst, and now it is busying itself in attempting to get up a smallpox scare. In one breath it pronounces us in great danger, but in the next its ego comes to the front in admirable form with, "And we have protected Chicago."

NEW YORK NEWS-NOTES.

Dr. Chas. E. Teets announces that his office hours, from June 1st to September 15th, will be 9:30 to 12:30.

Dr. Howard Stout Neilson has been appointed demonstrator of anatomy in the New York Homeopathic Medical College.

There are several vacancies in the Dispensary Staff of the New York Homeopathic Medical College. Dr. A. M. Lacina is now resident physician.

Dr. Arthur Beach, a graduate of the New York Homeopathic College, class of '75, died of peritonitis on June 11th. Dr. Beach practiced in Brooklyn, residing at 262 McDonough street.

A new college building is to be erected for the New York Medical College for Women. It will be located on West 67th St. Over two-thirds of the funds needed are already subscribed.

In October the New York County Society will reopen its sessions in a handsome hall in the Carnegie Building. The new location will be very accessible, and the room quiet and commodious. The change is regarded as an improvement in every regard.

Four resident physicians of the city alms-house have been arrested for appropriating to their own use drugs and surgical supplies furnished by the city. They did not deny the fact, but claimed that they merely followed a universal practice which they believed was one of their recognized perquisites. The authorities promise to prosecute the offenders with vigor.

Dr. Jas. W. Cox, of Albany, died on June 10, after a long illness. He was a student under Dr. Henry D. Payne, of New York, who introduced him to homeopathy. Dr. Cox was a senior member of the American Institute, and was for several years treasurer of his state society. He was a prominent citizen of Albany, identified with many of its chritable and financial institutions. Two of his three sons are homeopathic physicians.

The Playfair slander case has been recalled by a verdict of $5,000—recovered on similar grounds from a Brooklyn physician by the mother of a deceased girl. Death had occurred from peritonitis, and the physician was charged with spreading the story that it was due to a criminal operation. An autopsy had proved that charges against her character were wholly unfounded. The damages were awarded for "degrading the memory" of the deceased.

The Medical Benefit Association held its annual meeting on June 11th. It elected the following officers: President, Dr. H. M. Dearborn; vice president, Dr. S. F. Wilcox; secretary, Dr. W. H. King; treasurer, Dr. Chas. McDowell. The association is an assessment insurance society for physicicns of New York and vicinity. An effort is being made to increase the membership to a number which will make the fund payable to the beneficiary of a deceased member a very considerable item.

The New York Medical College and Hospital for women has made several important changes in its list of officers and faculty. Of the faculty Dr. H. M. Dearborn is now the president, and Dr. Jennie de la Lozier is dean. Dr. Emily V. Pardee of South Norwalk, Connecticut is professor of hygiene. Dr. Wm. E. Rounds is professor of otology. Dr. Rita Dunlevy is adjunct professor of practice. Dr. Marea H. Brokhaus of Hoboken, New Jersey, is professor of laryngology and rhinology. Dr. Jeannette R. Durkee is adjunct professor of obstetrics. Dr. George W. Roberts is adjunct professor of surgery. Dr. Elizabeth Jarrett has been appointed lecturer on diseases of women and Dr. Helen Cooley chemical assistant in ophthalmology. According to a new rule of the Board of Trustees each professor has an assistant, who must be a woman.

BOSTON BUDGET.

Dr. Sarah W. Windsor, lecturer on diseases of children at the Medical School, intends to spend her summer vacation abroad.

Dr. H. P. Bellows has presented the Library Association of the alumni with portraits of Tyndall, Huxley, Spenser and Darwin. These will adorn the walls of the library.

Dr. Alonzo Boothby sailed for Europe on the 13th of June for a two months' trip. During his absence Drs. Hayward and Halsey will be on duty to attend to cases at the Boothby Hospital.

Dr. N. W. Emerson, who has been ill all the spring, is now convalescing and sailed for Europe the latter part of June. It is a flying trip for the benefit of the sea voyage, Dr. Emerson intending to return before fall, and meanwhile his private hospital will remain open to receive patients.

Boston University held its graduating exercises in Tremont Temple on Wednesday afternoon, June 3. The graduates of the medical school took no share in the exercises beyond going up to receive their diplomas, the speakers being confined wholly to the other departments of the university. In the evening the trustees' reception was held in the university building on Somerset street. There were thirty-three graduates from the medical school and two men went up for junior honors, though more were eligible, H. P. Foss, of Somerville, receiving the degree of bachelor of surgery and C. S. Capelle, Dorchester, receiving the degree of bachelor of medicine.

A number of members of the graduating class of Boston University Medical School have already made up their minds where to start in for practice:

Dr. E. E. Allen will try Charlestown, Masschusetts.

Dr. C. C. Burpee has decided to remain in Malden, Massachusetts.

Dr. H. M. Morse goes to Peterboro, N. H., where he takes the practice of Dr. Hodgdon.

Dr. D. H. Swope hopes to find a good field at Brockton, Massachusetts.

Dr. Helene C. Byington goes to Denver, Colorado.

Dr. Mary E. Ford returns to her home at Allegheny, Pennsylvania.

Dr. Laura Müller returns to her native place, Montreal, Canada.

Dr. Bertha L. Hoskins has associated herself with Dr. Martha G. Champlin, of Brookline, Massachusetts.

Dr. George H. Cobb returns to Minneapolis, Minnesota.

Dr. Catherine E. McGovern has a sign out at 875 Adams street, Dorchester, Massachusetts.

Dr. Frederick C. Robbins also settles in Dorchester, at 6 Boutwell avenue.

Dr. Alice Z. Patterson goes to Everett, Massachusetts.

Dr. Grace E. Skelton is at South Boston.

Dr. Edwin C. Nesmith tries his luck at Portland, Maine.

Dr. Nellie West of Norwick, Connecticut has received the appointment as interne at the Memorial Hospital, Brooklyn, New York. Dr. Hattie E. Kenny of the graduating class takes the place of interne at the hospital July 1st, when Dr. Grace Gardner will finish her term.

At the last meeting of the Medical Board of the Hospital Dr. Kenneth R. Parmenter was appointed to succeed Dr. Myron W. Smith as interne, next October.

Dr. W. L. Soule of the class of '96, has been given a position in the Homeopathic Hospital at Providence.

Dr. Jennie T. Miner goes as interne to the Westboro Insane Hospital for a month this summer, after which she expects to settle in Worcester.

The Alumni Association of Boston University Medical School held its third alumni day on June 2. It was an all day session and the morning was spent in attending an interesting and instructive clinical talk on nervous diseases by Dr. E. P. Colby and Dr. F. W. Richardson, after this the hour before lunch was passed in attending to the business affairs of the Association. The officers elected were: President, Dr. John A. Rockwell '77 of Norwich, Conn., and professor of physiology at the Medical School; first vice-president, Dr. Ellen L. Keith '88, of Westboro; second vice-president, Dr. Fred L. Emerson '92, of Dorchester. The following officers were re-elected: Secretary, Dr. C. H. Thomas '88, Cambridge; asssistant secretary, Dr. W. T. Talbot '90, Boston; treasurer, Dr. A. H. Powers '85, Boston. In the afternoon a visit was made to the school where there were exhibits in the Pathological and Physiological laboratories, Dr. W. T. Talbot showing a large and valuable collection of materia medica specimens and members of the second year class showing the apparatus, and its working, for the X rays. Class meetings and reunions were held in the various rooms of the building and many old acquaintances and friendships were renewed or strengthened.

In the evening the members of the alumni, the faculty and the class about to graduate met at the Hotel Brunswick. Here one hundred and five sat down at the well provided table for dinner. After the board had been cleared Toastmaster Frank C. Richardson, M. D., introduced the Dean, Dr. I. T. Talbot, who, as he arose to answer the toast, "Our Alma Mater," was greeted with such a round of applause and cheers that it was several minutes before he could begin his speech. "Her Youngest Child—Class of '96," was the next sentiment proposed and it was responded to by Edward E. Allen of the senior class. Following him Dr. F. L. Newton, '84, replied with the welcome from the old alumni to the new. "The Faculty," was attended to by Dr. J. Heber Smith. Dr. S. B. Hooker, '77, was chosen to tell about "Our Women," while Dr. Clara E. Gary, '85, answered with remarks on "Our Men." Lastly Dr. Richardson called on Dr. Winfield Smith, '83, to answer the toast, "College Days." After completing the list of toasts there was an informal reception and the company finally broke up, feeling that the day had been well and successfully spent in renewing interest and knowledge in the "Alma Mater."

At a recent meeting of the faculty of the Medical School, J. P. Sutherland, M. D., was elected registrar, and J. H. Payne, M. D., treasurer. The school has so increased in size and in diversity of branches and interests that it has been necessary to take this step in order to lighten the too onerous duties of the dean.

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Surgery.

CLINICAL EXPERIENCE IN APPENDICITIS.

BY J. KENT SANDERS, M. D., CLEVELAND, OHIO.

AMERICAN INSTITUTE OF HOMEOPATHY.

General Considerations.—It is necessary to offer an apology for the discussion of so trite a subject as appendicitis, especially where such discussion is based on so limited an experience as is the foundation for the present paper.

One of the proofs that the treatment of appendicitis is still one of the topics in surgery which has not reached that realm which might be called classical is shown by the recent revival of the discussion of this subject in the medical journals for the last few months. A report of another one hundred cases by Morris, with its brilliant results, seems to have instigated a number of reports on the part of those who do not favor operative interference to an equally telling report of cases. It is, therefore, with less hesitancy that this slight contribution to the subject is presented, which is based on personal observation of twelve cases within the last eighteen months.

Being more and more convinced with every case which comes under investigation that an operation is much less dangerous than the expectant treatment, even a feeble word should not be withheld against this immediate agitation, especially as it is being discussed so extensively at the hands of the laity and editorially in the daily papers, that it will certainly be the means of losing a good many lives.

There is no doubt but that there were just as many cases of appendicitis in former years as now, and there are certainly fewer deaths from the same cause; and yet the percentage of cases operated upon is certainly increasing every year. The surgeon is called in to say whether or not an operation shall be done, where a few years ago the attending physician would not have thought of it as a possibility. There are certain localities where public opinion has been prejudiced against operative measures by operations on appendicitis cases, where the diagnosis was not made early enough, or where the consent to an operation was not given until too late, and in these communities the percentage of deaths from appendicitis has certainly been high.

Another excuse might be that it will be of service to others to know that methods that have been tried often and most extensively by operators, with most astonishing records of successful cases, do not, with every operator, work in the same way. There cannot be a cut and dried rule as to the details of operation. With almost every case the operator is confronted by emergencies absolutely unexpected, where the detail of the technique of operation has to be considerably modified. Basing these conclusions on a series of cases which were reported before the State Society of Ohio at the last meeting I venture to sum them up without re-stating *in extenso.*

Etiology.—As far as the etiology of the cases reported is concerned it may be of interest to mention one case in which an enterolith was found, enpacked about an inch and a half from the free end of the appendix, with an abscess and almost complete gangrene of the distal end. The enterolith measured three-eigths of an inch in its longest diameter and a quarter of an inch in shorter diameter. On cross section it proved to have as a nucleus a small seed. There was an ounce of pus with only a history of forty-eight hours of pain, no chill, and temperature not above 101 degrees. Sharp pain in the side came on immediately after an attempt to lift an unusually heavy trunk. The probabilities are that the enterolith was lying loosely in the appendico-cecal junction, and by the sudden lift was forced down into the appendix, where the pressure was so great as to cause the cutting off of the circulation, with the consequent symptoms.

In another case the appendix was perforated, accompanied with abscess formation which contained about three ounces of pus. At the point of perforation there was a small bundle of little seeds, the mass together forming a bunch about one-fourth of an inch in diameter. It seemed to be what might have resulted from the disintegration of a raspberry, the pulp being gone and leaving only the seeds in a cluster.

In one case the appendix was involved with an inflammation of the right ovary, so adherent that it was necessary to remove the ovary also. The primary inflammation had been in the appendix.

In one case the appendix was in an abscess-cavity in which was also a sloughing, non-descended testicle, in which an orchitis or epididymitis had been brought on in connection with an attack of gonorrhea. Two months previous, however, the patient had had a so-called attack of typhoid fever, which subsequent developments proved to be an attack of appendicitis. Cases of monorchidism are, of course, extremely rare, so that a surgeon's practice might cover but few like this. Yet the experience of this case has caused apprehension in regard to another young man, who has an undescended right testicle with a history of three or four attacks of "colic," where otherwise an operation would not have been thought of without some inflammatory complication.

Diagnosis.—As far as diagnosis goes there may be nothing that would be considered at all unusual, because mistakes are occasionally made, even by the best of diagnosticians. Bi-manual examination per rectum and over the abdomen is considered by Fowler as being of very little assistance in diagnosis.

However, with the cases here cited it was found in almost every one a considerable aid in coming to a conclusion.

Recurrent appendicitis in the female was shown to be aggravated to such a degree at the menstrual period as to deceive a very good diagnostician and lead him into operating for endometritis and possible pyo-salpinx. It was operated upon three months later and an enlarged, inflamed appendix was removed.

One case was of interest because the diagnosis was made of appendicitis, while it proved to be a pyosalpinx in which the omentum was extensively adhered and drawn down over the cecum with so much tension that upon manipulation it seemed as if the cecum and appendix were a portion of the tumor which dipped down into the pelvis. In this case the greatest point of tenderness seemed to be at about McBurney's point. There was inability to force the limb down in complete extension, and other classical symptoms of appendicitis.

In an article in a recent number of the *London Lancet,* by Herbert W. Page, he reports a case that very nearly resembles one of my own which has not been reported. It was one in which there was absolutely no pain in the iliac region. Pain started in the epigastrium and remained there during the entire attack. The symptoms of peritonitis followed rapidly, so that at no time until after the administration of ether had there been given a thought of trouble of the appendix. In conclusion he goes on to say, "The aphorism in regard to hernia, 'when in doubt operate,' may well give place in cases of serious abdominal disorder to this, 'When in doubt think of the appendix.'"

He also cites a case in which a general anesthetic assisted materially in the diagnosis. It was intended to call attention to two cases where no localized swelling or tumor could be made out, on account of the general tympanitic condition, excessive tenderness of the entire abdomen, and also the reflex irritation of the recti muscles. In these cases after chloroform the characteristic swelling of appendicitis could be made out.

Technique.—After using the incision parallel to the rectus muscle and also the oblique incision, the conclusion has been reached that with the majority of cases it is much better to employ the oblique.

Where there are unmistakable signs of suppuration and where the opening of the sac threatens the contamination of the entire peritoneum, a careful packing with long strips of iodoform gauze, folded in on the edges, has often assisted in preventing what seemed "a foregone conclusion." Then by washing out the abscess cavity and the temporary sac formed by the iodoform gauze with a 1-1000 solution of bichloride of mercury and then thoroughly drying before removing the outer packing, complete sterilization of the field of work can be accomplished.

The question whether to use irrigation in the peritoneum will be settled by each individual operator for himself. As a general statement, experience here offered has been that the less the irrigation the better the patient does.

By keeping the seat of operation dammed off from the general peritoneum very thoroughly with the packing the necessity for irrigation is minimized. When the rupture has been inadvertently made before the packing could be done large quantities of sterilized water are used. The abdomen and pelvis are dried with strips of sterilized gauze, folded in on the edges and carried in on sponge holders, leaving them in position for a few minutes and carrying them in different directions, so that they will draw out the residual fluid quite rapidly, in that way not wasting much time in swabbing it out, and avoiding the necessity of keeping the patient on the side for any length of time, this often being the aggravating cause for a fit of vomiting, which is so undesirable. The drain is always left in for twelve hours where it has been necessary to use the flushing.

The method suggested by Fowler, of invaginating the stump after amputating the appendix, and using cauterization by fuming nitric acid, is certainly one of the best procedures where time is not a consideration. There are cases, however, where the added safety from this manipulation would not be great enough to balance the risk of the delay in closing up the abdominal cavity. Even where limited as to time the stump was touched with the nitric acid in these cases.

In one of the cases, where a subsequent laparotomy was done it was found that the cecum at the point of amputation was entirely free from adhesions to the bowels or omentum, and in that case nitric acid was used and the stump was not entirely invaginated.

The use of the gauze drain, which has been so scathingly denunciated in an article by Morris, in the *American Medico-Surgical Bulletin,* of May 9th, calling it "Taxidermy," has caused no trouble that he complained of. It is seldom necessary to leave it in long enough to get very much adhesion to the peritoneum, and even in the most nervous and sentive patients there has not been much trouble in removing it. The use of the five per cent iodoform gauze is preferable to the use of plain sterilized gauze, as it seems to do better. His suggestion to place a small piece of macintosh or rubber tissue around the wick drainage, which he uses, has been many times applied around the iodoform gauze in the incision in the abdominal walls. It makes it much easier to remove and is less likely to hurt the patient.

There has been no ventral hernia where the suture was used described in Fowler's Work on Appendicitis, recalling the mattress stitch by Marcy, in his text book on Hernia. In several cases where it was used there were unusually thick abdominal walls, with a great deal of adipose tissue, as well as a very heavily developed muscle. Very little inconvenience has been caused by the "T" shaped incision where the adhesions were very extensive and the appendix was in an unusually deep position when using this stitch. Time is certainly saved by its use, instead of having three separate layers of sutures, and it gives fully as satisfactory results. The peritoneum is included in the first portion of the suture, and there has been no cause for regret in any case.

Kangaroo tendon, if it could be uniformly well prepared, is one of the ideal materials for this particular stitch, but in a number of cases silk worm gut has been substituted and there has been no trouble whatever in its removal. Where drainage is used the mattress sutures are made closer together at the lower portion of the incision, or wherever the drain is left in, or placed at the time of the operation. The suture is easily tightened after the removal of the drain, and there has never been occasion to use an anesthetic at that time, since using the mattress stitch. On making tension on both ends of the suture the principal pressure seems to be in the muscle, layer after layer, and comparatively little tension is brought to bear on the skin and subcutaneous tissue, so that the pain is much less than an ordinary suture causes.

It is oftentimes surprising to note the manner in which nature has apparently made effort to protect the infection of the peritoneum; but in all the cases the patient was much safer to have had an operation rather than to have run the risk of nature continuing the conservative process in any subsequent attack, to which every case not operated upon is much more liable.

When compelled against one's better judgment to defer operating, or not to operate at all, it is well to warn the family and friends, and even the patient himself, that he is running a very grave risk, and let him and them take the entire responsibility.

APPENDICITIS.—CLINICAL CASES, WITH CONCLUSIONS.

BY F. C. TITZELL, M. D., CHICAGO.

Case I—Annie ——, aged 10, previous health always good. On December 10th she was taken with severe cramp in the bowels and stomach, attended with vomiting and diarrhea. The temperature was 101 degrees, pulse 140. The pain was not especially localized nor was there more sensitiveness on pressure at McBurney's point than elsewhere. The diarrhea was of a catarrhal nature and accompanied with tympanitis and some tenesmus the first two days. I treated her for ten or twelve days to the best of my ability with but little relief, excepting as to the diarrhea, which was under control at the end of the third day. The temperature and pulse were not improved in the least. At this time, however, the pain suddenly began to be localized in the right groin and we began to get a tense, doughy feel there upon palpation, together with tenderness at McBurney's point. It was now the seventeenth day of her illness and an operation was decided upon and performed that day. The appendix was found distended with pus and also contained four fecoliths about the size of a pea. It was amputated in the usual way, and the abdominal cavity and wound thoroughly cleansed and irrigated with sterilized water. The wound was closed with silkworm gut sutures and a glass drainage tube placed in the lower angle. The recovery of the patient was uneventful and she was discharged January 10th.

Case II.—T. F. ——, aged 23. Health good and no history of previous attacks. I was called May 1st and found him suffering with severe pains in right inguinal region, accompanied with vomiting and diarrhea. The diarrhea was of a catarrhal nature, the same as in the previous case. There was no more tenderness upon pressure at McBurney's point than elsewhere. The pain became so intense that morphine was given hypodermatically to relieve the suffering. The temperature was 101 degrees in the mornings and 105 degrees in the evenings; pulse 140 and wiry. The indicated remedy seemingly did no good whatever. After five days' treatment a council of two old school physicians and myself was held, and in the absence of any tumor or special tenderness at McBurney's point a diagnosis of localized peritonitis was made, in which I was slow to concur, as my suspicions were aroused and I feared appendicitis. The two other physicians were a majority however, and turpentine stupes were ordered and faithfully applied and morphine pushed to lock the bowels. On the seventh and eighth days the pain seemed to come with renewed vengeance, and a tumor in the region of the appendix could now be felt on palpation. An operation was decided upon and performed upon the ninth day, at which I had the pleasure of the assistance of these same two old school friends. The appendix was found after some difficulty and was full of pus and completely walled off by surrounding inflammatory adhesions. The pus and two good sized fecoliths were evacuated. The adhesions were not disturbed nor was the appendix removed, owing to the adhesions. The cavity was irrigated, drained and closed as in the previous case. The patient made a good recovery and was discharged May 28th, four weeks from the day he was taken sick.

Case III.—Miss ——, aged 19, school teacher, no history of previous attacks. I was called July 25th and found the patient crying with pain in right inguinal region. She also was vomiting and had a catarrhal diarrhea. The temperature was 101, pulse 135. *Belladonna* was prescribed the first night but gave no relief. *Dioscorea* and *Mercurius corrosivus* were each in turn tried, but with no results. The pain became so severe that morphine was given for relief as in Case II. The case ran along without any improvement or apparent aggravation for five or six days, excepting that the patient was growing weaker. Extreme tenderness at McBurney's point suddenly began to be experienced and a tense, doughy condition was felt. In fact, there were now the characteristic symptoms of an appendicitis in full bloom. An operation was performed on the ninth day and the appendix was found distended with pus. The surrounding adhesions were firm and numerous and were not disturbed. The pus was evacuated and the appendix left tied down by the adhesions. The cavity was thoroughly cleaned and the wound closed with drainage as in the preceding cases. The patient began to improve at once and went on to complete recovery and was discharged in three weeks.

Summary.—For the sake of brevity, only the principal points have been given in the history of these cases. The points suggested to me by them are:

1. They were all preceded by vomiting and diarrhea, which is unusual.
2. McBurney's point pain cannot always be located in these cases, but when it does suddenly appear after a few days' illness of this kind trouble is certain and an operation will be required very shortly.
3. Would these cases have recovered under medical treatment alone? I do not so believe. I believe an operation was justifiable and plainly indicated in each. The only point is whether they were operated upon early enough.
4. Should the adhesions in Cases II and III have been broken and the appendix amputated? I believe that in the granulating of the wound the lumen of the appendix will be entirely obliterated and there will be no danger of a recurrence ever taking place there.
5. These cases were all in the country and operated upon in ordinary farm houses, where the surroundings and conveniences were anything but conducive to antiseptic surgery. So it is not necessary to let these patients die because a hospital is not at hand, however preferable the hospital may be.

100 State street.

A CASE OF "DIFFUSED PERONEAL ANEURISM."

BY W. JOHN HARRIS, M. D., ST. LOUIS.

The patient, a laborer aged 28, complained of a tumor in right leg just below the popliteal space. Some months previous he had been kicked by a horse, since which time he had experienced pain, and at times difficulty in walking.

Examination revealed slight pulsation, more marked when the leg was in a position of forced extension. The greatest pulsation could be felt at the sides of the upper part of the gastrocnemius muscle. An exploratory incision showed the trouble to be a rupture of the peroneal artery. A large amount of clotted blood having been removed, the artery was ligated on both sides of the rupture, which was probably an inch and a half long. There was no sign of any sac, the blood-filled cavity being caused by the separation of muscular tissue.

For some days after the operation there was loss of sensation in the posterior aspect of the limb, but in the course of three weeks all this passed away and the patient made a good recovery.

3107 Morgan street.

THE TREATMENT OF WOUNDS.

BY W. D. CARTER, M. D., PHILADELPHIA.

TROUSSEAU CLINICAL CLUB.

REPORTED BY W. D. CULIN, M. D., PHILADELPHIA.

Wounds.—Dr. W. D. Carter was the essayist for the June meeting, and selected as his subject "Wound treatment." As his preface stated, he simply gave a brief description of the methods and various antiseptic substances employed in treating wounds in the surgical department of the Hahnemann Hospital Dispensary.

CLASSIFICATION.—For purposes of classification he divided wounds into three great divisions:

1st. These which are made through previously unbroken skin, and which do not communicate with mucous surfaces, including wounds made by the surgeon and those which are quite recent, but not made by the surgeon.

2nd. Where the wound, not made by the surgeon, has existed for some days, or where sepsis has followed wounds made by the surgeon.

3rd. Wounds of still older date which have assumed the form of a sinus or fistula.

TECHNIQUE.—Where the skin edges can be brought together efforts should be made to secure primary union by bringing them into accurate apposition, to avoid a puckering wound or overlapping edges, which will cause either the part to heal by granulation, or sloughing of the overlapping edges.

If there is much tension he advises relaxation sutures in addition to the apposition sutures, placed a short distance apart and about an inch from the skin edge; for deep wounds subcutaneous sutures should be used, then stitching fascia to fascia, muscle to muscle, etc. The best material for this purpose is a suture which will become absorbed. Non-absorbent sutures will, in the majority of cases, irritate the wound, cause non-union and finally slough out. If much oozing is feared a small piece of sublimated odoform gauze should be placed in the most dependent part of the wound for drainage. This can be removed in twenty-four to forty-eight hours and healing go on without interruption.

DRESSINGS.—The dressing can be either wet or dry. The wet dressing most frequently employed is sterile gauze wrung out of solution of bichloride of mercury 1 to 2000; if any oozing appears on the surface, more gauze can be placed over this without removing the dressing.

To avoid objectionable stitch marks a fine needle threaded with cat gut is introduced, to include the corium only. Make a continuous suture and bury the knot under the skin, and dress with iodoform and collodion or Socin's paste.

The usual method of dressing wounds where the skin edge can not be drawn together is by packing them with sublimated iodoform gauze or filling the cavity with sterile iodoform and boric acid 1 to 10, boric acid or vitogen; large granulating surfaces are skin-grafted by the Thiersch method.

Where healing is delayed by the heaping up of granulations, thus preventing the formation of the epithelial layers, the exuberant granulations are cut away with a pair of scissors, curved on the flat; this procedure causes very little pain at the time and none subsequently. The use of nitrate of silver is objectionable, as it not only causes pain which lasts for a long while but leaves a slough which retards healing.

A very efficient dressing in such cases may be had in bismuth sub-iodide. This powder dusted on the wound cuts down the exuberant granulations, and at the same time exerts a favorable influence toward healing.

Septic Wounds.—In those wounds which are already septic or in which suppuration threatens the most vigorous treatment is instituted, frequent applications, every two to eight hours, of hot bichloride of mercury solution, 1 to 1000. Formaline, in strong watery solution, an ounce to the pint, is also very effective; it should be carefully watched, however, and not continued longer than forty-eight hours at the utmost, as its action upon the skin is to produce a leathery hardness, a tanning of the skin, thereby causing a slough, which must necessarily separate before healing can take place.

Bromine is a most valuable antiseptic; the foulest wounds, reeking with pus, have, under its influence, produced healthy granulations in two dressings. A good preparation is that mentioned by Dr. Rice: Bromine, 120 gms; Sodii brom., 125 gms; Aqua q. s. 1000 C. C. This, the stock solution, is to be added to water, to make an amber color; but the best preparation is bromine pure made into a stock solution one to eight, and added to water to make a bright amber color.

Carbolic acid in five per cent. solution is also a most effective germicide, but its action being caustic it should not be used too often.

Of the dry dressings used, as found in the various dusting powders, he placed iodoform and boric acid one to ten at the head, and next vitogen, which has been recently introduced. Suppurating wounds which had resisted all treatment finally terminated in a healthy issue by its free use. The wound should be packed heaping full of the powder and plain sterile gauze and bandage applied; a few infrequent dressings of this kind will usually bring about speedy healing. Boric acid applied in the same manner is also highly effective.

In sub-cutaneous wounds, which are usually caused by great violence, fractures, heavy blows or a fall, where there is no large abrasion of the skin, the best all round dressing is a solution of twenty-four parts of alum, thirty-eight parts of lead acetate and one thousand parts of water. Pieces of gauze are saturated and applied evenly to the wound and held in place by a firm bandage.

Arnica lotion is another good dressing, especially for the contused variety.

Calendula lotion has its place where the skin is much abraded.

Lead, water and laudanum are a good old fashioned remedy and should not be forgotten.

Burns and Scalds.—In burns and scalds, such dressings as will neutralize the acidity of the tissues and exclude air should be used, i. e., oils, lard or vaseline sterilized by heat, or the saturated solution of bicarbonate of soda. But the best dressing is a two to five per cent. solution of carbolic acid in olive oil or petroleum. It has the anodyne and antiseptic effect of carbolic acid and also excludes the air. Where large surfaces are burned, or in burns of the third degree, they are thoroughly cleaned with weak bichloride of mercury solution, and dressed with some non-poisonous germicide, or the wound is covered with protective, outside of which a bichloride dressing is used. After the slough has separated such dressings as will promote granulation are used, as zinc, oxide, aristol, iodoform and boric acid, etc.

Where large surfaces on the abdomen are burned it is difficult to get skin grafts to "take," owing to respiratory movements. In such cases the granulations will heap up and retard healing, so that we are greatly perplexed for a remedy. A most satisfactory dressing will be found in sub-iodide of bismuth and five per cent. solution of balsam peru in castor oil; the wound is first dusted with the powder, then a thin layer of the balsam solution is spread on a piece of gauze and applied, and the whole is covered with a piece of rubber protective. Wounds of the abdomen which had been repeatedly cauterized never required such treatment after the first use of this dressing. At subsequent dressings the wound is cleansed with ether to dissolve the oil.

4028 Parrish St.

NEW METHOD OF SKIN GRAFTING.

BY CURTISS GINN, M. D., DAYTON, OHIO.

Several months ago while reading an article by Prof. Schleich on Infiltration Anesthesia it seemed to me that the method might be exceedingly useful in removing skin grafts to cover granulating surfaces.

So far I have used it upon nine cases with but one failure, and that due to no fault of the method.

At first I used Schleich's normal solution, but afterwards substituted distilled water, injecting it into the skin by means of an ordinary hypodermic syringe and shaving the epidermis off the wheal so produced with a razor. After having briskly scrubbed the surface of the ulcer with a stiff brush and tar soap and rinsing with normal salt solution, I applied the graft to the surface of the wound—repeating the above procedure until enough skin has been obtained to cover the entire surface.

The grafts were covered over with thin strips of guttapercha tissue arranged in lattice fashion, over this a quantity of sterilized gauze moistened with the salt solution, and over all a piece of mackintosh to prevent the evaporation of the salt solution, a roller bandage applied and the patient put in bed for thirty-six to forty-eight hours. The dressing was changed every twenty-four hours.

The largest surface I have covered in this way was twenty square inches. This ulcer had not been healed in fifteen years. Beside avoiding the danger and discomfort from administering an anesthetic in these cases requiring grafting, the skin is very much easier to remove from the wheal than from uninfiltrated surfaces, the patient suffers no pain and the operator requires no assistant.

Materia Medica.

Conducted by W. A. Dewey, M. D., New York.

MATERIA MEDICA CONFERENCE.

The materia medica conference convened in the Turkish room of the Hotel Cadillac in Detroit at 3 P. M., on Tuesday, June 16. About sixty-five were present when order was called, but before the end of the session there was standing room only. The great interest taken in this revival of materia medica was forcibly brought out in the full meetings of all the sessions of the conference.

Dr. T. F. Allen, in his introductory remarks, outlined the purpose of the conference, stating that it was desirable to investigate and strengthen our materia medica and place it upon a firm scientific basis that the vital question to be decided was whether we should tear down, repair or build anew our materia medica.

Great stress was placed upon the question: "Do we recognize the totality of the symptoms as the essential disease to be treated and cured?" Upon the answer to this question will depend the construction of a symptomatology or of a pharmacodynamic pathology.

New books will not take the place of the old, nor supply a deficiency in a lack of knowledge of how to apply them.

Dr. Conrad Wesselhoeft, of Boston, presented the essay of the session on "Has the Law of Similars ever been unequivocally demonstrated by deductions from general practice, and do we not require its more formal proof by inductive experimental research?"

He answered the proposition in the negative in a scholarly manner, and made valuable recommendations which he considered necessary to place the law of similars on a scientific basis. He said the law would stand or fall as a part of medical knowledge whether Hahnemann was right or wrong, but not as a creed.

Much disappointment was expressed that three of those who were put down on the program to discuss papers were absent. Drs. Mohr, Mack and Butler were not present to take part in the discussion. This was especially unfortunate as a number of physicians would have gladly embraced the opportunity had it been offered to them, and had they had the paper several weeks in advance as had the gentlemen above referred to. It is sincerely to be hoped in future conferences the committee will provide a substitute for each man appointed.

The same thing happened in the subsequent sessions of the conference, not only as to the fifteen minute speakers, but in the five minute disputants—a manifest unfairness to others who are shut out by this procedure.

Dr. Martin Deschere answered Dr. Wesselhoeft's paper in a thoughtful and scholarly manner and showed that the allopaths themselves had done much to prove the homeopathic law. He instanced experiments with *Camphor* carried on in Berlin as an example, and believed that laboratory experiments with other drugs would show the same results.

In the five minute discussions Dr. Evans, of Chicago, thought that the law was supported and verified by clinical results; that similia is a law and has been demonstrated by continual and repeated proof by clinical results. He advocated more exactness in our observations and reports. He said Hahnemann was an inductive philosopher, like Kepler and Copernicus.

Dr. C. F. Menninger, of Topeka, supported the law by the records.

Dr. P. S. Duff, of Butler, Pa., supported the law of similars.

Dr. Robert Walter, of Wernersville, Pa., thought the trouble was because the law was not properly formulated.

Dr. Cowperthwaite, of Chicago, thought there was no "unequivocal" demonstration of anything, but that a satisfactory demonstration of the law is obtained by comparisons with systems of medicine and their failures.

Dr. Duncan. of Chicago, related his experiences with clinical cases.

Dr. J. S. Mitchell of Chicago was a great believer in hospital statistics. He thought Hahnemann's law had so many clinical proofs that we must accept it.

Dr. T. F. Allen of New York, maintained that clinical experience has upheld the law, that hard and fast rules cannot be had as in other sciences, that we must accept experiments, enlarge them and pile up the evidence until it is overwhelming and crushing.

Dr. Pemberton Dudley, of Philadelphia, said that knowledge was comparative, that little was absolute. The argument of ten thousand intelligent men proves something. It will soon be unequivocally demonstrated, said he, that there are no opaque substances in nature. We should not demand too scientific proof.

Dr. T. P. Wilson was not in sympathy with the author; he claimed that it was absurd to try to settle the question of the law of similia—that it was not a law. We do not know how illnesses are cured, nor can we demonstrate it.

Dr. Bushod W. James of Philadelphia had demonstrated the law a thousand times. If we can cure by prescribing along the line of similia we demonstrate the correctness of the law.

Dr. H. C. Allen of Chicago congratulated the author on his "agnostic address." He spoke of the uselessness of proving drugs on the lower animals and the fact that allopathy had made no progress in deductive therapeutics in one thousand years. He said that homeopathy alone cured chronic cases, those of the kind that never get well of themselves.

Dr. E. M. Kellogg of New York thought that the law was unequivocally demonstrated by comparative statistics, which were in favor of homeopathy as nine to seventeen per cent.

Dr. A. B. Norton of New York commended the proving of medicines directly for their effect on the eye. He said that absolutely scientific provings could be made that would stand the test of any investigation and prove a strong and irrefutable demonstration of the correctness of the law of similars.

Dr. M. W. Van Denburg of Ft. Edward said that the essayist had not asked whether the law of similars has ever been unequivocally demonstrated by a deduction from general practice, but whether it has been one of written records. I admit that we have no written records. Perhaps they would stand the test of science much better. It is the experience of thousands of physicians and practitioners that *Belladonna* has been given and has produced a headache peculiar to *Belladonna*: on the other hand that same condition, being medicated by *Belladonna* has given way and the patient has declared himself cured. The same in relation to *Veratrum viride* in cholera morbus. If you have done that you have proven the correctness of the law of similars. It is like a judge saying if you bring to him type-written testimony he will accept it, but not otherwise.

Dr. Wesselhoeft in answering the remarks said he did not reject Hahnemann's evidence, only his opinons. By "unequivocal," he means not absolute, but so strong that others beside homeopaths can understand and see the proof.

He also said that the allopaths have proven similia many times over by physiological and pathological experiments, therefore why should we not do likewise. "As to knowledge, I want it, not faith; and as to science, I love it."

SECOND SESSION.

The second session of the conference convened in the Turkish room of the Hotel Cadillac at 8 P. M., of the same day. The chairman, Dr. T. F. Allen, opened the session by brief introductory remarks, stating Hahnemann's rules.

The essayist of the occasion was Dr. Eldridge C. Price, of Baltimore. He criticised the lack of system and irregularity of drug experiments. Hahnemann was not only abreast of his time but beyond in many respects; but great advancements have been made since his day, and we regard his methods as not sufficiently rigid and not always practical: for instance, calling for healthy persons for experimentation. When physicians prove drugs they should do so under the directions of some other physician, to prevent deception. Necessity for classification does not seem to be generally appreciated. Section 144 of the Organon is capable of misleading.

We find in the proving of drugs by the great majority that Hahnemann's rules have not been fairly tested; but still they are insufficient, because of advanced scientific methods. It behooves us to encourage the Hahnemannian principles.

Dr. E. H. Porter was unable to be present, on account of his duties as secretary, and at his request, Dr. J. S Mitchell spoke in his stead. It is no discredit to the great master of our art that he did not, in his directions for proving, recognize the modern scientific methods, no more than it is to the discredit of Dr. Sydenham that he did not know the difference between pleurisy and pneumonia; it was all lung fever to him. In the Organon we have glimpses of the germ theory. I would recommend that each professor of materia medica and clinical medicine take a certain number of healthy persons and trace with the sphymograph the normal pulse; then let the patient take, in varying doses, *Digitalis*, *Strophanthus* and *Convallaria*, and trace again. I think that in two or three years in this way we could get valuable data.

Dr. Conrad Wesselhoeft Boston, had no criticism upon Dr. Price's paper; he thought it spoke for itself. The more one experiments with proving drugs the more he should be convinced that it is one of the most difficult scientific undertakings that we can possibly attempt, though it seems to have always been regarded as an easy thing. He thought Hahnemann saw it was exceedingly difficult and therefore surrounded it with precautions. To find an adept at proving would be like finding a great painter or a great musician. We should get a number of persons to make the same attempt in proving drugs, in accordance with Hahnemann's rules, take the results, compare them carefully and keep that which agrees. Here is a difficulty. Can we expect provers to write down or study independently their symptoms? There has been such a thing as cribbing from one another. We should endeavor to get as many to take part in the proving as possible. Great difficulty is found in comparing the results. The principal thing would be to get that which agrees and use it in the treatment of the sick.

I would be very sorry to have it understood that I do not value the homeopathic law, but I do not think it was given to us in full perfection.

Dr. George Royal, Des Moines, Iowa, agreed in the main with Dr. Price's views. Hahnemann was in advance of his time, but it was impossible for him to have foreseen what great improvements were in store for the future, the instruments and other helps of modern practice. He thought Hahnemann realized that if he undertook to give fixed rules they would need revision with every new discovery and for that reason he left us only general principles. From this standpoint no one can read paragraphs 83–104 of the Organon without receiving definite instruction to the effect that not only all the instruments but all the skill of practitioners and specialists should be employed to obtain as complete a picture as possible of the patient's condition. I am inclined to think that had Hahnemann's followers made diligent search a sufficient number of healthy persons could have been found for provers. I blame the provers for not observing Hahnemann's cautions. I never considered section 141 to imply that a physician must necessarily know what he was proving. In other sections we are instructed to keep provers ignorant of the drug. I do not agree with Dr. Price upon section 143. To me that section clearly says: "Do not put any symptoms observed in the patient while taking medicine into the Materia Medica." I am forced to the belief that Hahnemann's rules fall short of modern research in few, if any particulars.

Dr. Pemberton Dudley, Philadelphia: I am more than satisfied that Hahnemann was a leader in the scientific thought of his day and would be if living today. If Hahnemann were here to-night do you suppose that he would point back to the rules laid down in the *Organon* and say, "There are the rules, follow them." I think it unjust to insist that we hold Hahnemann and ourselves down to the knowledge that Hahnemann had one hundred years ago. I think there is one thing in which Hahnemann's teachings have been seriously at fault, and through which his followers have run into a good many errors, in Section 138, and that is, that a prover under the influence of a drug will yield symptoms that are to be noted as due to the action of the drug, no matter what may have been his previous state of health, if so be that he comes under the rules laid down. I could not possibly accept that doctrine.

Dr. Martin Deschere, New York: I want to emphasize one thing, and that is, that we must honor Hahnemann's memory. Hahnemann has left us a master-piece in his materia medica so vast that not even the entire profession of homeopathic physicians up to today has equalled him. Still it is our duty to add to and improve on Hahnemann's work; that is what we are here for; and as has been said before, if Hahnemann were here today he would avail himself of the benefits of modern research.

Among other speakers were Dr. Chas. Gatchell and Dr. T. C. Duncan, of Chicago, and Dr. T. P. Wilson, of Cleveland.

THIRD SESSION.

The closing session of the conference was held in Harmonie Hall on Wednesday, June 17, at 10 A. M., and was well attended. The essayist, Dr. Wm. Boericke, of San Francisco, was absent but his paper was read by Dr. T. Y. Kinne, of Paterson, N. J. It was perhaps the most interesting paper of the conference, and supported unhesitatingly the totality of the symptoms as the only indication to direct us in the choice of a remedy. As various parts of the paper were read, e. g., that criticising the keynote system and the impressionist method, expressions of approval were manifested.

Dr. H. C. Allen, of Chicago, took exception to the essayist in the statement that modern scientific precision in arriving at the totality will be necessary as we progress. The conditions of location, sensation and condition of modality are all that is necessary to prescribe on. The substitution of the nearest homeopathic remedy is a fallacy. The conclusion of the essayist is the only legitimate one.

Dr. W. J. Hawkes, of Chicago, agreed with and heartily approved the views of the essayist. Nothing else exists. He only disagreed as to his statement against the keynote system. He said that the essayist had not given a single valid reason for his ruthless and total annihilation of the speaker's favorite method; that he did not define "keynote." A keynote is not the totality, no more than the keynote of a musical composition is the tune itself. It does not tend to undue elevation of minor symptoms but advocates the memorizing of symptoms.

Dr. J. D. Buck of Cincinnati ably supported the essayist. Since Hahnemann's time all progress had confirmed his statements. The speaker advocated the study of keynotes.

Dr. J. B. G. Custis of Washington, D. C., warmly supported Section XVIII, and said it should stand as axiomatic that nothing could cure unless it reach the totality of the symptoms.

The five minute discussion was participated in by Drs. Monroe, Snader, Pierson, T. F. Allen, who took Dr. J. M. Schley's place, Owens, Dudley, James, Beckwith, who was delighted with the paper, Wilson, who objected to the totality, as he does to all things at certain times, Hanchett, who likened the meeting to a Baptist covenant meeting, Buck, and Kinne who closed and likened the conference to a good old Methodist love feast.

* * *

The Report of the chairman of the materia conference was made to the Institute on Thursday, June 18th.

The following resolution was offered by Dr. Kinne and adopted unanimously by the Institute:

I. Resolved, That Similia Similibus Curentur has been proved scientifically to be the law of therapeutics and has been demonstrated to be successful in application.

Offered by Dr. Lamson Allen:

II. "Resolved, That this Materia Medica Conference recommend to the American Institute of Homeopathy that it instruct its Materia Medica Committee to carefully prepare an accurate and scientific plan by which future provings of drugs may be conducted." Seconded by C. E. Fisher, M. D.

Adopted.

III. The following resolution was offered by Dr. Conrad Wesselhoeft, and was adopted: "That it is the desire of this Institute that hospitals of all schools furnish accurate statistical information for a comparison of the value of different methods of therapeutic practice. And be it further resolved: That this is the best method of deciding matters of dispute between the schools as well as between the different practices within schools and that, for this purpose, our hospitals, as well as those of the older schools, shall be appealed to, to carry out the purpose of these resolutions."

Dr. C. E. Fisher offered the following, which were adopted seriatim:

IV. Resolved, That as attendants upon and participants in the Materia Medica Conference, held under the auspices of the American Institute of Homeopathy, we express our appreciation of the work of the Conference Committee and our gratification that the movement set on foot for materia medica improvement has awakened so great interest and has been productive of such generally satisfactory papers and discussions.

V. Resolved, That we join the Committee in the desire that these conferences be continued from year to year as long as may be deemed necessary by the Institute.

VI. Resolved, That we recommend that one-third of the members of the Conference Committee be retired from service each year, and that the places of those retired be filled by members selected from the membership of the Institute.

VII. Resolved, That we recommend that the Conference Committee be requested to select all the disputants from year to year who are to engage in the discussions of the propositions submitted, disputation by volunteer speakers to be limited to purely extemporaneous remarks, the appointed disputants to be limited to six in number and to be allowed ten minutes each.

The Conference Committee for 1897.—The following constitute the conference committee for the ensuing year: Appointed for three years—T. F. Allen, M. D., W. A. Dewey, M. D., of New York; Pemberton Dudley, M. D., of Philadelphia; E. C. Price, M. D, of Baltimore; and A. C. Cowperthwaite, M. D., of Chicago. For two years—Martin Deschere, M D., New York; M. W. Van Denburg, M. D., Port Edward, N. Y.; William Boericke, M. D., San Francisco; H. C. Allen, M. D., Chicago; and George Royal, M. D., Des Moines, Iowa. For one year—Conrad Wesselhoeft, M. D., Boston; B. F. Betts, M. D, Philadelphia; W. J. Hawkes, M. D., Chicago, Ill.; Frank Kraft, M. D., Cleveland, O.; and J. C. Guernsey, M. D., of Philadelphia.

The committee held a meeting on June 20 and organized by appointing T. F. Allen, M. D., chairman, and W. A. Dewey, M. D., secretary.

Ophthalmology.

THE O. AND O. SECTION AT DETROIT.

At the recent meeting of the American Institute of Homeopathy at Detroit the section of ophthalmology, otology and laryngology held two important, interesting and highly successful sessions.

For a number of years the specialist in these fields has felt decidedly dissatisfied with the sectional meetings in which he was especially interested. Perhaps he had spent much time and thought in preparing a paper upon some important topic which he hoped to present to the section with a view of bringing out interesting and useful discussion. What was his disgust to find himself facing a scant half-dozen members when his turn came to present his paper. The result has been that many of the best and most experienced men have given up preparing papers for the Institute sessions.

When the general practitioner was appealed to for an explanation of the reason why this section should be so diligently avoided he would exclaim: "Why none of us care about or understand your technical papers and discussions."

With the idea that there was something in this latter explanation, the chairman of the section of O., O. and L., which reported at Detroit, requested a number of the members of the section to prepare papers upon topics which should interest the general practitioner and move him to enter into their discussion. This plan was followed and with eminently successful results. At the first session in the auditorium there was an average attendance of sixty members, many of whom were general practitioners, and at the second session in the section room there was an average attendance of thirty-five members. The discussions elicited were general and interesting and were taken part in by many non-specialists, much to the delight of the section members. It is quite apparent that papers upon topics which are of interest to the general physician will claim his attendance and bring out his ideas in discussion and a general interchange of ideas between the plain doctor and the specialist can end only in good to both.

FIRST SESSION.

The chairman of the section of Ophthalmology, Otology and Laryngology, Dr. Wm. R. King, of Washington, D. C., called the section to order in the first session in the main auditorium of Harmonie Hall on Monday afternoon, June 23d, at 3:30 o'clock, Dr. C. Gurnee Fellows of Chicago acting as secretary.

The chairman read a short address under the caption of "Random Thoughts of a Specialist," in which he considered briefly the advantages to the specialist, the practitioner and the patient of the existence of specialists who give their undivided attention to the study and treatment of disorders of special organs. He briefly reviewed the progress made in the fields covered by this section and closed with an appeal for a better understanding between the specialist and non-specialist.

Dr. D. A. MacLachlan, of Detroit, Michigan, read a clinical paper entitled "Injury of the Crystalline Lens; a Clinical Case." This was supplemented in the way of discussion by Dr. Swan, of Chicago, by the exhibition of several fine macroscopic specimens of the eyeball mounted and prepared according to Priestly Smith, of London. One of these specimens, especially, illustrated Dr. MacLachlan's case, it being an eyeball wherein a foreign body had penetrated the ciliary region and perforating the capsule of the lens had entered that body. The specimens were greatly admired by the members.

Dr. E. H. Linnell followed with a scholarly and practical paper upon the etiology and treatment of "Otomycosis."

Dr. Thomas L. Shearer, of Baltimore, Md., presented a paper entitled "The Relationship Between Asthma and Bronchitis and Diseases of the Digestive System." This paper proved most interesting and was followed by an interesting discussion participated in quite generally.

Dr. F. Park Lewis, of Buffalo, New York, then read his paper entitled "The Psychology of Vision," which was a masterly effort and proved of great interest to all who heard it. A full and free discussion of the thoughts and suggestions presented in the paper was then had, at the end of which the section adjourned.

SECOND SESSION.

On Tuesday morning at 10:30 o'clock the section reassembled in the section room on the lower floor of Harmonie Hall, Dr. Wm. R. King, the chairman, presiding, and Dr. C. Gurnee Fellows acting as secretary. A good number were present and listened attentively to and quite freely discussed the papers presented.

Dr. C. Gurnee Fellows, of Chicago, presented a paper entitled "Some Reflex Disorders Dependent Upon the Throat and Nose." This brought out a most interesting discussion of this phase of the general subject of reflexes now so important.

Dr. Harold Wilson, of Detroit, followed with an excellent paper upon "The Use of Colored Papers for Testing Color-Blindness." Dr. Wilson exhibited some specimen sets of colored papers which are arranged according to a new and practical method by which a more systematic and scientific arrangement of the different spectral colors, with their intermediate shades, hues and tints can be accomplished.

Dr. W. A. Dunn, of Chicago, followed with a most interesting paper entitled "Laryngo-fissure for the Treatment of Laryngeal Tumors." This paper was also the subject of discussion.

Dr. E. W. Beebe, of Milwaukee, read a volunteer paper entitled "Micro-Organisms as a Cause of Conjunctivitis and its Appropriate Treatment." This proved an eminently practical paper, and was freely discussed.

The hour of adjournment having arrived, on motion it was resolved to read by title and refer for publication papers prepared by the following members, and which were in the hands of the secretary:

Dr. A. B. Norton of New York city; Dr. D. A. Strickler of Denver, Col.; Dr. C. L. Rumsey of Baltimore, Md.; Dr. Sayre Hasbrouck of Providence, R. I.; Dr. H. P. Bellows of Boston, Mass.; Dr. J. A. Campbell of St. Louis, Mo.; and Dr. J. B. Garrison of New York.

THE AMERICAN HOMEOPATHIC SOCIETY OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

This organization, which has lain dormant a number of years, was revived during the late meeting of the Institute at Detroit and reorganized by the election of the following officers: Dr. A. B. Norton, New York, president; Dr. Wm. R. King, Washington, D. C., vice-president; Dr. E. J. Bissell, Rochester, N. Y., secretary; Dr. Harold Wilson, Detroit, Mich., treasurer. A number of new members were elected and everything points to the maintenance of a strong sectional society.

The meeting next year will occur on the day preceding the convening of the Institute at Buffalo and the sessions will be given up to the discussion of eminently technical papers, which are not listened to in the Institute sessions. The object of the society is primarily to develop a free interchange of scientific opinion among our specialists, for which at present there is no opportunity. The session will in no wise detract from the interest which all should feel in the Institute, but will rather serve to draw men together who now do not attend the Institute meetings but who may thus become interested in the mother organization and make a practice of remaining in attendance.

Correspondence.

INTERESTING LETTER FROM DR. A. K. CRAWFORD.

A VISIT TO EDISON.—THE ITALIAN HOSPITALS.—BERNHEIM'S CLINICS AND HYPNOTISM AT NANCY.

I started for Europe by way of New Jersey, which may seem a roundabout way to you and a way to be avoided, but really I found some very respectable looking people there, and as the mosquito season had not opened up I do not regret having gone that way.

Edison, the "Wizard," lives there, and it was to see him that I went into this foreign land. His laboratories at Orange are quite extensive and are guarded by locked gates and a big porter. Of course I was told that Mr. Edison was absent, that visitors were not allowed in, that there were no interesting experiments going on that particular day, etc., etc., and it was perfectly evident that I should retire. But I did nothing of the kind. I went there to see Mr. Edison and I saw him.

I envied him his library room—cases, galleries and ceiling finished in natural wood, plenty of light, space and quietude, barring the gentle hum of wheels in the work rooms beyond. A large globe and cases containing electrical inventions stood here and there in the room. Thousands of books catalogued and easy of access filled the shelves.

I found Mr. Edison in appearance very much like his pictures, except that he is more fleshy and looks older. He was very affable and courteous, seeming to have nothing more important to do than to entertain me for as long as I wished to stay. He inquired for several Chicago physicians whom he knew only by name, and I was glad to be able to enlighten him regarding their standing and the institutions to which they belonged.

Mr. Edison led the way to a room black as Egypt, black until the Crooke's tubes became like a globe of molten metal at white heat. Then a little of the interior of the room became visible, bringing to view an extensive and complicated lot of electrical apparatus for experimental work. The fluoroscope was produced and when the hand or arm was placed between the illuminating bulb and the box the bones of the member were immediately seen in black shadow and the outline of the flesh a mere dim, gray reflection. By this process the shadow of the osseous system can be had at once, and just as distinctly as the slower mode of developing it upon the photographic plate.

The fluoroscope is a light box shaped like a stereopticon, enclosed and covered at the distal end by an opaque substance covered with the crystals of tungsgate of calcium. Alternately "me and Mr. Edison" thrust our hands, fore-arms or wrists before this box and saw clearly what otherwise will possibly never be seen until we are denuded of our flesh on the dissecting table.

* * *

Having shipped on a Mediterranean steamer and landed in Italy it gave me, besides two weeks of a most delightful voyage, an opportunity to look in upon some Italian hospitals. The most I can say of them is, to quote from the Litany, "Good Lord deliver us," from all such. In Milan, for instance, an old ducal palace serves the purpose of the city hospital. It covers quite a tract of ground with its pillared and arched halls and open courts, and is interesting historically and architecturally. But, alas! interest flags from that point on. The building contains 4,000 beds and one can count seventy beds and upwards in a ward, and few of them are empty. Disinfectants are much in evidence to the nostrils, and that abomination of modern surgery, called iodoform, permeates your clothing as you walk through. Notwithstanding this, filth is king. The uses of water are almost unknown, even for drinking purposes, and as for a bath, I am sure that modern, indigent Italy has no equivalent for the word.

* * *

It is much better here in provincial France. I have remained several weeks in Nancy, following in the wake of Prof. Bernheim every morning for two or three hours, and each alternate day a conference or lecture besides. Some time before Charcot died he had allowed the subject of hypnotism to rest—he had said all that he had to say upon that subject.

On the other hand, Bernheim worked with it continuously and the majority of those interested in this subject were accepting Bernheim's views rather than Charcot's, for in many respects they were widely apart. In the *Hospital Civil,* of Nancy, today, hypnotic suggestion is as regularly administered to the patients as antipyrin, atropin, digitalin and the mercurials.

Bernheim's clinic is a general medical one, therefore he has cases of rheumatism, cardiac disease, pneumonia, pleurisy, phthisis, stomachic diseases, as well as tabes, sclerose en plague, myelitis and hysteria. He is thorough and rapid in his examinations and is always on the look out for tuberculosis. He does not confine his suggestive treatment to those suffering functionally, by any manner of means; he is too well grounded in diagnosis and pathology to make any claims for this method of treatment not in strict conformance with the laws of disease. Organic destruction is beyond the power of suggestion to repair. But in all patients suffering from organic disease he recognizes the presence of functional derangements, and to these latter he directs his "psychotherapeé."

* * *

In following this clinic day after day and becoming saturated with the methods of Prof. Bernheim I found that putting patients to sleep hypnotically came to me almost as readily as to Bernheim himself. No claim is made by scientific hypnotists that they possess some hidden power of mystical origin not found in common mortals, but it is nevertheless true that the knack of handling patients in this wise varies as widely as the characteristics of the individuals trying it.

One instance will explain Prof. Bernheim's use of this mode of treatment. A lady patient arrived who was wasted in flesh, almost bed-ridden, suffering from insomnia and anorexia. The case on examination proved to be one of pulmonary tuberculosis. Under the daily treatments of hypnotic sleep and suggestion the appetite improved and the insomnia disappeared, and the patient improved in appearance to a marked degree. This change was solely the result of suggestion, but of course the condition of the lungs remained unchanged. "Now," said Prof. Bernheim, "the patient is in such a condition that if the proper climate and surroundings could be granted she has a possible chance to fight the disease and recover, while before her arrival there was positively no hope whatever."

Department Marthé et Moselle, Nancy, France.

THREE BUSY DAYS IN LONDON.

BY OUR PITTSBURG CORRESPONDENT.

They say the British are slow, but a recent experience of mine has quite determined me that they are the reverse. Listen to the doings of three days:

A desire for neurological study led me to London. A letter of introduction from Dr. J. H. McClelland, of Pittsburg, led me to Dr. J. Galley Blackley. An invitation from Dr. Blackley led me to the London Homeopathic Hospital, and Dr. Blackley led me through its wards and there I saw a whole lot. Dr. Blackley has charge of the medical cases. He showed me a number of very interesting ones, scattered throughout the wards. And right here let me say that if any one wants points on how to furnish and conduct a hospital he can get them here. The wards are models of perfect arrangement, good ventilation, splendid sanitary condition and fine management. The nurses are bright, intelligent, painstaking and conscientious, assisting the resident and attending physician by careful notes on symptoms developed between visits. I was very much pleased with my experience of an hour and a half with Dr. Blackley.

INSTRUCTIVE SURGICAL CLINIC.

A walk of two minutes around the corner brought me to the National Hospital for the Paralyzed and Epileptic, where I expect to gain much of profit in the near future. I was back at the hospital at 2:30 to witness some surgical operations. These were conducted by Mr. Knox Shaw and Mr. Dudley Wright. Mr. Shaw operated very neatly and thoroughly on a pus-filled elbow joint, undoing with a few skillful touches of probe and scalpel the mischief of years' growth. Mr. Wright had two cases for operation; the first was rather more for diagnostic and explorative purposes than for the purpose of making a decisive and final operation. The patient was a woman, weak, anemic and jaundiced, and it was hoped that this condition was the result of obstruction of the gall-bladder from calculi. But it was not so. A careful investigation revealed a carcinomatous liver, and the patient was sadly put to one side.

The next case was one of the most daring and most interesting I have seen in my sixteen years of rather full experience. St. Thomas Hospital's best surgeons said nothing but colotomy. The man said he'd rather die. Mr. Dudley Wright said: "Kraske's operation—a little bit modified,"—and he did it beautifully, and the man at this date—five days after the operation—is doing well. The case was one of carcinoma of the rectum, situated high up, almost at the sigmoid. Operation per anum was impossible. Mr. Wright made a long incision, the length of sacrum and coccyx, and removed the bones entire up to the fourth sacral, excised completely four inches of the rectum, gave the upper part of the rectum a slight twist on itself and brought it out through the upper part of the wound between the buttocks, so that there would still be partial control of the rectum. Here is where the modification comes in. Kraske's operation closes with an end to end union of the rectum. I consider this operation a masterpiece of surgery, requiring patience, skill, the best judgment and daring. I congratulate Mr. Wright on his successful work.

BRITISH HOMEOPATHIC SOCIETY.

The next evening I attended a meeting of the British Homeopathic Society, and that, too, was full of interest. Two very full papers were read—one was by Mr. J. Johnstone, M. B., F. R. C. S., (who by the way was Mr. Wright's very capable assistant the day before) on "Mammary Cancer; its Early Diagnosis and Subsequent Treatment." There were two large charts on one wall of the room. On one was tabulated "Conditions simulating early cancer." 1, Acute mastitis; 2, chronic mastitis; 3, abscess; 4, cysts, deep, thick-walled; 5, sarcoma; 6, gumma; 7, fibro-osteoma; 8, phantom tumors; 9, keloid of the skin; 10, syphilis of the skin.

On the other was, "Retraction of the Nipple" occurs in: 1, congenital imperfection; 2, chronic inflammatory contraction; 3, discharged and shriveled cyst; 4, contractions after operations, as incisions of cysts or abscess; 5, carcinoma (exception, rapid carcinoma with scanty fibrous tissue).

Mr. Johnstone in a pleasing, careful and thorough way discussed the subject in all its bearings. He held the close attention of his hearers entirely to the end of his long and exhaustive paper.

The very free discussion which followed was introduced by Dr. Blackley. Mr. Dudley Wright, Dr. Burford, Dr. Dudgeon, Dr. Moir, Mr. Knox Shaw, Dr. Neatby and Dr. Madden followed him, Mr. Johnstone closing.

The next paper was one by Dr. Cast Reed on "The Uterine Curette, its Place in Gynecological Practice: A Clinical Study." This was very long and very interesting, and at the conclusion of the reading was discussed by Drs. Neatby, Madden and Burford, and Mr. Johnstone. Both of these papers ought to be published. Do the readers of the CENTURY want either or both? [Yes, the one on Mammary Cancer, especially.—EDITOR.]

This British society is very lively—they have more at one meeting than some of our American ones do at six. It's like pulling teeth for a society president to get papers out of the members. I know —I've been there.

Next day I spent the afternoon with Dr. Blackley in his skin clinic. The doctor modestly says that is a hobby of his—while we all know how very skillfully he treats these cases and is not backward, either, in telling how he does it, so we may have a benefit. He had twenty-five or thirty cases during that afternoon.

In the evening I attended the annual assembly. This was mainly for the purpose of organizing for another year. Here are the officers: President, Dr. Madden; first vice president, Dr. Washington Epps; second vice president, Mr. Dudley Wright; treasurer, Dr. Blackley; honorary secretary, Mr. Knox Shaw. Section of Materia Medica and Therapeutics: Dr. Hughes, chairman; Dr. Epps, Dr. Dyce Brown, Dr. Lambert and Dr. Ord. Section of General Medicine and Pathology: Dr. Galley Blackley, chairman; Dr. Byres Moir, Dr. Dyce Brown, Dr. Robertson Day, Dr. Goldsborough. Section of Surgery and Gynecology: Dr. Burford, chairman; Mr. Dudley Wright, Dr. Neatby, Mr. Johnstone, Mr. Gerard Smith.

Following the general business and sandwiched between slices of officers' elections, was a beautiful demonstration of the Röntgen ray by Mr. Gerard Smith. He referred to Faraday's intuitions in 1816, Crooke's demonstration of 1876, and Röntgen's experiments and their recent results. He further discussed the conditions as to vacuum tubes and electric apparatus necessary for success in radiography. The demonstrations were illustrated by the fluorescent screen and radiographs were taken. The demonstration was very interesting and instructive.

Then, to cap the climax of a very full three days, I was Dr. Blackley's guest at a supper which followed, in one of London's swellest restaurants on "High Holborn."

Now what do you think of that for a time? Verily, more was crowded into those three days than have ever before been crowded into three of my days. My whole idea of British reception, treatment and attention can be summed up in one word—"plethora." It is a wonder I was not both mentally and physically foundered. More anon.

J. Richey Horner.

London, England.

BALTIMORE NOTES.

BY A. O. PALMER, M. D., PH. D., WARREN, OHIO.

During a recent visit to the cities of Baltimore and Washington I had a good opportunity to investigate the professional field. Baltimore has always been a strong medical and surgical center, and judging from what I saw I feel warranted in stating that everything is kept fully up to date.

I had the pleasure of visiting the Johns-Hopkins Hospital and of witnessing their skillful work, and I was very much pleased with the very courteous manner in which all visitors are received. All in all it is a delightful hospital to visit and in which to see good work.

I attended other general clinics, but saw none that were of more interest than those of Drs. Cole and Barnard at the Maryland Homeopathic Hospital. It was my pleasure to attend one of their "field days," when everything in a surgical way was plentiful. We had a feast. Dr. Barnard showed how he does a hysterectomy, in two cases, and it was well done. We had the satisfaction of seeing a number of patients whom he had recently operated upon, and they were all looking and doing well. I was pleased to learn that ventral hernias were never seen in abdominal cases operated by Dr. Barnard's method.

It afforded me much satisfaction to see Dr. Cole make two abdominal operations in his private hospital. The first case had been a great sufferer for years, and had had much bad treatment. She had had repeated attacks of pelvic inflammation, causing the pelvic organs to become a great source of tenderness and pain. After doing all indicated orificial work the abdomen was opened and all adhesions were severed, and the parts were placed in their normal position. The uterus was fixed to the abdominal wall and the wound was closed. This case did well and no doubt will make a very satisfactory recovery. The second was a large uterine fibroid of long standing that was the cause of general ill health and pain in the lower limbs. Considering the severity of the case she has done very well so far and promises to fully regain her health. Dr. Cole's private home for surgical and gynecological work is well located on Mt. Royal avenue, and I am glad to say is well patronized.

The Maryland Homeopathic Hospital is also well filled with patients and good nurses, and when the new hospital with its large number of rooms and modern improvements is ready for use the homeopathic profession of the South can be proud of their Baltimore brethren.

During my visits to the hospital I met Drs. Eldridge Price and Henry Chandlee. Dr. Price is the editor of the Southern Journal of Homeopathy, which suited me so well that I left my two dollars for twelve numbers. Dr. Chandlee is using the Röntgen rays in obstetrical study and gives a good specimen of his work in the April number of the "Southern Journal." He is a hard worker and more may be expected from him that will be good.

I learned that the homeopathic physicians of Baltimore are faithful workers and are advancing the cause of homeopathy to the best of their ability.

Associations.

WASHINGTON STATE SOCIETY.

The Washington State Homeopathic Medical Society met for its seventh annual session in the parlors of the Hotel Northern, Seattle, Washington, Tuesday, June 9th, 1896.

Dr. Frederick A. Churchill, of Seattle, in his annual address as president of the society, referred to the progress of homeopathy, to its rapid increase in popularity as a school of medicine among all classes and drew especial attention to the treatment of typhoid, comparing at some length the efforts of the homeopathic and allopathic schools.

Dr. Churchill expressed the opinion that at least two-thirds of all cases of typhoid fever can be aborted by the early exhibition of the homeopathic remedy.

An interesting discussion followed, in which the claims of *Baptisia* were fully discussed by the various members of the profession present.

Following the president's address, which was referred to Drs. H. B. Bagley and E. Weldon Young, of Seattle, and Clinton Munson, of Tacoma, reports were made by the secretary, Dr. Chas. M. Baldwin, and the treasurer, Dr. Sarah Kendall.

Dr. J. J. Sturgus, Seattle, Dr. Bush, Montisona, and Dr. E. E. Beckett, Seattle, were elected to membership.

Roll-call of bureaux elicited a number of interesting papers, among which may be mentioned the following: "Chronic Cystitis and Prostatic Hypertrophy," by Dr. C. Munson, Tacoma; "Vaginal Hysterectomy," Dr. C. E. Grove, Spokane; "Antiseptics in Surgery," Dr. H. B. Bagley, Seattle; "The Radical Cure of Hemorrhoids," by Dr. E. Weldon Young, Seattle; "Reflexes in Gynecology," by Dr. T. M. Young, Seattle; "Cremation," by Dr. Sarah Kendall; "Pulsatilla, Will it Cure Malpositions in Utero?" by Dr. J. J. Sturgus, Seattle.

Dr. L. W. Carpenter read an interesting paper for the bureau of organization, registration and statistics.

Dr. Francis B. Kellogg, of Tacoma, presented two very interesting clinical cases of vernal ophthalmia and in his paper discussed its symptomatology, diagnosis and treatment.

Orificial surgery came in for its usual round of abuse and approbation, Drs. Baldwin, Grove and E. Weldon Young discussing it at some length.

Owing to the fact that a number of physicians were not able to be present more than one day, an evening session was held after the banquet when other papers were read and discussed, notably one on "Ulceration of Cervix Uteri," by Dr. E. D. Olmsted, Spokane. The officers were elected as follows:

President, Dr. C. E. Grove, Spokane; vice-president, Dr. W. W. Misener, Tacoma; secretary, Dr. Chas. M. Baldwin, Seattle; treasurer, Dr. Sarah Kendall, Seattle; board of censors: Dr. E. Weldon Young, Seattle; Dr. C. S. Penfield, Spokane; Dr. J. J. Sturgus, Seattle; Dr. H. B. Bagley, Seattle; Dr. Clinton Munson, Tacoma.

The date of the annual meeting was changed from the second Tuesday in May to the second Thursday in June, so that members of the Oregon and Washington profession might be able to attend the sessions of both state societies.

Dr. Sarah Kendall reported briefly on the jubilee meeting of the California society.

Drs. Clinton Munson, of Tacoma, H. B. Bagley and E. Weldon Young, of Seattle, and Dr. E. D. Olmstead, of Spokane, were appointed to look after legislative matters concerning the interests of homeopathy in this state. Efforts will be made to secure control of at least one of the state public institutions.

Dr. Olmstead, of Spokane, and Dr. Munson, of Tacoma, were appointed delegates to the American Institute.

Dr. E. Weldon Young, of Seattle, representing the Hahnemann Monument Committee in Washington, called the society's attention to the duty of making some appropriation to this worthy object and $25 was appropriated for that purpose.

While the society's membership is limited in numbers and the attendance therefore small, yet much interest was manifested, excellent papers were presented and intelligently discussed and not a little done in the way of drawing the homeopaths of this far Western state together, so that with a united effort similia's banner may be kept moving steadily forward. The next session will be held in Tacoma, June, 1897.

WESTERN NEW YORK HOMEOPATHIC MEDICAL SOCIETY.

BY W. H. HODGE, M. D., NIAGARA FALLS, NEW YORK.

The regular quarterly meeting of the Western New York Homeopathic Medical Society convened at the Cataract House, Niagara Falls, Friday, July 10, 1896, and was well attended. Owing to the illness of the president, Dr. Geo. R. Stearns, the meeting was presided over by the vice president, Dr. N. M. Collins, of Rochester.

Diagnosis of Tuberculosis.—A plea for the early detection of tuberculosis was made by Dr. H. W. Hoyt, of Rochester, in his paper entitled "Early Examinations for Tuberculosis." He did not believe that there was anyone present who needed convincing that the tubercle bacillus is the important element in the causation of tuberculosis and the diagnostic feature in its detection. He called attention to the centrifuge for quickly precipitating any sediment or bacilli; by this method elastic tissue fibers in the sputum from the lungs are easily demonstrated, and many physicians consider the presence of these elastic tissue fibres of more importance in the diagnosis of pulmonary tuberculosis than the bacilli themselves, unless the bacilli are found in great numbers. He stated further that all recognize the fact that any beneficial results of a diagnosis—to the patient, at least—is only when made early; and by the aid of this new method an earlier diagnosis can be made than ever before. An unknown case of tuberculosis is of much more danger to the community than a known one, for there is likely to be a careless disposal of the virulent sputum in our streets and public conveyances. The laity are coming to believe in the dangerous bacillus and every physician ought to encourage them in trying to stamp out the contagion in its infancy.

Mental and Moral Therapeutics.—This was the subject of a paper by Dr C. W. Babcock, of Buffalo. He declared that beneath the superstition, the falsehood, the charlatanism, the self-deception and the pseudo-science of what has been variously termed Christian science, faith-cure, mind-cure, or witchcraft, there lies an indubitable sub-stratum of truth. There can be no question raised as to the existence of an intimate relationship between the mind and the body, and it is the duty of physicians, especially in these days of so much Christian science, so-called, to study the many questions involved in the subject of mental and moral therapeutics, in order to rescue this important remedial agent from the hands of ignorant and designing charlatans and to establish scientifically its uses and thus to prevent its manifold abuses. Mental and moral impressions operate directly or indirectly on every part of the body, modify every function favoring either disease or health, according to their character, and in these impressions we have agencies no less potent than the most powerful drugs.

He believes that every medical man finds, sooner or later, that there are pathological conditions which the scalpel, the stethoscope and the microscope do not reveal. If the mind and emotions possess, through the medium of the nervous system, such a powerful influence to modify, impair and wholly subvert the functions of the various organs of the body, and thus induce disease and death, it may easily be inferred that they may also help to counteract and overcome many pathological conditions. If mental influences are fruitful in the production of disease it behooves the physician, instead of trusting entirely to his pharmacopea and the products of his mortar and pestle, to avail himself of the numerous mental and moral influences which are also potent to cure.

Galactorrhea.—A case of galactorrhea was reported by Dr. C. F. Buck of Lockport. The patient, a lady 23 years of age, weaned her child when it was thirteen months old, but the flow of milk has continued since—over three years. When the milk is not removed by the breast pump it oozes out, soaking her clothing. He has tried various remedies and local applications without giving her any relief. He referred her to Dr. De Witt G. Wilcox, of Buffalo, for examination. Dr. Wilcox found tenderness of left ovary, a small scar at the posterior commissure and a partial stenosis of the uterine canal. He recommended galvanism, dilating uterine canal, and removal of scar.

Dr. Blighton said he had in his practice during the past three years two such cases. He had been able to stop the flow of milk in each case by the administration of *Phytolacca* and an application composed of the following:

℞. Atropiæ sulph. gr. j; Glycerinæ ℥ j; miscæ.

Treatment of Fractures.—"MANAGEMENT OF FRACTURES."—Dr. Blighton, of Tonawanda, advocated the Levis metallic splint as especially suitable in the treatment of fractures of the arm, forearm, hands, legs and feet. He endeavors to dispense with the roller bandage when possible, for the purpose of securing the splints in place, preferring to use for that purpose webbing straps provided with buckles which may be loosened or tightened at will. In using Mead's plaster for fracture of the ribs he always applies them diagonally, putting on two layers in opposite directions and then applying two or more strips parallel to each other from side to side.

Dr. Wilcox objects to the use of ready-made moulded splints for Colle's fracture. He believes that there is a tendency among surgeons today to come back to the old pistol-shape splint for this fracture, which allows the hand to drop. He has had the best success with it. He takes exception also to wiring the patella, in fracture of this bone, and believes the best treatment is by means of the inclined plane, plasters, and, if necessary, hooks.

Dr. A. R. Wright, of Buffalo, spoke of an instrument made by Tiemann & Co. for holding the fragments in apposition. His own personal experience with it had been very satisfactory.

Urinary Infiltration Followed by Perineal Section.—Dr. N. M. Collins, under the above title, said that this most distressing condition is fortunately rare, but when it does occur it should receive prompt and radical treatment. Its most frequent cause, he thinks, is stricture of the urethra following gonorrhea. Among several cases he reported was one, a German, aged 30, who contracted gonorrhea early in life. Nothing unusual appeared during its course, but a few years later he was suddenly unable to void his urine, and after several unsuccessful attempts of a local physician to relieve him, was sent to the Rochester Homeopathic Hospital during Dr. Collins' service. When admitted his bladder was distended to the umbilicus, his penis so swollen that it would not be recognized if not found in its proper position, his scrotum was as large as a foot ball, and the lower half gangrenous. The temperature was 101, pulse 115, respiration 25, and altogether he was in a very critical condition. Under anesthesia Dr. Collins first cut open the prepuce for over two inches before the meatus was reached; after trying in vain to enter the bladder through the natural passage he cut down on the end of a sound, introduced to the stricture, and easily gained access to the bladder without a guide.

On entering the bladder a large amount of residual urine escaped. A large drainage tube was inserted and he was removed to the ward. The next morning his condition was excellent, the gangrene had formed a distinct line of demarkation, but all his other bad symptoms had disappeared except the foul odor from the sloughing scrotum. In two days the testicles were bare at the lower part, but by strapping the sides together the flesh closed around the organs. The drainage tube was left in the bladder six days, after which a full sized sound was passed and he was discharged cured.

Hernia.—"THE TREATMENT OF HERNIA" was discussed by Dr. Monroe Manges, of Buffalo. He believes that in the prevailing use of the knife for the radical cure of hernia the injection treatment is overlooked and that many cases can be cured by this method who would never submit to the knife. He thinks that if the same care is given after the injection treatment, namely, rest in bed for two weeks, very excellent results can be obtained.

Cerebral Tumors.—"TUMORS OF THE CEREBELLUM," by Dr. P. W. Neefus, of Rochester, ended the list of papers. He stated that in most cases much could be done in the way of palliative treatment and in many others the efforts of the surgeons were successful in relieving the unfortunate victim of this disease.

Dr. Wolcott, president of the New York state society, tendered the Western New York society an invitation to meet with the state society at Rochester September next and on motion of Dr. F. Parke Lewis, of Buffalo, the invitation was accepted.

METHODS OF THE BOSTON HOMEOPATHIC SOCIETY.

BY H. O. SPALDING, BOSTON.

A Successful Year.—With the June meeting the Boston Homeopathic Medical Society closed a most successful season. Much of the success attending the efforts of this local society is due to the admirable method of providing for each evening's entertainment. During the early years of its existence it underwent the waxing and waning of enthusiasm attendant upon many local medical societies where one set of men is called upon to do the work. Then the officers bore all the labor of arranging the program for each and every meeting. They would labor diligently to have interesting and attractive meetings; in this they almost invariably succeeded, but it was only for a time. The resources of one man are not inexhaustible, his circle of professional acquaintances is not infinite, the strings which he can pull are not illimitable; the result—a series of good enthusiastic meetings, soon followed by a period of inactivity and the society is down. New officers are elected, full of enthusiasm and fresh in the work, they put their shoulders to the wheel and by hard work roll the society out of the mire of failing interest upon the clear highway of successful meetings. But in time the strength of these men is exhausted and the same old story is repeated. It was foreseen that unless something was done, some radical change made, the day must come when it would be impossible to arouse interest and the society would remain buried in a mud-hole, as it were, only a wreck of the past.

After much anxiety, thought and work on the part of some of the more prominent men in the profession here a scheme was devised which has resulted in gratifying success. This scheme is outlined with the hope that some society which is toiling through a period similar to that of the early years of the Boston society may be saved from sinking into "innocuous desuetude," or at least be saved much labor by the hints from the history of this society's struggle.

General Questions.—First, as regards the organization of the society at large. There are ten officers, a president, two vice-presidents, two secretaries, a treasurer, an auditor and three censors. These officers constitute the executive committee of the society. To provide against the recognized difficulty of getting these officers together on a different day from that on which the meetings are held it was decided to hold the meetings of the executive committee on the evening of each monthly meeting but at an earlier hour. Taking advantage of the fact that a social luncheon is an irresistible attraction to the average man, a supper is served, in the building, for the members of the executive committee. Here subjects pertaining to the welfare of the society and needing its action are brought up, discussed and put into shape to present to the society for it to approve or act upon in the most expeditious manner possible. Thus many matters of interest and importance are brought before the members which would have passed unnoticed or neglected were it not for the monthly supper and executive meeting. This arrangement also accomplishes the result of having an audience promptly on hand at the appointed hour of opening the meeting

Scientific Features.—Having considered how the business affairs are disposed of the question arises: "What of the literary part?"

There are nine meetings each year and at each of these meetings a different subject or class of subjects is discussed. Each meeting is devoted to a different "section," which has its own organization, its own officers—in short, is as a separate society, a society within a society. Any member may belong to any or all sections by signifying his desire to the secretary. There is only one set of dues, that to the general society. As the officers of each section serve but one year they have to provide for but one meeting each year, then a new set of men takes hold and manage the program for the next meeting; thus those having charge of each meeting are always fresh for the work, with new ideas, new perspective and present an ever-varying line of work.

As for the program for each evening: It is divided into three parts. First, a business session devoted to reading of the records, election of new members and general business; second, a scientific session at which may be presented, by any member, pathological specimens, important or interesting cases, new discoveries pertaining to surgery or medicine, and subjects relating to hygiene; third, the chairman of the section of the evening takes charge of the meeting and after election of officers for the section for the ensuing year, the papers arranged for are read and discussed.

NEW ENGLAND ASSOCIATION NEWS-NOTES.

BY H. O. SPALDING, "THE CLUNY," BOSTON.

The Hughes Medical Club of Boston meets at the homes of its members every third Monday of each month from October till May. Dr. F. D. Stackpole, Boston, is secretary and treasurer. The society is limited to fifteen active members.

The Bridgeport Homeopathic Medical Society meets at the homes of its members every third Tuesday of each month at Bridgeport, Conn. Its president is Dr. C. E. Sanford; vice president, Dr. C. N. Payne; secretary and treasurer, Dr. F. Hills Cole.

The Lowell Hahnemann Club meets every third Tuesday of each month; annual meeting in November. Meetings are held at the homes of the members. The president is F. A. Warner, M. D.; vice president, G. F. Martin, M. D.; secretary, Nellis W. Stephenson, M. D.; treasurer, E. B. Holt, M. D.

The Massachusetts Surgical and Gynecological Society meets semi-annually in Boston on the second Wednesday in June and second Wednesday in December. The following are the officers: President, J. H. Sherman, M. D., Boston; first vice-president, Martha E. Mann, M. D., Boston; second vice-president, N. R. Perkins, M. D., Boston; secretary, N. H. Houghton, M. D., Boston; treasurer, Grace E. Cross, M. D., Boston.

Worcester County Massachusetts Medical Society holds meetings in Worcester every second Wednesday in February, May, August and November. Dr. Carl Crisand, Worcester, is president; Drs. W. H. Bennett, Fitchburg, and G. S. Adams, Westboro, are vice-presidents; Dr. A. C. Bray, Worcester, is secretary and treasurer; Drs. E. D. Fitch, Worcester and C. L. Nichols, Worcester, are librarians; Drs. J. P. Rand, Worcester and J. K. Warren, Worcester, are censors.

The Homeopathic Medical Society of Western Massachusetts has for its president Dr. J. H. Carmichael, Springfield; first vice-president, Dr. B. A. Sawtelle, Holliston; second vice-president, Dr. W. P. Wentworth, Lee; secretary and treasurer, Dr. E. H. Copeland, Northamptom; Drs. O. W. Roberts, Springfield, Clara W. Sweet, Springfield, and W. F. Harding, Westfield, censors. Meetings are held in Springfield on every third Wednesday in March, June, September and December.

The Rhode Island State Homeopathic Medical Society has for its president Dr. T. H. Shipman, Providence; vice president, Dr. Sayre Hasbrouck, Providence; secretary, Dr. J. H. Bennett, Pawtucket; treasurer, Dr. L. D. Lippit, Olneyville; censors, Drs. H. A. Whitmarsh, Providence, Mary D. Mathews, Providence, and C. A. Barnard, Centredale. Monthly meetings are held at the homes of members except in July and August; annual meetings the second Friday in January at the Narragansett hotel, Providence.

The Boston Homeopathic Medical Society holds its meetings the first Thursday evening of every month, except July, August and September, in Boston. Dr. W. J. Winn, Cambridge, is president; Dr. W. T. Talbot, Boston, first vice-president; Dr. Jane K. Culver, Boston, second vice-president; Dr. J. E. Briggs, Boston, secretary; Dr. F. P. Batchelder, Boston, corresponding secretary; Dr. M. W. Turner, Brookline, treasurer; Dr. T. M. Strong, Boston, auditor; Drs. I. T. Talbot, Boston, G. B. Rice, Boston, Emily A. Bruce, Boston, censors.

The Massachusetts Homeopathic Medical Society meets the first Thursday evening and the day following in April and October at such place as the executive committee may determine. The following are its officers: President, Dr. F. B. Percy, Brookline; vice-presidents, Dr. P. Bellows, Boston, and Dr. N. W. Rand, Monson; corresponding secretary, Dr. J. W. Clapp, Boston; recording secretary, Dr. F. W. Richardson, Boston; treasurer, Dr. H. C. Clapp, Boston; librarian, Dr. Samuel Boothby, Boston; censors, Drs. Alonzo Boothby, Boston, E. P. Colby, Boston, N. E. Paine, West Newton, Horace Packard, Boston, and Conrad Wesselhœft, Boston.

The officers of the Maine Homeopathic Medical Society are as follows: President, W. S. Thompson, M. D., Augusta; vice presidents, J. M. Prilay, M. D., Bangor, and F. O. Lyford, M. D., Farrington; recording secretary, Cora M. Johnson, M. D., Skowhegan; corresponding secretary, D. C. Perkins, M. D., Rockland; treasurer, J. C. Gannett, M. D., Yarmouth; censors, C. M. Foss, M. D., Dexter, M. S. Biury, M. D., Bath, W. M. Haines, M. D., Ellsworth, G. E. Heath, M. D., Gardner, H. M. Potter, M. D., Gardner. Annual meetings are held in June on the first Tuesday and Wednesday at some chosen place.

The Essex County Homeopathic Medical Society has the following officers: President, T. R. Grow, M. D., Lynn; vice-president, E. M. Dolloff, M. D., Rockport; secretary and treasurer, C. W. Morse, M. D., Salem; censors, S. E. Sherman, M. D., Salem, C. R. Brown, M. D., Lynn, and W. E. Bongartz, M. D., Beverly; auditors, H. F. Batchelder, M. D., Danvers, and G. W. Worcester, M. D., Newburyport. The dates of meetings are as follows: Fourth Wednesday in January, April, July and October; supplementary meetings on the fourth Wednesday evenings of intervening months if so desired. The meetings are usually held in Salem or Lynn but may be held at the homes of the members.

The Vermont Homeopathic Medical Society's officers are as follows: President, J. F. Shattuck, M. D., Wells River; vice-president, M. D. Smith, M. D., Middlebury; secretary, G. I. Forbes, M. D., Burlington; treasurer, E. B. Whitaker, M. D., Newport; censors, Drs. W. B. Mayo, Northfield, H. E. Packer, Gardner, and E. B. Whitaker, Barre; auditors, J. Haylett, M. D., Middlebury, D. C. Noble, M. D., Middlebury, and S. S. Martin, M. D., East Hardwick. The annual meeting is held on the last Wednesday in May, at Montpelier, continuing two days; the semi-annual meeting occurs in October, at a date decided upon by the president and secretary, at a chosen place.

Detroit treated the Institute fairly well in the matter of newspaper reports, although the fact that the national republican convention was in session at the same time at St. Louis made it impossible for the press to give us the amount of space which otherwise would have been at our disposal. Naturally, the papers made a scarecrow out of Dr. Wesselhoeft's "agnostic address," as Dr. H. C. Allen dubbed, it and of those discussions which seemed to show the least bit of weakness in relation to the scope of similia; but, on the whole, they fairly reflected what we gave them to reflect and the fault lay with us if their reports did not read as we might wish. The dailies published a good number of alleged portraitures of members in attendance and of members not in attendance, the issuance of the latter causing the query, "How did the reporters get the photos of members a thousand miles away?"

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - EDITOR.

New York and Chicago, July 15, 1896.

HOW SHALL WE SAVE THE BABIES?

The summer harvest of death has begun. During the winter and spring diphtheria, scarlatina, measles, whooping cough and other diseases of the respiratory organs have slain their thousands, but during the next three months the summer diarrheal diseases of infants will slay their hundreds of thousands. Only by the most loyal devotion to the necessities of the little-folk entrusted to our care will we be able to combat the dangers of the heated term. Though in some respects more horrible in its manifestations than cholera infantum yet, after all, that most dread of all children's diseases, diphtheria, is not more destructive. It is limited almost exclusively to Northern latitudes, while the bowel disorders of children prevail wherever babies are to be found and wherever summer suns heat the atmosphere and bring about decay of animal and vegetable matter. In the large cities particularly, especially those so located as to combine in their climatic conditions excessive heat and humidity, the danger from now 'till the coming of frost is intensified. For the next two or three months the burden of the physician's work will be among the babies. What shall we do that they may be saved?

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In sanitation lies the first and mightiest weapon for their defense. Cleanliness is above Godliness here. Clean streets, clean alleys, clean back yards, clean front yards, clean homes, cleanliness of person—all these are factors of the first importance. Public sanitation is a public duty. Public insanitation is a public crime. Likewise, individual cleanliness is an individual duty—individual uncleanliness an individual crime. In all cities and towns the most perfect sanitation possible should be demanded. Municipal economy should not be allowed to bring about a condition of municipal unhealthiness, neither should municipal indifference. It is the paramount duty of health boards and departments of public works to see that the highways and byways of all municipalities in the country are brought to a state of satisfactory cleanliness. In the filthiness of alleys and the accumulations of garbage barrels and boxes are written the death warrants of thousands of innocents. Their complete helplessness makes our duty the greater. As physicians and citizens we must demand of those in authority that their duty in relation to public sanitation be perfectly performed. In this lies in great measure the safety of the babies during the heated term. Depressing as the hot weather of summer may be upon little folk it is yet as nothing in comparison with the obnoxious influences of rottenness and polution. Couple the two, extreme heat and filth, and we have the factors which are responsible for disturbances which cause the death of more babies than all the other diseases of children combined. While not within the power of princes and powers to prevent or alter the climatic influences of summer it is yet within the power of health officials to put cities and towns in such a condition of sanitation that the dangers of summer weather may be minimized. This being true, and it cannot be gainsaid, our first duty to the babies is in the direction of influencing public and private and individual sanitation everywhere.

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Less general in its influence, yet productive of a vast mortality among children during the heated term, is the factor of food. It has come to be accepted that cholera infantum and most other bowel diseases of infants are bacterial in their origin. Milk, the chief article of diet of babies, is one of the best germ culture-mediums known. If it be not pure it is but the baby's poison. The mother's milk is the best article upon which the baby can be sustained, unless there be individual reasons why this or that mother is not fit to nurse her child. Right here we often make the mistake of reaching the conclusion that the mother cannot nurse her baby. It is indeed a rare exception that a mother cannot nurse her offspring. Certainly no trifling excuse should serve to induce us to endorse early weaning. Few are the mothers who cannot carry their babies through the first year of life at their breasts, if they will. If a mother be suffering a constitutional disease, as phthisis, carcinoma, syphilis or other disorder which renders her milk worse than useless for her babe it may be weaned. But too often the physician is led to put the baby upon a mixed or artificial diet because the mother tires of its care and comes early to the conclusion that her milk is too poor or too rich, or that she does not give enough of it, or that "it is so plentiful that it all runs to water." There is opportunity for reform here, and the painstaking physician who has learned to dread the heated term and its effects upon his infant clientage will be slow to yield to the entreaties of the mother or the father. Both often plead that the act of nursing exhausts the mother and that she is "being pulled to death" by her offspring. Given a fairly healthy mother, and a fairly good supply of fairly good milk and no infant should be weaned until it has passed the first year of life. Especially should we be careful and conscientious to the last degree in prescribing weaning during the heat of the summer.

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On the other hand, the wrong of continuing the maternal diet too long is a common one. After the first year it is seldom that the mother's milk contains the elements necessary to the sustenance and development of her offspring. Some mothers commit infanticide in their mad effort to prevent another pregnancy through continued nursing, after the milk has ceased to afford the infant the chemistry of food necessary to its demands. Not many mothers mean to thus endanger their offspring, but they do, just the same. Or, a child in its second summer is allowed to tug at a breast supplying only watery milk in the false notion that its life will be endangered by weaning it during the hot weather, when in most children beyond a year of age life is absolutely placed in jeopardy by this course. Children beyond a year demand the more substantial nourishment of bread and butter, rare beef in moderation, and the nitrogenous vegetables, as lentils, peas, beans, etc., so cooked as to be easily digestible and rendered palatable. If milk be employed it should be pure, fresh and from a healthy and well-kept cow. Cattle fed upon swill, and those allowed to drink from stagnant ponds and half dry creeks are a fruitful cause of illness in children who feed upon their milk. It is better, therefore, to rely upon a mixed table diet during the second summer than to rely upon the maternal diet, or upon milk about whose purity and freshness there is the least possibility of doubt.

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Babies need water, water, water, and plenty of it! It goes without saying that it should be pure. If this cannot be otherwise guaranteed the ordinary hydrant water or well or cistern water should be boiled and bottled tightly while hot, then cooled by the vehicle containing it being lain against ice, or, in the country, by being suspended in a well or other cool place. Once sterilized by boiling water should not be exposed to the air in an open vessel. It is liable to become contaminated by a single exposure, and might as well not have been sterilized at all. Medicines given to sick infants should be given dry, for this reason, or if given in water should be non-alcoholized and should be prepared in sterilized water and kept sealed subsequently. It is surprising how much is to be gained by attention to little details like these.

Not only should water be given *ab libitum* per oram but it should be freely administered per rectum during the existence of summer diarrheal disease. Thorough colon flushing is an adjuvant to medicinal and dietetic treatment of no mean value. It should never be overlooked in pronounced cases of cholerine, especially in cholera infantum. Even if the water injected be immediately thrown off it still serves to wash out the colon and rectum and almost always some of it is taken up by the mucous membrane, cooling and liquefying the blood. Bear in mind the need for large quantities of pure water, per oram, per rectum, and by external application through sponge bathing, general bathing when the child is able to stand it, and by the application of cooling cloths to the abdomen and head. Pure air, pure food and pure water will save most babies. Lord pity the baby that cannot get them all!

* * *

In the city fresh air is to be secured unto even the most indigent individual in the parks and in the cheap outings furnished sick infants by provident associations, while in nearly every part of all cities, with few exceptions, the door-yards afford outing places for the babies. It is torture, pure and simple, to keep summer-complaint children housed in hot tenement houses. In the homes of the wealthy the little sufferers may be made moderately comfortable. But in cheap lodging houses and in the clap-board houses of the country towns it is almost inhuman to compel a sick child to remain indoors. The shade of a tree, the fresh air of a porch, the breathing freedom of a small or a large park should be afforded every sick infant. In more Southern latitudes they may even be kept out of doors through the warm summer nights, if necessary. The physician should put his wits to work and devise favorable circumstances, in so far as may be possible, for every case, whether occurring in the home of the wealthy or in the ramshackle shanty of the poor.

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If milk must be relied upon it should be pasteurized. By this is meant it should be brought to the scalding point and then hermetically sealed. Through this means it is not rendered as difficult of digestion as by boiling, or putting it through that process ordinarily termed sterilization. Scalded milk should be put while hot into bottles that have been rendered sweet by thorough scalding, if necessary a little soda having been added to the water, and when oven-dried the scalded milk may be poured therein and then stoppered. It may now be placed in the refrigerator or other cool place to be drawn from as may be necessary. Where milk does not agree it may be peptonized, the peptonizing powders of any reliable house being employed. Few children will take kindly to peptonized milk, however, in which case it may be administered plain, after having been pasteurized, a grain powder of Boudault's pepsin being administered after each feeding if the digestive powers of the infant have been weakened.

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Should the mother not be able to nurse her child, and should pasteurized milk not agree with it, it may become necessary to resort to prepared baby foods, of which there is a large list from which to select. Those which are comparatively free from starch and which contemplate the use of milk in connection with them are the best, as a rule. The highest type of infant food is represented in the formula of Liebig. By this it is not meant that Liebig's prepared foods are recommended indiscriminately. It is meant that those foods which are freeest from starch, liberal in their allowance of nitrogen, easily or already converted into maltose, should be chosen. What is one child's food is another child's poison. In individual cases it will be necessary to experiment carefully with perhaps a number of prepared foods before the one which will best agree with the individual case in hand is found. The selection of the right baby food in summer complaints has been our *bete noir* for a long time. It will not do to condemn prepared infant foods indiscriminately. Some of them are most excellent preparations, scientifically formulated, and scrupulously put up. In many instances they meet the demand better than cow's milk.

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There is great danger in feeding young children too often. More children die from over-feeding than from a lack of food. Not all children are hungry who cry. Not all children are hungry or in need of food who are quiet while nursing or feeding. Gastric and intestinal ailments are often seriously aggravated by stomach crowding. This organ needs its rest. Its ferments are frequently rendered weak by disease and it is not capable of taking care of even the ordinary amount of food, much less the inordinate quantity the over-sympathetic mother gives the sick baby. Let it have plenty of cool, fresh water and it can subsist for days without food, though it is not necessary to go to this extreme. Give it sips of fresh, pure water often, very, very often. Anticipate its demands for water. Don't gorge its stomach with greedy quantities, but "little and often" may well be a shibboleth during the existence of summer diarrhea. Then feed it small quantities of the selected food once in three, four or six hours, according to the actual demands of the case. How is it with the adult? Does he wish or need food while having diarrhea? Is it not loathsome to him as a rule? Sick children do not know enough to abstain from food for themselves, therefore we must practice abstinence, or at least very moderate feeding, for them. The indiscriminate habit of plugging the crying child's mouth with its nursing bottle or the mother's nipple during its illness is a frequent cause of death to babies. Give the digestive tract a rest. Supply the demands of the system, but not the demands of a vicarious appetite. The mouth is the infant's pocket. Everything it can get hold of goes in it. Naturally it will grasp the nipple or nursing bottle every time it is offered. If it be teething it will the more greedily take things into its mouth. But for the physician or parent to satisfy this instinct by giving the sick child food at irregular intervals, not infrequently as often as every hour or two, is carelessness of an almost criminal degree. Give plenty of water in moderate quantities, but give little food in moderate quantity.

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A word about medication. Don't dose the baby to death. Select the homeopathic remedy with great care. Be sure that the remedy chosen is homeopathic to the case. If haphazard prescribing is censurable anywhere it is especially so when dealing with helpless innocents. Give one remedy at a time. Don't bungle the case by alternating or mixing drugs. Watch the action of a single remedy for a few hours and you will be able to manage the case much more satisfactorily. We have tried about all known methods and unhesitatingly assert that the single remedy in the medium attenuation not too often repeated is the most satisfactory and curative of them all.

By all means avoid opiates, soothing syrups, teething cordials and the like as you would avoid dynamite. Preach this doctrine to your clients early and late. The proprietary diarrhea mixtures carry death and destruction to little people. Eschew them religiously.

What is meant by the medium attenuation? From the sixth to the thirtieth potency. Occasionally the two hundredth acts well. For a long time we preferred the twelfth decimal, but now the thirtieth is more in favor. It is not believed it is longer justifiable to give the lower strengths of the remedies of the homeopathic materia medica to sick babies. Jahr, in his Forty Years Practice, and Hartmann, in his Diarrheal Diseases, favor the twelfth to the thirtieth, while Bell and Laird also go above the lower strengths. Experience confirms their views. Give the single remedy in medium potency if you would secure the best results. And don't repeat too often. Give the remedy by the condition of the patient rather than by the dial of the clock. What has it to do with the case, anyway?

By preference give the remedy in dry form, either in powder or in tiny pellets upon the tongue. Especially do not give the alcoholized dilutions to infants. There is enough alcohol administered in this way to keep up nervous irritation in many cases. The infant's nervous system is as responsive as a sensitive plant. Noxious odors affect it, variations in temperature affect it, mental influences affect it and alcoholic remedies, even when diluted in water, affect it. Observe carefully all the minor details surrounding your little patients in the summer diarrheas to which they are subject. Upon these hangs many a life.

OUR MONUMENT MENACED.

President Cleveland, Mr. Sanford Dole's "great and good friend," has given us a body blow. Congress had passed a bill to receive the Hahnemann monument as a gift from the American Institute of Homeopathy and citizens of the United States, which guaranteed to it a place on public ground at the national capital had the bill received the approval of Mr. Cleveland. But it did not, nor did it get through congress in time to become a law without his signature. It passed only the day before adjournment, and, therefore, required the presidential affix to become an enactment. This was withheld. Why, Mr. Cleveland only knows; unless, perhaps, the army surgeon who attends him upon his duck hunts and tooth-pulling and gout-curing excursions is acquainted with his objections to receiving the monument from the homeopathic profession and people of this country. All the work done before congress by the monument committee and others in favor of the measure has gone for naught, temporarily at least, because Mr. Cleveland disapproves of this particular method of honoring one of the greatest savants the world has ever known. It now becomes necessary for the committee to set to work before the next congress and secure anew the passage of this bill by majorities large enough to overcome the president's veto should he issue one, or to wait until after March next and win our cause before a new congress and a new president.

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Has the work of the monument committee met the expectations of the profession? Yes, and No! Beyond doubt they have selected a sculptor of high repute, and have chosen a monument which is a work of real merit. They have given much time and thought to this feature of the work, and have succeeded most admirably. For this we owe them a debt of gratitude which it will be hard to repay. But they have not managed the business part of the work with consummate skill. The monument proposition was started at Washington in 1892. A subscription was opened at that time. Up to the date of the Denver meeting but three thousand dollars, or thereabouts, had been subscribed. At that meeting a boom was started and nearly twenty thousand dollars was pledged, of which amount perhaps seventy-five per cent is collectable. But little more was done toward raising money until we met at Newport, at which time an additional thirty-five hundred dollars was listed. Since that meeting but little more has been done. It is true the committee have tried to do in a way the best they could, but the way is not the right one. Thousands of circulars and booklets and subscription blanks, etc., etc., have been sent over the country, at no little expenditure of money, only to be thrown in the waste basket, as a rule, without returns to the committee. This is wasteful extravagance and unbusinesslike. The committee will have to formulate some other plan. Just what would best do is a question they will have to solve. The point made is that the present methods are not bearing returns. Not only so, but a good share of the moneys already subscribed are being spent in fruitless efforts to raise more. The committee should at once set about devising a plan which will result in the securement of the necessary funds within a year. If this thing is allowed to drag much longer it will become a hackneyed subject. The time has come for definite business action. Let the committee put their heads together, now that they have given so freely of their time toward the selection of an artist and plans for the monument, and devise plans by which to raise the money without unnecessary delay. It can be done. It must be done. We have occasion to know that the profession is beginning to tire of platitudes.

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While on this subject it may be well to call attention, for the good of the cause in the future, to the fact that whatever of opportunity might have offered for securing subscriptions to the monument fund at Detroit was killed by the long address of the evening before the committee were to make their report, whereby the citizens of Detroit and many members of the Institute were prevented from attending upon the occasion set for the report upon it, and by the presidential address, which so depopulated the hall that there were but few present at the time the committee was ready with the report, making its postponenent a matter of necessity. It was then brought up at a morning session and dragged along into the hour set for other work, so that the committee really had but little chance to do aught than make their stereotyped report and propose the usual Sunday school and missionary-box collection plans of how a lot of full grown men and women might perhaps set about raising the necessary funds to build the monument. Long addresses and chattering suggestions will kill interest in any movement, however praiseworthy. Let us have no more of either. Business propositions must be met in business fashion by business men. The monument can be built, but other means than those employed will have to be resorted to to raise the money.

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Perhaps we have set about building more than we should have done. Stirred to enthusiasm by the Denver subscription the committee have undertaken a large work. Why not cut it in half? Times are hard; money markets are closed to the masses; the country has enjoyed for several years such a season of healthfulness as to have materially interfered with the income of the profession. Had not the garment better be cut to the cloth? A $40,000 monument now will be better than a $75,000 monument ten years from now. At the present rate of growth of the fund it will take that long to get the money together to complete the present undertaking. There is no disgrace in reducing plans to suit the times. By all means give us the monument and without unnecessary delay. Meet the issues before us, raise such amount of money as may be necessary to erect a creditable monument, and set about it in earnest, Better this than to drag, drag, drag along as at present.

May it not be that the refusal of President Cleveland to sign the monument bill is in part our fault? May it not be said that some of the friends of the movement, in attempting to secure money for its building, have dwelt too strongly upon the beneficial influences to us of the presence of a monument to Hahnemann on the grounds of the national capital? It has been said by old school journals that we have been using this matter as an advertisement for homeopathy. Perhaps we may have unconsciously made this a feature. Let us be careful that we do not do this. Let it be ever borne in mind that we are building a monument to the memory of the greatest therapeutist the world has ever known. It is Hahnemann we are honoring. We must be careful not to allow ourselves to drift into a channel of selfishness. This monument must not be made to serve as an advertisement for homeopathy and her physicians. It must be erected solely to show the everlasting gratitude of a mighty people and a mighty profession to the promulgator of a doctrine which has revolutionized medicine and made it approximate a science. Let it not be said of us truthfully that we are in any sense prompted by a desire for gain, or that because of its location at our nation's capital do we expect to reap substantial individual benefits, as from a placarded bulletin board. As to this moment, so let us continue and erect a monument to the memory of Samuel Hahnemann for the good he brought to the world. We can build that monument. We must build that monument. We will build that monument. Were anything lacking to arouse the homeopathic profession to this determination Mr. Cleveland has supplied the necessary element—unrighteous opposition to our righteous cause. It may be depended upon that the profession will not stand idly by and allow this indignity to prevent the erection of the Hahnemann monument at Washington. Every element of self-respect and loyalty to our profession and its illustrious founder gives an emphatic "No" to Mr. Cleveland's disapproval. All that is now required is that the committee should set about in a business-like way to raise this money, and it will be raised. Go on with the good work. The profession will sustain you if you but give them an acceptable and practical opportunity.

Editor's Table.

Dr. Hislop, Washington, D. C., will spend her summer vacation in Canada.

Dr. C. W. Day, Chicago, returned late last month from a two months outing in England.

Dr. Julia Cleeves Harrison, Washington, D. C., goes to Europe for her summer vacation.

Dr. Gayle Aitken, New Orleans, visited Chicago en route to the Crescent City from Detroit.

The next meeting of the Michigan Homeopathic Medical Society will be held at Mt. Clemens.

Dr. T. Cecil Hicks is now located at Trenton, Tennesseee. He was recently at Toledo, Ohio.

Dr. H. V. Hallman, Hot Springs, is visiting in Iowa and Illinois. He paid the Century office a call on the 13th instant.

Drs. W. E. Green, Little Rock, and J. C. Daily, of Ft. Smith, visited Chicago and Cleveland after adjournment of the Institute.

Dr. Bruce, Cumberland, Maryland, will spend a portion of the summer in visiting and hospital review in Chicago and St. Louis.

Drs. Walter and Charles Dake, the former of Nashville and the latter of Hot Springs, will spend a portion of the summer abroad.

Dr. H. C. Aldrich, Minneapolis, the newly elected registrar of the American Institute, visited Chicago both coming and going.

Dr. Frances S. Savant-Jerome entertained many friends at her office warming at No. 540 Ellis avenue, San Francisco, on Thursday, June 25.

Dr. A. B. Grant, formerly of Ionia, Michigan, is devoting his attention to abdominal, pelvic and orificial surgery at Olivet, Michigan.

Dr. H. R. Stout, Jacksonville, Florida, visited Chicago for a few days after having attended the American Institute meeting at Detroit.

Dr. and Mrs. Allison Clokey, Louisville, were among the recent visitors to Chicago. They did the Lake trip from Detroit to this city.

Dr. T. L. Macdonald, Washington, D. C., goes to Europe this month for a two months much needed vacation. The Century is promised an occasional letter from him.

Dr. Howard R. Chislett, Chicago, was married on the eighth of July to Miss Maude Coddington, daughter of Mr. and Mrs. E. W. Coddington. Congratulations are extended.

Dr. Catherine Walker, formerly of Rochester, New York, is now located at Titusville, Pennsylvania. She succeeds the late Dr. Henderson, who had a good practice in Titusville.

Dr. A. P. Hubbard, of Pine Village, Indiana, will succeed to the practice of the late Dr. L. A. Wolcott, Berlin, Wisconsin, Dr. I. H. Fuller, of Colfax, Iowa, succeeding Dr. Hubbard at Pine Village.

Dr. A. C. Halphide, pathologist to the Hahnemann Medical College, of Chicago, has returned from hospital and laboratory study in the East. His office and residence is No. 3458 Wabash avenue.

Drs. J. Wylie Anderson and S. S. Smythe, of Denver, paid the Century a pleasant call en route home from Detroit. They report college, hospital and journal interests in Denver to be in a flourishing condition.

Dr. W. Louis Hartman, of Clyde, New York, announces that he will spend Wednesdays, from 11:30 to 1:30, at 311 Warren street, Syracuse, after July 1st, devoting his attention to general surgery and gynecology.

Dr. H. Kirch, formerly of the house staff of Cook County Hospital, was married to Miss Nettie Irich, of Dundee, Illinois, on June 23d, 1896. This seems to confirm the report that Dr. Kirch is doing well in his new location.

Dr. E. Weldon Young, Seattle, Washington, is preparing a list of smaller cities and towns in Washington in which homeopathic physicians may be able to locate with success. When finished it will appear in these columns.

Dr. Avetta Bennett, formerly of Park Ridge, Illinois, has located in her old home, Norway, Maine. Dr. F. S. Aby of Norwood Park, succeeds to Dr. Bennett's practice, remaining at Norwood Park but holding office hours at Park Ridge.

Dr. L. G. Wilburton, Winona, Minnesota, visited Chicago on his way home after attending the Institute meeting, while here undergoing a nasal operation at the hands of Dr. Wesley A. Dunn, who removed an unusually well-developed turbinate.

Dr. W. A. Dewey, of New York, now on his vacation at Middlebury, Vermont, will attend the International Homeopathic Congress at London next month. The prospects are that a large number of homeopathic physicians from this country will be in attendance.

Dr. S. B. Parsons, of St. Louis, suffered losses running into the thousands of dollars by the recent cyclone. No other member of our profession suffered to any considerable extent. Dr. Parson's losses will be deeply regretted by his friends throughout the country.

Dr. Joseph E. Jones, Chester, Pa., expects to sail on the St. Paul on the 22d inst., to attend the International Congress at London. His family accompany him. There will doubtless be a good attendance of Americans at the congress, which is exactly as it should be.

Dr. John L. Ferson, of Pittsburg, died the seventh of this month at his home on Wylie avenue. He was a respected member of the Allegheny County Medical Society, which association adopted appropriate resolusions expressive of its regret at his death and voted to attend the funeral in a body.

Mrs. A. A. Roberts, wife of Dr. A. A. Roberts, formerly of Baraboo, Wisconsin, died at the home of her parents, LaPorte, Texas, on the 11th of last month. Two years ago Dr. Roberts removed to Kerrville, Texas, in the hope of restoring his wife's failing health, but too late. She died of phthisis pulmonalis.

It is with pleasure that the CENTURY calls attention to its letters from abroad in this number from Dr. A. K. Crawford, of Chicago, from Nancy, France; of and from Dr. J. Richey Horner, of Allegheny, who is in London. We are promised a number of foreign letters during the summer and fall from Drs. Crawford, Horner and others.

The homeopaths of Chester, Pennsylvania, have been making an effort to secure recognition in the Chester Hospital. The hospital board has had the matter under advisement for some time and a decision is expected at an early date. The profession is prepared to take immediate action toward a hospital should the decision be against them.

Dr. Frederick A. Churchill, Seattle, Washington, has been appointed a member of the state examining board in lieu of Dr. H. B. Bagley, whose term had expired and who is not, under the law, eligible to reappointment. Besides Dr. Churchill, Washington has two more homeopaths on this board, Dr. Misener, the secretary, and Dr. Penfield of Spokane.

Mr. A. Edgar Frankland, Chicago, traveling representative in the East for the Halsey Bros. Pharmacy Co., to whom the CENTURY is indebted for many interesting and personal news items, is reveling in the blissful fact that his engagement to Miss Belle Summerfield, of Little Rock, Arkansas, is announced. The wedding will take place in October.

During the recent meeting of the American Institute large numbers of those in attendance visited Mt. Clemens and availed themselves of the opportunity to take a mineral bath. In most cases the luxury was enjoyed. In other cases, notably those from Kentucky and Arkansas, the opinion was expressed that water may, after all, be good enough to bathe in, but——.

Iowa is said to have eleven counties without homeopathic doctors. It is also reported to have twenty-five county seats without homeopathic physicians, and seven towns of above 2,000 inhabitants without a practitioner of the new school. Sixty-eight of its towns with population of above 800 each have no homeopaths. These fields should be looked into by alumni of our colleges.

The MEDICAL CENTURY can accommodate physician friends with office hours in its commodious and well furnished offices in the Marshall Field building, at the landing of the Washington street elevators, on the ninth floor, at very moderate figures. Several sets of hours are for rent, namely, two sets of forenoon hours, two sets of twelve to two hours, and two sets of afternoon hours.

The catalogue of the homeopathic medical department of the University of Minnesota has been issued. It announces a full homeopathic faculty, of which Dr. A. P. Williamson is dean. Its course is divided into four college years of eight months each, its curriculum is thorough, its laboratory facilities excellent and its clinical facilities fair. The present course is the ninth annual for this school.

Mr. A. E. Frankland, Eastern representative of Halsey Bros. Co., Chicago, informs the MEDICAL CENTURY that there are any number of good towns in Western Pennsylvania in which homeopaths may do well. Clarion county, one of the wealthiest in the Western part of the state, is reported not to have a homeopath in it. The economic conditions are reported to be favorable, with money easier than in the West.

The *American Homeopathist,* Dr. Frank Kraft editor, contains a racy and readable report of the recent American Institute meeting. The *Hahnemannian Monthly* and *North American Journal of Homeopathy* contain approving editorials, but they lack the snap and richness of Dr. Kraft's report. The *Homeopathist* editor is apt to see and hear whatever is going on about him at a medical convention. As a news-editor he is especially a success.

An unwise resolution was offered at Detroit approving of the effort to secure the removal of the Homeopathic College from Ann Arbor to that city. It was very properly smothered in the committee on resolutions. The profession of that state do not seem to be a unit on this subject, and even if they were it would have been exceedingly unwise for the Institute to have taken action pending the decision of the supreme court, which decision is expected any moment.

Dr. M. J. Spranger, Detroit, presented each member and visitor at the recent American Institute meeting who enjoyed the excursion of Saturday with an illumined souvenir of "The Venice of America," as the St. Clair flats are styled. Dr. Spranger is a member of the Rushmore Club, whose elegant club house was thrown open to us upon that occasion. He took special interest and delight in the excursion and the entertainment of the Institute and its guests.

Walter's Sanitarium, Wernersville, Pennsylvania, has issued an unusually attractive circular setting forth the advantages of that most excellent institution. Dr. Walters is a recent convert to homeopathy, a member of the American Institute and an attendant upon its meetings. He is taking an active interest in all homeopathy's affairs after a long life in other ranks. His sanitarium is beautifully located, an ideal spot for the invalid in need of mountain air, and the quiet and peace of a comfortable sanitarium home.

The announcement of the homeopathic department of the University of Iowa has been issued. This college is enjoying increasing prosperity under its present able management. The next session will be the twentieth. The college course is divided into four years of six months each, but it has been provided by the regents that after 1897 a course of six years will be instituted, the graduate of this lengthened term being entitled to the degree of bachelor of medicine as well as to that of doctor of medicine.

His hosts of friends in the Institute were deeply pained to note that Dr. I. T. Talbot, dean of the Boston University School of Medicine, chairman of the inter-collegiate committee, and an acknowledged leader in all things pertaining to homeopathy, as represented by the American Institute, is not enjoying the best of health, his nervous system showing the effects of the mighty works of his eventful life. They all join in hoping that Dr. Talbot may be spared a large number of years of usefulness and enjoyment.

The International Hahnemannian Association held a slimly attended meeting at Glens Falls, Pennsylvania, the latter part of last month. The next meeting will be held at Niagara Falls, the week preceding the meeting of the American Institute at Buffalo. There is absolutely no use in continuing the International Association as a separate association and its members should come into the Institute in a body next year. But for a few mal-contents this would have been done long ago. Dr. William Wesselhoeft is the new president.

Indications point to an effort in the state of Washington for the securement of one of the insane hospitals for the homeopathic profession. Should our forces attempt the effort it is hoped they will be successful. Wherever a state has more than one insane hospital homeopathy should have control of at least one such institution. In no way can the people better determine which system of practice offers them the greatest advantages than by watching the comparative results in public institutions. Homeopathy is not afraid of the comparison.

Drs. C. F. Bingaman, W. F. Edmundson and W. J. Martin, all of Pittsburgh, Pa., will sail for Europe on the American Line Steamer, St. Paul, on July 22d, to attend the International Homeopathic Congress in London. Dr. J. H. McClelland and family, also of Pittsburgh, have already gone, and Dr. J. Richey Horner, of Pittsburgh and Allegheny, is now in London and will also be in attendance upon the Congress. Dr. Horner will act as representative for the MEDICAL CENTURY at the meeting and will give us a series of letters relating thereto.

The wheel was much in evidence at Detroit. The doctors evidently believe in it. A score or more of them did Detroit and environs, particularly Belle Isle, on the bicycle, many of them more than once, half the number having taken their wheels to Detroit with them. Among those who enjoyed these pleasant excursions may be mentioned Drs. Kraft, Monroe, Goodman, McElwee, Hawkes, Aldrich, Van Lennep, F. Park Lewis, Mrs. Lewis, J. L. Hanchett and Miss Hanchett, Drs. Meade, Menninger and Comstock, Dr. and Mrs. Dewey, Mr. and Miss Horlick, Dr. C. E. Fisher, Mr. Majumdar, Dr. Stafford and others. Early morning outings were quite the rule among the wheelers.

The forty-fifth semi-annual meeting of the New York Homeopathic Medical Society will be held at Rochester on the 22d and 23d of September. It may be put down that this will be an unusually interesting and profitable meeting. The profession of Rochester will certainly do all in their power to treat their guests with consideration and to make their sojourn pleasant and profitable. They are a host as is a host when they set themselves about it. Dr. Wolcott, of Rochester, is president this year. The annual meeting will be held in Albany on February 9 and 10. The fall meeting is the most acceptable in that it is the scientific meeting. The winter meeting is largely a medico-political gathering.

The MEDICAL CENTURY is in receipt of an autobiography of a prominent Cleveland physician which for self-laudation and egoism wins all the prizes offered for literature of this class. When it is considered that the native and acquired ability of the subject are too well and favorably known of the profession to need bolstering, and that his skill has long since come to be accepted as of a high order, it is to be regretted that a mistaken sense of propriety has caused it to be placed before the profession, and, we fear, before the laity. It is doubted if any good purpose has been served by its issuance, while it may be safely put down that the ethics of the best men adorning the profession have been rudely violated.

In a recent letter to the *Homeopathic Medical Student*, the students' journal of the Chicago Homeopathic Medical College, Dr. D. A. Foote, Omaha, makes a bid for the entire senior class to locate in his state. He reports but 175 homeopathic physicians in Nebraska —we remember the time when there were none, and we are not very old yet—and that there are forty-nine county seats without homeopathic physicians and thirty-one counties not supplied with even a single member of our profession. Nebraska shows forty-five towns with population exceeding 800 each, without homeopathic physicians. The graduates of 1896 may well take information of this character into consideration. Every graduating class should furnish to the West and South at least one-half its numbers.

At the memorial service of the American Institute of Homeopathy the following members were reported as having died during the past year: Seniors—E. Darwin Jones, M. D., Jas. William Cox, M. D., Jos. V. Hobson, M. D., Robert McMurray, M. D., Henry F. Hunt, M. D., P. W. Poulson, M. D., Amos R. Thomas, M. D., Mahlon M. Walker, M. D., Joab R. Flowers, M. D. Members—Isaiah J. Whitefield, M. D., J. Edwards Smith, M. D., Leslie A. Phillips, M. D., Edward Everett Davis, M. D., Jas. E. Lilienthal, M. D., S. W. Hopkins, M. D., Emma Cora Geiesse, M. D., Aaron W. Burnside, M. D., Samuel M. Angell, M. D., Thos. R. Blackwood, M.

D., Samuel S. Moffatt, M. D., Francis I. Henderson, M. D., Wm. S. Jackson, M. D., Chas. J. Watts, M. D., Anna Eastman Marsh, M. D., Gordon C. Rockwell, M. D., Wm. S. Miner, M. D.

Dr. E. H. Wolcott, president of the New York Homeopathic Medical State Society, has announced that the sum of one hundred thousand dollars has been secured for the erection of buildings for an insane hospital on Collin's Farm, near Buffalo. This will insure to homeopathy her second insane hospital in New York. The committee having this matter in charge, headed by the indefatigable Dr. Lee, of Rochester, deserve the endless thanks of the profession for securing this splendid start toward a complete insane hospital. But for their untiring energy and zeal the matter would certainly have gone by default, as the legislature and Governor Morton were bent on retrenchment and only by the most persistent effort was the committee able to secure the appropriation named. Now that a beginning has been made there will be but little trouble in securing further appropriations as needed.

The Brooklyn Homeopathic Hospital and Training School for Nurses has issued a comprehensive and attractive report for the year ending November 30th, 1895, from which it is learned that the total number of medical cases admitted during the year was 462, the total number of surgical cases 415, in the lying-in division 152, and of infants in the lying-in division 141, making a grand total of patients in the hospital from November 30th, 1894, to November 30th, 1895, of 1,170. There were seventy-six deaths, of which forty-six occurred in the medical and thirty in the surgical wards. The dispensary in connection with the hospital treated 11,477 patients during the same period of time, administering 30,582 prescriptions. The hospital occupies a splendid building on Cumberland street and has enjoyed a satisfactory degree of prosperity for a number of years, though its contributions have come mainly from its own trustees and their immediate friends.

Dr. J. Richey Horner, our Smoky City correspondent, is abroad for the study of neurology. He is at present and will be for probably the next six months in London, England, entered at the National Hospital for the Paralyzed and Epileptics as a special student of Dr. Stafford, who has been senior resident physician there for a long time. The hospital is a very large one and is under the attention of such neurologists as Halings, Jackson, Bevoir, Ferrier, and others whose fame is international. Dr. Horner expects also to take a special course in pathology of the nervous system under Dr. Alexander Bruce of the University of Edinburgh, closing what he hopes to make a profitable year of study with three or four months at New York learning how to cure these diseases of the nervous system, and how also to apply electricity to the treatment of disease. He of course returns to Pittsburg for his permanent location.

The Materia Medica Journal is the title of the latest homeopathic periodical. It hails from Chicago, making the seventh homeopathic periodical issuing from this city. It is edited by Drs. H. C. Allen and W. J. Hawkes, and is under the business management of Dr. W. W. Stafford. It will be devoted exclusively, in its original department, to homeopathic materia medica and therapeutics. There would seem to be a field just here for a homeopathic journal, and as masters in materia medica Drs. Allen and Hawkes, the editors, should make a most acceptable periodical in this special field. The time is propitious for the undertaking, the men at the helm are qualified for the work before them, and with a competent business manager in charge of the new journal's financial affairs it is not difficult to predict a success for it. The straight-laced homeopathist and he who would learn accurate prescribing will join us in welcoming it.

The medical profession of Michigan has come together on the subject of medical legislation. The Michigan Medical Legislative League has been organized at Detroit for the purpose of combining the forces of the different medical sects to secure such medical legislation as seems desirable for that state. Dr. E. L. Shirley was chosen president, Dr. E. S. Sherrill, corresponding secretary, Dr. S. H. Knight, recording secretary, and Dr. F. W. Robbins, treasurer. The officers elect and Dr. J. H. Carstens, Dr. R. C. Olin, Dr. J. Mullehorn, Dr. J. Covey, and Dr. D. A. MacLachlan were elected an executive board. It will be noticed that Drs. Knight, Olin, MacLachlan and Covey are of the homeopathic profession; the others are of the old school. It is to be hoped that out of this affiliation may come more of tolerance and interchange of professional courtesy between the respective wings of the profession in Michigan than has been the rule for some years past.

An Atlanta paper records the death of Rev. John Duncan, a traveling evangelist, following upon an operation for appendicitis recently. Mr. Duncan has had a number of previous attacks, but had succeeded in recovering from them all by medical treatment alone. He finally submitted to the surgeon's knife for recurrent appendicitis with the above fatal result. Surgeons should learn to differentiate between appendical conditions which experience has proven will yield to medical treatment, and resort to operation only in fulminating cases. The promiscuous removal of the appendix for catarrhal conditions has resulted in many an unnecessary death. A fatal case, that of a young physician, was recently recorded in Chicago, it being believed by many of his friends that operative interference was not imperatively demanded. Conservatism, whether in the direction of medical or surgical treatment, is ofttimes desirable, even though it be true that the correct practice of conservatism means radical surgical work in many instances.

The *American Homeopathist* pronounces the lately created Ohio Medical Board a farce. It says that at the last minute the physio-medicists appeared upon the scene and demanded a representative and that rather than endanger the measure the allopaths, homeopaths and eclectics surrendered their honest convictions and consented to giving them a representative; that the eclectics out-generaled the homeopaths and secured two members when they are justly entitled to but one; that they and the allopaths have formed a defensive and offensive alliance, and that Gov. Bushnell failed to select the homeopath promised the Cleveland profession, after the latter had made a unanimous choice, and that thus Northeastern Ohio is absolutely without representation on the board. It also says that the member from Toledo does not appear in the medical directory. The editor of the *Homeopathist* strikes from the shoulder on this subject, and will doubtless succeed in stirring up interest in relation to the make-up of the board in the future.

The Clinical Society of Hahnemann Medical College and Hospital, Chicago, held its twentieth Annual Meeting at the Great Northern Hotel, with the president, Dr. J. P. Cobb in the chair. The secretary's report showed that there had been seventy-three clinical papers read to the society during the year. He also reported that the society had not missed any one of its regular monthly meetings during the last year, and that no section had failed to report at its appointed time. The treasurer's report showed all bills paid and a balance in the treasury. The following officers were duly and unanimously elected for the ensuing year: Dr. Geo. F. Shears, president; Dr. Joseph Swan, first vice president; Dr. W. P. MacCracken, second vice president; Dr. Cornelia S. Stettler, corresponding secretary and treasurer; Dr. Orrin L. Smith secretary; Drs. Shears, Cobb and the two secretaries, executive committee. The society holds its regular meetings on the last Saturday of each month. The profession are all invited.

The Hahnemann Medical Association, of Iowa, held its twenty-seventh annual session in Des Moines, Ia., May 13 and 14, 1896. Seventeen applicants were elected to membership. The president, P. E. Triem, M. D., of Manchester, delivered an address full of good cheer, hope and inspiration. The papers and their discussions were interesting and helpful. The following officers and committees were elected for the ensuing year: President, W. H. Pettitt, Cedar Falls; vice-president, Leora Johnson, Iowa City; secretary, T. L. Hazard, Iowa City; treasurer, George Royal, Des Moines. Censors: A. P. Hanchett and P. J. Montgomery, of Council Bluffs; A. P. Macomber, of Atlantic, J. Hermann and J. L. Hanchett, of Sioux City. University committee: W. Bancroft, of Keokuk, W. O. Clark, of Burlington, and F. Becker, of Clermont. Legislative committee: George Royal, of Des Moines, C. H. Cogswell, of Cedar Rapids, and A. M. Linn, of Des Moines. Students' committee: Alice Goodrich, of Des Moines, Wm. Woodburn, of Des Moines, and A. S. Hansen, of Cedar Falls. Necrologist: W. H. Dickinson, of Des Moines.

The forty-sixth annual meeting of the Connecticut Homeopathic Medical Society was held in the rooms of the Young Men's Christian Association of Hartford in May. Three applicants were elected to membership: Dr. D. C. Y. Moore, of South Manchester, Dr. Grace Pulver and Dr. H. J. Pulver, of Torrington. The following officers were elected for the ensuing year: President, A. W. Phillips, of Birmingham; vice president, M. J. Adams, of West Haven; secretary and treasurer, Walter Sands Mills, of Stamford; librarian, Grace H. Wilson, of Meriden; censor, to serve for five years, Adelaide Lambert, of New Haven. The retiring president, Dr. Edwin C. M. Hall, of New Haven, delivered the annual address. The following papers were read and discussed: "A Case from Practice," by E. J. Walker, M. D., New Haven; "Drug Action," by Prof. Martin Deschere, M. D., New York City; "Some Reasons for a Belief in Homeopathy," by Walter Sands Mills, M. D., Stamford; "Hernia," by H. P. Cole, M. D., Bridgeport; "Appendicitis," by E. B. Hooker, M. D., Hartford. The society entertained as guests, Dr. Martin Deschere and Dr. George W. Roberts, both of New York City.

According to the Cleveland Medical Journal "six of the most prominent young homeopathic physicians in that city have matriculated for their final course at one of the regular medical colleges of Cleveland." The Journal probably means that six students formerly at homeopathic colleges have done this much vaunted act. It may be true, but 'tis pity 'tis true. Not that any material harm is done homeopathy thereby, but because it indicates that there is a dissenting spirit in Cleveland who though long connected with homeopathy and her teaching institutions is now dissuading young men from graduating at homeopathic colleges. What a libel, on his years of service as a professor in a homeopathic medical college, that a long time prominent Cleveland homeopath should have set the example of sending his own son to an allopathic college for his degree. How can he reconcile this act with his life as a college professor. For more than a quarter of a century he has accounted the homeopathic colleges good enough for the sons of others and for the students of homeopathic professors, all this time receiving benefits and work from these sources. This inconsistency and final deflection from a strict loyalty to homeopathy's colleges and interests is deserving of criticism. Let the Cleveland journal referred to look up the "Why?" of the matriculations related and it will be seen that there is a personal deflection behind it all. Homeopathic boys who have loyal homeopathic preceptors are usually satisfied with an homeopathic degree. And well they may be in these days when the possessorship of such a degree indicates as thorough a medical education as is to be obtained at the best old-school colleges of the land.

The preliminary announcement for the third annual meeting of the Missouri Valley Homeopathic Medical Association has been issued. The society will hold its meeting at Omaha on the 1st, 2d and 3d, of September. Special half fare rates will be accorded, the Nebraska State Fair securing for us this special reduction. On the evening of Tuesday there will be a general civic and military parade. Wednesday evening will be "Nebraska Night" and will be celebrated in becoming manner, a special feature being the parade of floats representing the products and enterprises of different counties. On Thursday evening the Knights of Ak-Sar-Ben will hold their annual parade. Other special attractions will furnish entertainment. The professional program promises to be one of unusual interest. The officers for this méeting are as follows: President, M. T. Runnels, M. D., Kansas City; vice president, J. F. Elliott, M. D., Kansas City; secretary, W. A. Humphrey, M. D., Plattsmouth, Neb.; treasurer, C. F. Menninger, M. D., Topeka. The professional part of the program is under charge of the following chairmen: Gynecology, Dr. W. A. Forster, Kansas City; pedology, Dr. W. A. Minick, Wichita; institutes of homeopathy, Dr. C. F. Menninger, Topeka; surgery, Dr. D. A. Foote, Omaha; nose and throat, Dr. W. A. Dunn, Chicago; materia medica, Dr. H. J. Ravold, St. Joseph; obstetrics, J. F. Elliott, M. D., Kansas City; clinical medicine, Dr. C. C. Sprague, Omaha; ophthalmology, Dr. Frank Newbery, Iowa City; mental and nervous diseases, Dr. N. B. Delamater, Chicago; sanitary science, Dr. F. Becker, Claremont, Iowa. The Missouri Valley Society is to the great and growing West what the Southern Association is to the South. Its work is certain to be helpful to homeopathy in its territory, which embraces all the states forming the Missouri valley and those immediately adjacent thereto. It may be depended upon that the Omaha meeting will be second only to the American Institute meeting in use fulness and importance.

Medical Century

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Surgery.

OBSCURE ABDOMINAL CASES.

BY GEORGE F. SHEARS, M. D., CHICAGO.

The frequency with which one hears the term "exploratory incision" is in itself the most conclusive proof that notwithstanding the great advancement that has been made in the diagnosis of abdominal lesions within the last few years there is still room for improvement, and that the report of obscure cases that have been verified by operative interference or by post-mortem investigation may still be worth our consideration and study. It is from this standpoint that the few cases here related are reported.

Intestinal Obstruction from Adherent Omentum Following Ovariotomy—Celiotomy—Recovery.—Case I. Mrs. B. aged 35, sent to me by Dr. Poppe with the following history: Two years before had an ovariotomy made which was followed by hernia. A second operation was made for the cure of the hernia, consisting of an excision of the old cicatrix and a reuniting of the abdominal wall. From this operation the patient had a tedious convalescence; abcesses formed in the abdominal wall and a large swelling appeared, apparently in the abdomen, accompanied by symptoms of intestinal obstruction. Colon flushings were persisted in and eventually the bowels moved freely, a large quantity of the pus passing with the feces.

From this time on the patient was never comfortable for more than a day at a time. The bowels were obstinately constipated and could only be moved by copious turpentine enemas. Following a movement of the bowels the patient would be relieved, but after twenty-four hours a feeling of distress and distention would commence. This would increase, accompanied by bloating of the abdomen, the greatest distress being about the middle of the old cicatrix, the patient declaring that it seemed as if there everything stopped. After several days of enemas the bowels would move, the stools being small in calibre and offensive in character. The patient was in great distress and demanded relief. The history of the external abscess following the second operation, the swelling in the abdomen, accompanied by obstruction and followed by subsidence and the discharge of pus with the stool, led me to believe that the patient had had an abscess, possibly between the peritoneum and omentum, with adhesions to the intestine and possibly rupture into it at the time of the discharge of pus, and that the subsequent symptoms of obstruction were due to the adhesion of the intestine to the abdominal parietes with a resulting more or less acute flexion of the gut. The patient had had two operations, however, and I was loth to suggest a third without further trial of other means.

In consultation with Dr. Poppe and others the materia medica was carefully studied and various remedies were prescribed, diets ordered, injections tried and abdominal supports and compresses resorted to. At last, no benefit having been derived, an exploratory incision was suggested and gladly accepted by the patient.

The abdomen was opened carefully, as I expected that I might find the intestine adherent to the abdominal wall, but upon opening the abdomen not even the omentum was adherent to the parietes. The stump of the broad ligament was examined, but it was free. The only pathological condition noted was the adherence of the omentum to the upper surface of the descending colon and at one or two points to the small intestine, but at no point were the intestines constricted nor was there any apparent obstruction to the movement of the bowels. No other conditions being found the constrictions were ligated, divided and the raw surfaces turned in and united by fine silk sutures, thus covering them entirely. The abdomen was closed in the usual way and the wound healed promptly, the patient having little inconvenience after the first twenty-four hours. There have since been no signs of obstruction and the patient is in excellent health.

Intestinal obstructions following intra-peritoneal operations are more common than at first thought might be expected. Spencer Wells, it is said, lost eleven out of his first one hundred cases from this cause. Klotz reports thirty-one cases of obstruction with four deaths in a series of four hundred and twenty-one cases, and there is no doubt in my mind that some of the cases supposed to be due to peritonitis with intractable vomiting are really cases of intestinal obstruction. It is not strange that the rough handling of the viscera, the prolonged exposure of the peritoneum, the use of strong chemicals, or the destruction of the peritoneum by sepsis, should result in a lesion of its surface and subsequent adhesions. In the present case the interest lies in the fact that the obstinate constipation, the pain, the vomiting and the tympanitis would indicate that there was a reduction in the lumen of the bowel by a band or otherwise, when as a matter of fact no such condition existed, and the whole train of symptoms must have been due to the irritation produced by the retaining of the bowel in a fixed position or by the limiting of its vermicular free motion.

Traumatic Appendicitis Operation—Recovery.—Case II. Boy aged 18 years; was struck with ball in the right side of abdomen. He complained of great pain following the injury, and upon being removed to his home vomited profusely. Poultices were applied and strict recumbency enforced. Finally morphine was administered. On the third day the abdomen began to bloat, which continued until I saw him, on the seventh day. He then had a pulse of 120, a temperature of 100, the abdomen being tense, dull over the region of the cecum and tympanitic over the remaining portion. His record showed a morning temperature of 99 2-5 and evening temperature of 100; the bowels were loose, the stools being of a dull, brownish color. Believing pus to be present the abdomen was opened in the right semilunaris and a thickened and adherent omentum exposed. Exploring to the right an abscess cavity was opened. After the pus discharged the cecum and appendix could be seen to form a part of the left abscess-wall, while upon the cecum were several gangrenous patches and upon the appendix another. It was thought best to leave the appendix untouched, inasmuch as the abdominal cavity proper had been effectually walled off. The patient made a good, although somewhat tedious recovery.

The symptoms in this case were those of an acute case of appendicitis, the history that of peritonitis from injury, and the pathological conditions those often found when there has been perforation of the appendix on its posterior surface. I have seen many cases of appendicular abscess in which no history of injury was present which presented exactly the same symptoms and gross pathological conditions. I inquired carefully after the child's previous history. The mother said the boy often had stomach-ache, sometimes accompanied by vomiting, but he never had been in bed with it. It is probable the child had had light attacks of catarrhal appendicitis on previous occasions and that this injury merely lighted up an existing chronic inflammation; at least it is my first case of traumatic appendicitis, if this may be so called.

Tubercular Peritonitis — Celiotomy — Recovery.—Case III. Miss L., aged 19: Had been taken with severe pain in the region of the liver. Under the application of poultices and the administration of remedies the pain was relieved, but the patient did not seem to improve, but rather to become more and more emaciated. She had a slight cough and night sweats. Examination of the chest showed no evidence of thoracic disease. Examination of the abdomen showed some moderate distention. The lumbar region was resonant, and there was dullness over the anterior abdominal wall somewhat more marked on the right side. The patient also complained of tenderness over the cecum.

The temperature was slightly elevated at night, the urine normal, bowels constipated, stools with a tendency to a light clay color.

The diagnosis was obscure; incipient phthisis pulmonalis, chronic hepatitis, chronic appendicitis, and tuberculosis of the omentum had been diagnosed. It was determined to open the abdomen and explore. Incision was made in the right side over MacBurney's point and the abdomen opened. A free flow of clear serum resulted. The appendix was normal in appearance and so were the liver, the intestines and the omentum. Except for the presence of some small nodules on the surface of the parietal peritoneum there was no evidence of disease. The abdomen was closed and the patient recovered without any disturbing symptoms. The temperature became normal, the diarrhea and cough disappeared, and the patient, to my surprise, has since remained well. The early symptoms were those of hepatitis or pleurisy; the later those of tuberculosis or possible appendicitis.

It is not unusual to find a case of appendicular abscess with a history of pain high in the abdomen, slight temperature and little localized pain in the later stages. The offensive stools, the chills, and the sweats made me look for pus, but none was present. The prompt recovery was equally surprising.

Sarcoma of the Omentum.—Case IV. Patient, A. B., aged 11 years. The mother's attention had been called to the fact that there was something wrong about the boy three weeks before he was brought to me. The little fellow was playing and complained that his brother had hit him on his sore spot. Upon examination the mother found a hard lump in the left side of the abdomen. From that time the tumor increased rapidly in size and the child lost markedly in flesh. He complained of no pain, however, and except for his weakness said he was not sick. His appetite was poor, tongue coated, bowels regular, urine normal, temperature 102, pulse 140. Examination of the abdomen showed the skin tense and an irregular nodular tumor which was most prominent in the left side, a finger's breadth below the ribs and three inches from the umbilicus, and which extended downward following the course of the external oblique muscle and over into the right side at some points. Sometimes it seemed possible to feel a thin edge of the tumor. It was not movable and the lumbar spaces were free. Several opinions were expressed as to the nature of the trouble. The origin on the left side, the freedom from pain and from interference with the bowel led one consultant to make a diagnosis of enlargement of the spleen. The rapid growth, the rapid pulse and the high temperature led another to pronounce it an abscess, while the form, the apparent thinness at some points, and the nodular feel led another to make a diagnosis of malignant tumor of the omentum or mesentery.

An exploratory incision was agreed upon and a large, heart-shaped sarcomatous tumor involving the mesentery, colon and small intestines, and yet not invading the lumen of the gut, was found. It had evidenty started in the mesentery of the small intestine, had extended from the superficial surface of the intestine to the omentum, binding these to the intestines and bridging over this space, making a large, heart-shaped tumor, the interior of which was a cavity and the walls of which were the mesentery, the omentum and the intestines. At one point the wall had broken into the lumen of the bowel and the tumor cavity at the time of examination was almost full of bowel secretions and foul matter. The spleen was normal. As it was impossible to remove the tumor the abdominal incision was closed, the child dying twenty-four hours later.

There are several interesting points connected with this case.

First, the age of the patient—malignant disease is rare in children, being most frequently sarcomatous, however, when found.

Second, the absence of pain, due probably to the superficial character of the growth and to the non-obstruction of the bowel.

Third, the rise of temperature. The duration of this symptom I do not know. It may have existed only from the time of the rupture of the bowel wall and the escape of fecal matter into the tumor cavity or it may have been present for a longer period. The condition mentioned would have been sufficient to account for the temperature, which is an unusual occurrence in malignant disease, unless complicated or accompanied by peritonitis. The possibility of such complication should prevent us from relying upon one symptom alone in making our diagnosis.

Fourth, the peculiar formation of the tumor, it showing the form of a hollow globe.

Gynecology.

SECTION OF GYNECOLOGY—AMERICAN INSTITUTE OF HOMEOPATHY.

ADDRESS BY THE CHAIRMAN.

BY J. M. LEE, M. D., ROCHESTER, N. Y.

Cause for Gratulation.—This centennial year of homeopathy is one in which credits are frequently given to the great founder of this system of medicine, and why not pause for a moment and ask if this section of the American Institute has not, also, much over which to be congratulated?

In the early years of this great organization there was no such thing as a branch of medicine known as gynecology. The recruits of the new school, with the exception of the graduates of our only college then in existence, came from the ranks of the allopathic profession. These men had an aversion not only to the principles of the old practice but to surgery as well. The homeopaths then were generally taught that the use of the knife was seldom required. The converts from the old school did some surgery, yet they, too, had an o'erweaning desire to cure everything with medicine, and the knife was rarely used.

Generally, those who grew up in the homeopathic profession without regular training were deficient in most of the branches of medicine; yet materia medica and theory and practice were studied with the greatest diligence. With a few notable exceptions the wing of the new school made up from the old did not practice surgical gynecology, and often they were more intense in their adherence to the use of drugs alone, even in surgical conditions, than those who had been trained solely in the homeopathic faith.

With this state of affairs it is not difficult to see how readily the old school maintained the lead in the treatment of the diseases of women. How could the people believe otherwise than that the homeopaths had no surgeons? It was substantially a fact. The enemy kept it constantly before the laity. We were annoyed, humiliated, and the growth of the school was impeded for many years. Finally, a half-dozen clear-headed men in the colleges took up this branch of practice. They were peers of the best minds engaged in similar work anywhere. Two of them, noble soldiers, have passed to the other side. The others are full of vigor, and honored members of this great American Institute which they assisted to develop. To-day they give it strength, character and position as a scientific body in this neglected department. They are untiring clinical lecturers, and have no superiors; they have written books; they have contributed freely to the local, state and national societies, and their clear and comprehensive articles in the magazines of our school are a mighty power.

We, the younger men, whether students or associates, have thus learned many of our best methods and received most valuable instruction. We are indebted to them more than we can repay, and at this time it is exceedingly pleasant and profitable to have these Nestors of homeopathic gynecology with us for their valuable papers, logical discussions and wise counsels. Their good work has spread over the country and beyond the seas; from their classes most competent teachers for the younger colleges have been supplied, who constantly reflect the good example of their illustrious progenitors.

The facilities of our post-graduate schools are such that the rank and file of the profession, though not so fortunate as to live at the seat of learning, enjoy a much higher grade of professional atttainments than ever before. Bright, industrious physicians practice gynecology in every large town and city in the land. Their success is gratifying, and although the old prejudices against homeopathic surgery still exist in certain parts of the country they are fast passing away.

An Important Factor.—The development of this neglected wing of the profession has given us prestige, and more than anything else has enabled us to build up large hospitals in most of the great cities. These serve as so many nuclei about which are clustered the broadest culture, the greatest wealth and influence of the people. The impetus given the school by this new acquisition can scarcely be computed. I would not magnify the importance of this great branch of medicine, for there are others which are responsible, to a very large extent, for the symmetrical growth which this department has attained. I refer to other specialties, as neurology, ophthalmology, otology, obstetrics, theory and practice and materia medica, besides the collateral sciences.

Then, too, certain members of this body, in their herculean efforts to build up hospitals and colleges have done a great service to this branch of medicine by the provision of better facilities for the instruction and practice of gynecology. I have in mind now a man who is a veritable giant in this direction, and it is chiefly by means of his good judgment, hard work and exceptional diplomacy, that one of the best colleges and hospitals in the East was established. What is true of this great benefactor may be said of many members of this organization.

But how does this affect our section? How does it affect gynecology throughout the length and breadth of the land? How does it benefit neurology, ophthalmology and all the other departments? It enables young men and women to obtain thorough medical instruction and to become competent in all branches, and that aids us.

For how would we be able to trace functional disturbances of remote organs to the reproductive system were it not for the work of the neurologist? Again, there are certain errors in refraction or other functional defects of the eyes or ears which can only be skilfully traced to their origin by an oculist or aurist. As a rule the obstetrician is not an abdominal surgeon; yet who of us does not feel more secure in obstetric emergencies when he is backed up by wise counsels and suggestions of the skillful accoucheur, even if the gynecologist is thoroughly equipped. He should first have a wide experience in general medicine, then gradually work into special practice. If this is not done he will not be likely to see all diseases to which the human system is heir through the vaginal speculum. This is a fatal error and has blighted the prospects of many physicians and maimed scores of women. If thoroughness is attained he will be versed in that most important of all departments, materia medica; for without Hahnemann's application of medicines to diseased conditions, even though he may have obtained the highest degree of excellence in all other fields, he will fail in the practical test.

I am sure that I voice the sentiments of this distinguished body when I say that we are proud that our Institute membership contains so many bright minds, thoroughly equipped and rounded out in the science of not only this long neglected section, but of every other. When we compare the present results of this great Institute with those of even eighteen years ago we are alike surprised and rejoiced. For then only a few men (we are happy to say most of them are with us to-day) were prominent in this important department. At the present time there is scarcely a section of the country that is not represented by honorable and competent practitioners, and their results have not been surpassed, if equalled, by the physicians of any school.

Hysterectomy.—If we compare our development during a shorter period, the past five years, we find our progress even more marked. At that time hysterectomy was extensively done by only a few of our physicians, and was confined to removal of the uterus by the extra-peritoneal treatment of the pedicle, or the vaginal operation, generally in cases of cancer. Abdominal work was chiefly confined to ovariotomy. To-day no adhesions however extensive or obstacles however great, provided the patient has a reasonable degree of strength, need deter us from giving her that last hope of life. Frequently appendicitis or its effects obstruct the work of the gynecologist, and extensive intestinal surgery, with all the other complications, must be quickly and neatly done.

Here, as in many other instances, the two great departments of surgery join, and it is impossible to separate them. This same relation exists all through medical practice; what is true of gynecology and surgery is also true of every other department; therefore, the specialist in any line must be an all-round man, "one who knows everything about something and something about everything."

Without this degree of proficiency the gynecologist might still remove pedunculated or uncomplicated fibroid tumors and leave all those cases which grow from the lower segment of the uterus or develop beneath the folds of the broad ligaments as inoperable, when he might remove them with an astonishingly low mortality.

Prolapsus Uteri.—The resources for the treatment of prolapsus uteri have undergone marked improvement. We no longer rely on the many plastic operations which were so often resorted to, nor do we perform the Alexander or Wylie operations as often as was done before the introduction of hysterectomy. While these may have their places of usefulness at times we now select ventro-fixation reinforced by plastic vaginal work; or, what is still bettter, in cases where the tubes and ovaries are hopelessly diseased, hysterectomy and the suturing of the broad ligaments in the angles of the wound. If the uterus itself is badly diseased, which is so common, this is doubly indicated.

Hints in Technique.—Rapid operating enables the surgeon to perform successfully two or three minor and one capital operation under one anesthesia, and thus conserve the time and strength of the patient. The method of closing the abdomen, layer by layer, with three or four rows of sutures, at once prevents stitch abscess and ventral hernia.

I might add indefinitely material improvements worked out recently, but sufficient has been said to show the marvelous activity of our gynecologists during the past half decade.

Our Success. This close application has placed our school in the foremost rank as operators and has developed a record for us, which, so far as known, has not been excelled by any school or country. Our own distinguished Helmuth found, by careful collection of statistics, that the gynecologists of the homeopathic school had a combined mortality in hysterectomy considerably lower than that of the surgeons of the old school of either Europe or America, and, without doubt, similar reports might be made in other fields of surgical work. This department has had magnificent success, our results have been marvelous, and, for the present, we are rejoiced and satisfied.

Practice of Medicine.

SOME THINGS ABOUT THE USE OF BOENNINGHAUSEN.

BY ALICE M. HUMPHREY, M. D., DES MOINES, IOWA.

Object.—In order to fully understand this work and be able to appreciate its value and know how to make proper use of it one should consider well the plan of arrangement, the purposes for which it has been prepared, and the practical value to be derived from its use.

The object of the author was twofold. First, to aid the memory of the physician at the bedside of the patient or in the consultation room; and, second, to assist the student in the study of Materia Medica, by means of which he may be able to judge of the greater or less value of a remedy in a given case. On account of the large number of remedies given under each symptom their relative values have been set forth in different kinds of type. Those of highest rank are printed in capitals, in order that they may be recognized at a glance as being the remedies of highest rank and those that are the most often used, or as having greatest affinity for a certain region. Those printed in heavy face type occupy the second rank, are remedies that have been verified by practice and provings as of less value, but still distinguished by the characteristics of the remedies. And so they follow in descending order. Those of the third rank are printed in italics. In the fourth rank are the remedies of least importance, or those which are the most rarely used, printed in common type and all arranged in alphabetic order. Thus at a glance one can see the comparative value of each remedy under any given symptom. For instance, we all know that Belladonna has "aggravation from a draft;" but you might occupy hours of time in searching your Materia Medicas before you would find that the only remedy of equal value for the same symptom is Silicea, a fact easily ascertained by turning to that rubric under the section of aggravations.

Divisions. -- The book is arranged in seven parts, in each of which a systematic order has been combined with an alpnabetic arrangement with the comparative rank of every remedy. In each of these but one part of the symptom is given, so that it becomes the work of the student or practitioner to separate the symptoms as given by patient, together with the objective symptoms as recognized by the physician, into parts and then regroup them.

We will find under "Location," the remedies that act most prominently on a given part of the body, the kind of pain given in the chapter on "Sensations" and the conditions of aggravation and amelioration as to time or circumstance in those sections where they naturally belong, and thus the eye will grasp a remedy or possibly more than one that is likely to be the remedy indicated.

As T. F. Allen puts it (Transactions of American Institute of Homeopathy, 1891, page 588), "The aim of the book is, as I take it, to assist in quick prescribing in actual practice. I go to a patient; she has a terrible cutting pain in the right shoulder; I want to know the drug that will affect the right shoulder in that peculiar characteristic way. I take out my Boenninghausen and turn to the region named, and by a process of mental selection I quickly recognize it to be Lycopodium that I want, because Lycopodium not only has the pain in the right shoulder, but it also has the other symptoms."

We will not be able to find in the symptomatology of Lycopodium "Terrible cutting pain in the right shoulder," but under "Right Shoulder," in Boenninghausen, we find under Lycopodium, "Cutting Pain." In still other sections we find Lycopodium, and so we regroup the symptoms and find the remedy. The result is that one is constantly making new combinations with every new and peculiar case that comes up, and is lead to the selection of the similimum where the case seems obscure or does not seem to point clearly to any particular remedy.

Mind and Disposition.—The first section of the book we have "Mind and Disposition," a division of large importance to the homeopath. The mental symptoms of our remedies cover a wide field and are of great value in aiding the physician in the selection of the correct remedy. When, as sometimes happens, our comprehension of a case may be difficult it will be some comfort to know that there are eighty-nine remedies that have the mental symptom, "Comprehension difficult." The author has simplified this section as much as possible, and many of the conditions of the mind are given under the other sections, such as "Sensations," "Aggravations," and "Ameliorations," and only what is essential and important are given here.

Tissues and Organs.—In the second section are to be found those remedies which act on certain parts or organs of the body, given in the higher or lower degrees. It is a question of some significance whether or not we are able to recognize those remedies that act the most prominently on the liver, the heart, the bones or the glands.

Sensations.--Next come "Sensations." Under this heading all the peculiar or characteristic complaints are given. First, in general, then specially. Here we are able to find the subjective symptoms as given by the patient, whether they be given in the words of the author or having the same meaning but differently expressed, whether it be a formication externally or a dilated sensation internally, or a sharp pain that jumps from place to place or a dull and oppressive one that is constant.

Sleep and Dreams. -- The fourth section treats of "Sleep and Dreams," the fifth of "Fevers;" but both only according to essential and clearly defined peculiarities. Then follow fifty-five pages of the most valuable part of the whole work. The conditions of Aggravation and Amelioration by time and external influences. These play a large part in making up the totality of the case; they are never confined wholly to one symptom, but on the other hand a correct choice of the correct remedy often depends principally upon them.

Concordance.—The seventh and last section, "The Concordance," represents the comparative action of the various remedies mentioned in the book. First, with respect to the preceding sections then according to each individual remedy, always with due consideration of their value in rank, indicated by the type as in the other sections.

But after we shall have studied carefully the arrangement of the condensed knowledge found in this little volume how is it to be made of such practical value in an ordinary case that we may be guided quickly and accurately to the selection of the similimum?

An Illustrative Case.--This is the question of most vital importance to us as practitioners, and I can best explain it by giving a case by way of illustration: March 13th, '96. An unmarried woman, about twenty-eight years old, having dark hair and gray eyes, sallow complexion, came to me for a prescription. Said she had just come to the city, that she was never sick enough to be confined to her bed, but once or twice a year she had spells when she thought she was "bilious;" that her doctor had always given her some little white pills that soon cured her. This time she said there was a bad taste in her mouth in the morning which was bitter and disagreeable. Skin more yellow and sallow than usual, some debility and loss of energy. Tongue coated white. Without stopping to study my case I gave her Bryonia, feeling sure that she would not need a second prescription.

On March 24th she reported that she had taken all of the medicine, but that she was feeling much worse with the additional symptoms, rumbling in the bowels, sharp pains, some distention from gas after a meal and urging to stool within fifteen minutes after eating, when all that had been taken into the stomach seemed to pass away in an undigested condition. Stool almost involuntary, followed by weakness and debility. Aloes was my prescription this time.

On April 3rd my patient reported that all of the bowel trouble had disappeared, but that the original symptoms remained only in an aggravated condition. The bad taste in the mouth was constant. Unnatural hunger, which was not appeased by eating. She said she had just eaten a hearty dinner and only quit because she knew that she had eaten enough, but was as hungry as when she began eating. Weakness and debility worse, weary expression on her face. Complained of tenesmus of the bladder in the morning on waking, a sensation as if the bladder were too greatly distended; not better until some time after the evacuation of urine. General debility and lack of energy. Seemed very anxious about her "liver." With all the anxiety that a young practitioner feels when he has had two chances to prescribe for a new patient and failed, I told her that I would fix up the medicine and that she might call for it later in the afternoon. Meanwhile I busied myself in searching for the similimum, and so arranged the symptoms that I might be able to find them in the various sections of Boenninghausen.

Under "Locality"—Liver and region—were the following remedies holding first rank: Aconitum, Berberis, Calcarea carb., Chelidonium, Leptandrin, Magnesium, Mercurius, Podophyllum, Sepia, Sulphur.

Next came "Skin Yellow," a very common symptom, but how many of us could name the eighty-four remedies that have as a prominent symptom "yellow skin," and be able to give the comparative rank of each? There are only four holding first rank, viz.: Conium, Nux vomica, Podophyllum, Sepia.

"Ravenous Hunger."— If we were all obliged to go without our dinner until we could name the fifty or more remedies that may be called for to cure the abnormal condition some of us would grow more ravenously hungry than my patient was. A rapid inspection of the list showed that Calcarea carb., China, Cina, Lycopodium, Nux vomica, Silicea, Sulphur, Veratrum, held first rank.

Next came "Bad Taste in Mouth." Here we have Aconitum, Pulsatilla, and Sepia in the first rank, and under "Bitter Taste" came a longer list. Among those of chief importance were Aconitum, Bryonia, Chamomilla, Chelidonium, Natrum muriaticum, Nux vomica, Pulsatilla, Sepia, Sulphur and Veratrum album.

The next symptom that I looked for was "Tenesmus of the Bladder." How many of us, without the use of Boenninghausen or some similar book, could write out twelve remedies of the first rank for tenesmus vesicae? In a minute I turn to it and find them to be Bryonia, Cantharis, Causticum, Colocynthis, Lillium, Mercurius, Mercurius corrosivus, Nux vomica, Phosphorus, Sepia and Sulphur.

The next symptom is not frequently found, consequently the remedies that might be useful do not readily present themselves to the mind of the prescriber. But Boenninghausen tells us that "For Troubles Before Micturition" Berberis, Cantharis, Colocynthis, Nux vomica and Pulsatilla are of the first rank, while "For Troubles After Micturition" the following remedies are printed in large capitals: Cannabis, Cantharis, Colocynthis, Hepar, Mercurius, Natrum muriaticum, Thuja and Sepia.

Then came "Sensation of Debility"—weakness and weariness—for which China, Phosphorus, Ruta, Sulphuric acid and Sepia held first rank. I then turned to "Aggravation in the Morning" and here found a list covering a half page, so I selected only such remedies as had already occurred the most frequently, as Calcarea, Natrum, Nux, Phosphoric acid, Pulsatilla, Sepia and Sulphur.

I found on looking over my list that Sepia was the "red line" running through it all. Under every symptom it was found in first rank excepting three, where it held the second. I next turned to the Materia Medica of Sepia and read it carefully. It was decided upon as being the remedy, and was accordingly given. Three days later I met the patient, was greeted with a smiling face, and the words, "Well, doctor, you have hit the nail on the head this time, for I have been better since taking the first dose."

I have given but a brief outline of the use I make of this most valuable reference book. I usually find it quite unnecessary to make a written outline of the case, but by glancing from one symptom to another the eye will catch the remedy or set of remedies for which I am looking, when a careful review of the Materia Medica of a few of them brings the drug picture clearly before my mind and leads to a more accurate selection of the remedy, which, I trust will prove to be the similimum.

Neurology.

THE METHOD OF EXAMINATIONS IN NERVOUS CASES. TWO ILLUSTRATIVE CASES.

BY H. V. HALBERT, M. D., CHICAGO.

Neurological Examinations. - The method of examination in nervous cases is all important. To find the lesion in any particular neurological case requires a patient and careful study which shall show the infringement of this anatomical architecture. In order to ascertain this condition there are certain forms of procedure which must be used in each case. After the history of a case is obtained we must demonstrate as to the localization of the irritating cause. To find this we must look for the first derangement of the nervous system.

For the motor system we first seek to know it the brain and cord muscular innervations are intact. This is settled by what we term the greater and finer muscular motions. When a patient can move the arms and limbs, or exercise the larger trunk muscles without delay, we know the motor strength is perfect; when he can perform more delicate feats with the same muscles we claim the muscular co-ordination is correct. On the other hand, when we find these impaired in any way we at once seek the location of this lesion and we have our diagnosis of the anatomical change.

Likewise we study the sensory infringement. This we settle by the trial of touch, temperature and pain sensations, and when we find one imperfection we locate it to find where the afferent system is at fault. A soft brush will test the touch sense; a pin will define the pain imperfection, and two test tubes, one with cold and the other with hot water, will locate the temperature changes.

In the same manner we examine the special nerves to learn the area of medulla or cerebral involvement.

The extent of any degenerative action is estimated by the area of anatomical tissue involved either in the brain or central nervous system. This we understand through the tests applied to both the afferent and efferent functions.

In addition to this we must consider the loss or aggravation of the deep and superficial reflexes. If the disease affects the motor brain or motor tracts we shall expect a spasticity or an aggravation of reflex action; if the disease is confined to the sensory area we may look for a loss of the same. So, too, we find that the impairment of trophic power and the invasion of particular cell centers are illustrated by a correct interpretation of the local physiological status. When a lesion is settled in this way it is an easy matter to comprehend the broader field of symptomatology, the diagnosis is certain and the treatment is more satisfactory.

With these statements in view, I would like to present the following cases:

Case I. Post-Hemiplegic Chorea. John M., a boy twelve years of age was supposed to be afflicted with an incurable disease. His parents had consulted all the old school specialists within reach, all of whom gave a most unfavorable prognosis and prescribed only the stereotyped palliatives. Through the influence of one of our students he came to my clinic. The history revealed an inheritancy devoid of any stigmata. The mother, however, during pregnancy, lived under a high degree of excitement and was quite hysterical. The boy was apparently well nourished and experienced no suffering. His general co-ordination was decidedly imperfect and the choreic movements were so incessant that he could neither walk nor sit still. Speech was equally affected, and while his mental comprehension was perfect enough for conversation he could not utter an intelligible word. His life was a menace to his own comfort and that of his family.

Examination revealed, in the upper and lower extremities, a perfect test to the sense of touch, temperature and pain, which at once excluded the sensory phase of the diagnosis. On the left side the deep and superficial reflexes were quite normal; on the right side they were so aggravated as to give a decided spasticity; the arm and limb were also atrophied as a result of their imperfect use; neither the grosser nor the finer movements were correct, while the athetoid, choreic and associated movements were pronounced. The cranial nerves, being each examined, revealed a facial and hypoglossal palsy, particularly on the right side. The mental function was imperfectly developed and the child resembled an imbecile.

It was learned that there was a severe convulsion in infancy, from which these allied infirmities started. The condition was therefore diagnosed as post-hemiplegic chorea, incident to an early central hemorrhage. Secale thirtieth was given for one month, with the hope of lessening any tissue disintegration or hyperplasia. Some minor improvement was noticed from this, and for the next two months the two hundredth potency was given at less frequent intervals. The remedy was then interrupted for at least a month when it was again renewed for several months, in the potency last mentioned.

The improvement was then so pronounced that the family, who were at first opposed to homeopathic treatment, began to appreciate its efficiency. It is now about one year since my treatment began. While the patient is not cured, he is still gaining remarkably. The athetoid and choreic movements are better, the spasticity has decreased, co-ordination is more perfect, speech has improved and the mental faculty is stronger. With the exception of a few intercurrent remedies, for special temporary symptoms, this has been his only treatment.

DEDUCTIONS. From this we learn: First, that the homeopathic remedy is of unusual value in these extreme cases where all local or heroic measures fail. Second, that Secale cornutum has an affinity for the hyperplasia of spinal and central cells alike; that it is also applicable in degenerations which involve either the afferent or efferent tracts. Third, that the potency will accomplish in these chronic cases what the cruder drug will not do.

Case II. Functional Spastic Paraplegia.—Mr. S., a man of unusual physical perfection, came into my clinic asking medical aid for the "weakness of his limbs" which incapacitated him for walking. Upon examination the sensory mechanism was found to be perfect, with the exception of certain undefined paresthesia of periodic occurrence. The mortor functions were interrupted by a pronounced spastic exaggeration whenever he atempted to use his limbs. The reflexes were generally excited and clonus and tonic spasms occurred whenever he attempted to walk. This was so extreme as to resemble a perfect spinal trepidation, or epilepsy. The spasms were often so pronounced that he was obliged at times to suspend all motor efforts with the limbs. Foot-clonus was present and the muscular rigidity was excessive. The patient could only walk by pushing the feet along and dragging the toes as if a weight was attached.

He gave a history of malarial fever, which dated back to an army experience. The bladder and rectal functions were apparently paralyzed, for he was addicted to the use of the catheter and cathartics in order to maintain the function of each; a chronic urethral discharge had existed for some time and there was quite a prostatic hypertrophy. Systematic dilatation and a recurrent urethral wash of sulpho-carbolated soda were employed locally. Internally, he was given Gelsemium 3x.

In the course of a month the symptoms were quite encouraging, for he was able to use the limbs to quite an extent and the prostatic and urethral disorders had disappeared. The remedy was continued for some time and by degrees his symptoms improved. It is now a little more than six months since the treatment was instituted, and he only reports occasionally, for he considers himself well. He walks with the aid of a cane and is apparently a new man in every physical respect.

Deductions.—The first of interest in this case is the fact that it was not a typical paraplegia, inasmuch as there was no true motor paralysis. Had it been such, the recovery would not have come so soon. It was simply a functional perversion which simulated paraplegia. It was due to a paretic condition of the nerve fibers which pass into the cord from the vesical and prostatic region. As soon as the prolonged irritation of these fibers was removed by the relief of the local disease recovery was possible.

Secondly, we learn from these clinical statistics that Gelsemium is a remedy which has a physiological affinity for the lower cord segment. It corresponds very much to the features of paraplegia, and is characterized by the trembling weakness of the limbs, the deep-seated muscular aching, and the gradual loss of co-ordinate ability. The consideration of this remedy should, therefore, be more frequent in all functional involvements of this part of the cord.

TREATMENT OF PARALYSIS AGITANS.

BY N. B. DELAMATER, M. D., CHICAGO.

Pathological Note.—The treatment of this disease illustrates very clearly the tendency, almost universal among great medical students, to devote very little time or attention to the remedy until a knowledge of what must be accomplished in order to restore the normal has been gained.

Much time and study have been given, many experiments have been made, careful, accurate, observations have been scheduled from day to day during the progress of the disease in individuals, a full knowledge of everything obtainable in relation to the life and previous history of the patient that could possibly have influence on the progress of the ailment and its causation has been gleaned—all in the so far vain endeavor to learn its pathology. But we stand to-day just where we started, without even a reasonable hypothesis as to what the disease is. The history, course and symptoms are more uniform, well-defined and clear-cut than those of most diseases of the nervous system. The diagnosis usually presents little difficulty, but the treatment—well, it is as blind as the pathology.

Historical.—The study of treatment from the standpoint of the "regular" is blocked from the very fact of his not knowing the pathology. From the homeopathic standpoint it is blocked by the fact that we have never yet found a drug that has given us in its provings anything approaching a similimum. The treatment, then, to-day, by either school of medicine, must of necessity be purely empirical —or absolutely experimental.

In reviewing the treatment recommended by the old school, as found in the best text-books, one is struck by the comparatively small number of remedies or adjuvants that have been found even worthy of mention. Every one seems to have stopped, appalled at the task before him, and very few have cared to try anything, or possibly dared to try anything, except the usual remedies, known to be totally inefficient.

Going back to 1853 we find that up to that time the only suggestions worthy of record were setons in the back, endermatic use of strychnia, and ferrum carbonate, with warm baths and cold effusions to the head and neck as adjuvants. The authors of that day say in regard to it, that a very few cures have been reported by any of these means, and that they have not been able to get results. I can find in the literature of that date at my command only one case that bears any stamp of reliability as at all cured, and that was by a prolonged and persevering use of carbonate of iron.

Jones, in 1867, advises galvanism, hyoscyamine and the mercurial treatment, but says that none of these are to be relied upon.

Hammond in 1876 advises the trial of a larger line of remedies, arsenic, iron, manganese, zinc, copper, phosphorus, strychnia, conium, Indian hemp, stramonium, sedatives, and the constant current. All these, he says, have been tried, and with little success.

In 1877 Charcot says sometimes these cases are cured either spontaneously or as a result of medication. He mentions ferrum carbonate, barium chloride, strychnine, ergot of rye, belladonna, opium, hyoscyamine, calabar bean, argentum nitrate, and the constant current, as having all been used and advised by various authors, and as having seemingly produced some favorable results in the way of amelioration, and that possibly a few cures may have resulted, but he doubts it.

In the same year Althaus writes not advising any line of treatment, simply acknowledging that there is none that promises anything.

The following year (1878) Wilkes claims that the only line of treatment likely to be of any benefit is Galvanism.

Ziemmsen's Encyclopedia, about the same date, advises that the treatment should be directed to certain annoying and pronounced symptoms, with the hope of alleviation and possibly of retarding the progress of the disease. The remedies recommended are: Ferrum carbonate, barium chloride, Pulvermacher's chain (constant current), hyoscyamine, bromide, morphine, curare, Fowler's solution and warm baths.

Rosenthal, in 1879, gives a list of remedies, of which he says each has been reported to have produced palliative effects, and, in a very few instances, cures, but expresses the idea that none of them can be relied upon. His list is ferrum carbonate, hyoscyamine, arsenic, curare, galvanism, hydrotherapeutics, as hot and cold douches, hot baths with massage, etc. Rosenthal, in 1881, suggests, with the same want of confidence as to results, ferrum carbonate, strychnine, ergot of rye, morphia, chloral, the bromides, and Fowler's solution subcutaneously.

In 1883 Axenfeld recommends the trial of calabar bean, the minerals, the bromides of potassium and camphor, Fowler's solution subcutaneously, electricity and hydrotherapeutics, but is not at all enthusiastic as to results.

Two years later (in 1885) Webber comes out with the statement that certain drugs will frequently palliate, but that the effects are not lasting, not permanent, that no effects are noticeable except when under the direct immediate effects of the drug. His remedies are chloral, infusions of valerian with potassium bromide, atropia, curare, Fowler's solution, hyoscyamine, galvanism.

In 1888 we again hear from Rosenthal. This time he has made some advance; and devotes himself entirely to palliation and arrest of progress. He advises strongly that all mental strains or causes for physical exhaustion be removed, also the avoidance of any treatment that can exhaust or fatigue. As remedies he gives arsenic, Indian hemp and electricity.

Starr, in 1890, gives a list of remedies that have been recommended from which results have been claimed by men competent to observe, but makes no curative claims. He includes potassium bromide and iodide, veratrum, barium chloride, ferrum carbonate, strychnia, ergotin, calabar bean, chloral hydrate, opium, atropine, gelsemium, curare, hyoscyamine, hyoscyamine hydrobromate, Fowler's solution, arsenite of potassium, conium, eserine, a mixture of hyoscyamine and codia, half hour warm baths.

Last year (1895) Gray only expected palliation and retardation. He advises that the expenditure of energy be restricted as far as possible; the patient is to remain in bed till noon every day; fatiguing walks and drives are prohibited; the diet is to be varied, abundant and nourishing; alcoholic stimulants are to be continuously used, also malt extracts. The remedies are quinia sulphate, hyoscyamine, the bromides and galvanism.

In thus consulting the lists of the greatest authors in the regular school there is found a profound unanimity of opinion regarding the curative powers of any line of treatment. They all practically agree that no line of treatment offers any practical hope of real cure. Many of them say that aside from a few cases in which a spontaneous cure has taken place, there have been no cures. The consensus of opinion seems to be that the cases reported cured have not been well authenticated as to diagnosis.

That there are many cases simulating paralysis agitans in its early history we all know. That these cases are constantly recovering we also know. One is somewhat surprised also at the agreement in remedies noted. The line of remedies used in 1853 is almost identical with that of to-day. The main point of real advance is in recognizing the fact that strength, force, energy must be conserved and not wasted.

So far as the regular school is concerned the remedies that seem to have been of most value in retarding advance or in relieving the most distressing symptoms are ferrum carbonate, arsenicum, arsensauer, hyoscyamine, hydrobromate, rest and full feeding. There is to-day no remedy that will so frequently or effectually control the tremor as hyoscyamine hydrobromate.

Homeopathy's Records.—In going over the homeopathic literature we find possibly more certainty of expression as to the probability or possibility of cure. But careful analysis of the cases reported fails to substantiate the claimed advantage. In the homeopathic journals of the last thirty years I have been able to find about forty cases reported as cured with a variety of remedies. In not one of these cases do I find a sufficiently clear description to render the diagnosis beyond doubt. The failures under the use of these same remedies in a much larger number of cases would indicate that we had not yet named the remedy, or remedies, for this disease.

But, it is said, we do not claim to name any remedy or remedies for any disease; we individualize each and every case and prescribe whatever remedy most nearly fits the totality of the symptoms. I freely admit this; and more, I practice it. I frequently spend hours in undertaking to affiliate a remedy to some one case. The record of our most honored and careful prescribers, such men as Hering, Guernsey, Allen and Dunham have given us no encouragement in the treatment of this disease. Neither do we find any satisfactory reports from those who look for the remedy in the individual, the antecedents, dyscrasia, etc. In short, there is to-day nothing known about the proper treatment of this disease.

Author's Experience.–You ask what has been my own experience? Not at all different from that of others. It has been my lot to see a very goodly number of cases, to try various experiments, to see some of them get temporary relief, but I cannot point to a single cure. I have had many cases in which tremor was a prominent, or even the prominent feature; many cases that very closely simulated paralysis agitans; cases where sources of reflex irritation were present, and others where they were not. It has been my good fortune to see nearly all these cases recover while under my care.

In true paralysis agitans I first started by making the most careful study of the symptomatology; then I referred personally or by mail to the closest prescribers I knew. Next, I undertook the study of the individual and did my best to affiliate the remedy. Later I tried the various lines suggested by the regular school and by Eclectics. I then experimented with nerve stretching, spinal extension, and nerve vibration, and, as I said before, I have as yet the first cure to report.

Climatology.

THE CLIMATE OF UTAH.

BY J. C. HANCHETT, M. D., SALT LAKE, UTAH.

During the past few years there has been much careful investigation in regard to the effects of our various climates upon patients suffering with diseases of the chest, and at the present time every physician who sends his patients from home in search of health should do so with a full understanding of the probabilities for relief or cure in their changed surroundings. Oftentimes the most serious results have followed an improper selection of climate or a change at the wrong season.

Elements of Climate.– The special elements of any climate which produce a decided effect upon our physiological action, either in disease or health, are temperature, moisture and altitude. Extremes in temperature are not favorable to the full development of vigorous animal life. So much of the bodily energy of the inhabitants of the Arctic region is consumed in keeping up animal heat that their development is stunted; they are dwarfs physically and mentally. It is as true that the excessive heat of the tropics debilitates and weakens the inhabitants of these regions. While developing giants in stature, the relaxing influences of excessive heat takes all tone and energy from their well developed muscles. There is the same physiological loss to the inhabitants of the tropics in keeping cool that there is to the Esquimaux in keeping warm. Sudden variations in temperature tend to cause congestion of the mucous membranes, chill the surface of the body and produce inflammation. The ideal climate in point of temperature from a physiological standpoint is the one where the least amount of bodily energy is required to maintain normal temperature, still free from depressing influences of overheat and not subject to sudden changes.

Excessive moisture in the air favors the development of germs, causes less evaporation from the lungs and skin and shuts us out from the invigorating influences of the pure sunshine.

Altitude, perhaps, produces the greatest change of any element in our surroundings. The lessened air pressure and attenuation of the atmosphere of the elevated regions quickens the respiration and immediately tends to expand the chest. The Indians living on the high tablelands of Peru have enormous chests, and from careful observation it has been found that children born in the Rocky Mountains have large lung capacity. The heart beats faster and in the higher altitudes the nervous system is more irritable.

Physical Properties of Utah's Climate.—In view of these well proven physiological facts what may we expect from the conditions of the Utah climate? Our mean annual temperature is approximately fifty-five degrees, the same as Denver and Colorado Springs. The winters are short and mild. The average coldest day in the winter, for a period of seventeen years, is twelve and one half degrees. The summers are long but never oppressive. The average hottest day in the corresponding summers is ninety-three degrees. We do not have the excessive heat in summer of California and Florida, nor the intense cold in winter of the Mississippi Valley. This equability of temperature can rarely be found in a high altitude. The explanation is evident. Salt Lake Basin, about two hundred miles long by forty miles wide, is hemmed in on all sides by ranges of mountains reaching from one thousand to six thousand feet above the level of the valley, and enclosed within these walls is the Great Salt Lake, covering two thousand square miles. Shut off, as we are, by the high mountains from all external forces this great inland sea thoroughly equalizes this distinctly local climate.

The annual rain fall for twenty years averages sixteen and one half inches, as compared with nearly four times this amount in Chicago. The average number of cloudy days for winter is sixteen and nine-tenths; spring fourteen and nine-tenths; summer nine and two-tenths; autumn ten and four-tenths. In relative humidity Salt Lake is nearly the same as Denver, Santa Fe and Sacramento. The air possesses more than twice the absorptive power of the Atlantic coast. The movement of the wind for the year averages five miles an hour. The total annual movement is forty-five thousand miles, as compared with one hundred thousand on the Atlantic coast. Cyclones and wind storms are unknown.

Salt Lake City is at the moderate elevation of four thousand three hundred feet, but the surrounding canyon and mountain resorts vary between this and an altitude of eight thousand feet.

It will be readily seen from an examination of these statistics that the climate of Utah is distinguished for its absence of extremes. It is neither a summer nor a winter resort, but most desirable for a continued residence. He who comes to Utah does not need to move twice in every year to avoid extreme conditions and subject himself to the detrimental effects from repeatedly and constantly acclimatizing himself to his new surroundings. The winters are mild and free from sudden changes—an occasional rainy day or light fall of snow followed by bright, warm, sunny days. The evaporation is so great that the air is never sharp and piercing. The springs are early and beautiful, and free from wind storms. The summers, while long, have no days when the air is sultry. The sunshine is bright and clear and the air dry, but the shade is always cool, and the nights delightful, without a trace of dew. Our autumn is the most bracing season—extending until nearly Christmas, the days are warm.

Utah climate possesses that peculiar condition of a high and dry altitude with a sea air. Bathing in Salt Lake is as invigorating as in the sea.

The season begins with the first days in June and continues until October. We have within our city limits hot sulphur springs of a temperature ranging from one hundred and five to one hundred and ten degrees. Our drinking water is free from contagion, secured from springs high above the city in the Wasatch Mountains. We have a natural mineral water similar to the Manitou Springs water in analysis. In short, we have mild winters, delightful summers, a high and dry air, purest of drinking water, salt-water bathing and medicinal springs. Where else can these conditions be duplicated?

To Whom is the Climate Suited?—Who then should come to Utah, at what season, and how? In answer to the first it is hardly necessary to say that in the later stages of consumption it is a great mistake to send a patient from home. The end is probably hastened by any change. It is different with one who has perhaps had a few hemorrhages, who only has a beginning tubercular deposit in the apices of the lungs or those who from hereditary weakness are always having colds "settle on their chests," and patients who have recovered from acute pneumonia or pleurisy in an unsatisfactory way. How often do these cases develop into consumption in the East! All such, all consumptives, indeed, who do not have extensive cavities and in whom the disease is in a latent form may come with full confidence of living to their alloted age.

But they should come prepared to stay. It is so often the case that these patients come for a few months, they grow strong, the fever leaves them, they regain their appetites and return to the East only to have their symptoms renewed, and before they come back again to a more genial climate they are doomed. Such experiences are often met by the physician in the West.

When Should They Come? The early summer or fall in my judgment is the most suitable time to come to Utah. Coming in the mid-winter is less desirable, on account of the necessity of close confinement in the cars during the journey with greater danger of taking cold when first arriving. It is a well-known fact that our systems require some time to become accustomed to a new climate. This is particularly true of one whose constitution is weakened by disease. In the mid-summer our sunshine is so bright and the air so dry, as compared with the East, that one in poor health coming at that season is somewhat depressed, and in addition the crossing of the plains at this season is extremely unpleasant from the heat and dust and scorching winds. With the exception of these two seasons, January and February in winter and July and August in the summer, the journey is most pleasant and indeed restful. The passage from Chicago to Salt Lake either in the spring or autumn by our modern system of railways, in a Pullman car, is in a small way to be compared with the restful effects of crossing the ocean without its sea-sickness. You pass through scenes of beauty in forest and plain and mountains without an hour of delay, and climb to the altitude of nearly one mile as unconsciously as in a dream, and may leave the cars more rested than at starting. It is a mistake to advise patients as is so often done, to stop and rest, to go by degrees, to get used to the altitude gradually. This might be advisable going to an extreme height. The disadvantages in stopping come from having to get used to half a dozen climates instead of one, the lack of proper accommodations and the prolonging of the journey.

By the Union Pacific system the highest point reached is less than eight thousand feet, and this summit is crossed in a few minutes, and with the trifling precaution of remaining quiet while passing this point no difficulty is experienced by the most susceptible; while by the southern route a far higher elevation must be crossed and for some hours one is kept nearly ten thousand feet high. In addition to the much more moderate elevation the Union Pacific is free from the sharp windings in and out through the mountains, and the sudden grade of the southern route, with its attendant jolting. There is absolutey no change of cars, and the journey in itself need not hinder the most delicate from coming.

Pedology.

PRACTICAL PEDOLOGY.

Eight Remedies in Diphtheria.— At a recent meeting of the British Homeopathic Society an exhaustive paper was presented on "The Therapeutics of Diphtheria from a Statistical Point of View," in which the drugs which came up for comparison, numbering eight, were the following: Liquor Ferri Perchloride; Chlorate of Potassium; Liquor Ferri Perchloride and Potassium Chlorate in combination; Liquor Ferri Perchloride Fortior; Petroleum; Magnesium Sulphate; Mercurius Chloride and the Iodide and Cyanuret, and Antitoxin.

These eight remedies were held to form the bulwark of treatment in diphtheria. The paper will doubtless be given in full in the Journal of the British Homeopathic Society, from which the essence will be culled later. The absence from the list of several important homeopathic remedies is noted, while others are suggested and combinations spoken of not in use in practice in the United States. These may have been introduced chiefly or altogether for purposes of comparison.

Physical Education of Children.—In his book titled "Our Growing Children, with Special Reference to the Physicial Education of the Weakly," Mr. Gerard Smith, London, scores a good point in naming movement as the child's rest. He says if too much quietude is enforced a child becomes exhausted and irritable. In outlining a schedule for the work and play of a child of seven to fifteen years he advocates five hours of brain work—study—with a recess of half an hour during their course.

To our mind Mr. Smith is not far enough removed from the day of the Blimber establishment in his advice. The hours named may not be over long for a child of fifteen years, but the boy or girl of seven or eight summers should not be subjected to five hours of practically continuous brain work. Five hours of study per day with only half an hour of intermission is too great a task for so young a child, considering the subject from the viewpoint of the "Physical Education of the Weakly." The limit may well be cut to two or at most three hours per day, with an hour of intermission in the middle of the period.

Wormy Disturbances of the Ocular Apparatus.— Worms often produce in children irritation of the ocular nervous system and consequent disturbances of vision. Inco-ordination of the movements of the ocular muscles is also noted in this relation, with blinking, squint and choreic twitching.

Hereditary Ataxia.—Hereditary ataxia occurs between the ages of two and twenty, the seventh and eighth years of life being those in which the disease most often sets up. Next frequently it occurs about the age of puberty. Female children suffer about as frequently as the opposite sex, and members of one sex in a family are most likely to suffer its attack.—Martin's Manual.

Milliary Scarlatina.—Jousset says that the epidemic which Huxham describes under the name of gangrenous disease of the throat was none other than milliary scarlatina. In the department of Vienne Jousset has observed an extremely fatal epidemic of this disease in which death was attributed to diphtheritic complications. For mild cases he gives Aconite and Belladonna, a spoonful every two hours, the Aconite containing ten drops of the mother tincture to 125 grammes of water and the Belladonna three drops of the tincture to the same quantity of water. He also relies somewhat upon Ailanthus. In malignant case he resorts to Arsenicum and Lachesis.

Kidney Ailments in Children. Prof. J. P. Cobb, Chicago, looks upon the feeding of too much proteid food to children as a most common cause of eneuresis. He suggests that in the effort of the physical economy to reduce these highly organized forms to excretory compounds the kidneys are called into too great play, the bladder is unduly irritated by the solids held in the urine and the lumbar center is too frequently invoked.

Belladonna, 3x, is reported to have cured an obstinate case of eneuresis in a boy of ten years who was treated at the Bath Homeopathic Dispensary.

A Fruitful Ward.—The Pittsburg Homeopathic Hospital possesses wonderful incubative properties in its lying-in ward, four babies having been born therein recently within twenty-four hours.

Dysenteric Diarrhea and Rheumatism.—A severe attack of dysenteric diarrhea occurred in a patient at the Bath Homeopathic Dispensary which was cured by Mercurius, only to be followed some six months later by wandering rheumatism in the head and joints. The patient, a boy of ten years, perspired profusely, his bowels were regular, his tongue clean and moist, he had no cardiac murmur and no cough. Pulsatilla, 3x, was given for a fortnight when the boy was discharged as cured. Two weeks later the pains came back. He described them as catching him suddenly and fixing him, chiefly in his limbs. There was no swelling, no redness, no tenderness. Cimicifuga was given and cured him permanently.

The question may properly be asked, was this post-diarrheal rheumatism or post-Mercurial rheumatism?

Tibial Necrosis.—In a case of necrosis of the right tibia Bryonia 3x and Silicea 6x did excellent service at the Bath Homeopathic Dispensary. The patient, a strumous girl of thirteen, had had several exfoliations of bone removed when she presented for treatment, and the wound was threatening to break out again. She was suffering very severe pains at night, and though her appetite was good she was severely constipated, the stools being hard and large. In a week she reported improvement under the remedies named in the condition of her bowels and her bone pains were better for the first time in many weeks. After two weeks the scab on her leg had gone, likewise the tenderness and pain and the bowels were moving freely and regularly. Silicea was repeated until the leg was apparently well, it showing no pain, no tenderness and only the old scars.

Calcarea Iodata in Rickets.—An interesting triumph of this remedy over rickets is recorded at the Bath Homeopathic Dispensary. The case was that of a three-year old baby boy who had never attempted to walk, nor could he raise himself or stand when raised to his feet. He presented all the usual symptoms of rickets. After two weeks on Calcarea iodata he roused himself to voluntary efforts to get up and within four weeks had cut a tooth. Silicea was also tried for a time but as it did not give as good results as the former remedy Calcarea iodata was returned to and kept up for five months, at the end of which time the fontanelles were closed and the child walked well.

Dr. N. B. Delamater, Chicago, is absent in Northern Michigan on his summer vacation. He is expected home about the 5th of this month.

Materia Medica,

CONDUCTED BY W. A. DEWEY, M. D., NEW YORK.

The Materia Medica Section of the American Institute of Homeopathy convened on the 18th of June at the hall and the first paper was by Dr. Frank Kraft of Cleveland, O., entitled "Materia Medica Pictures." This is a continuation of the excellent paper by the same author presented at Newport last year and entitled "A Visible Materia Medica."

The second session was held during the afternoon of June 22, Dr. W. J. Hawkes, the chairman, read a paper entitled "The Materia Medica of 1796 and 1896," and argued the usefulness of our Materia Medica therefrom. The remedies of 1796 were no less useful now than then—no remedy of our school has been laid on the shelf as useless, whereas in the Allopathic camp 90 per cent have been tried and found wanting owing to the lack of a therapeutic law. The author instanced Dr. Chapman's experiments of a few years ago of presenting the symptoms of a case to twenty physicians, ten homeopathic and ten allopathic, in which all of the former prescribed the same remedy, while the ten latter all prescribed differently even going so far into the uncertain as to use patent medicine. He spoke of some really noteworthy allopathic "discoveries," such as Mercurius in dysentery, Ipecac in nausea, Pulsatilla in amenorrhea, Belladonna in scarlet fever. The author in closing argued that a knowledge of the characteristic symptoms of a remedy was essential.

Dr. T. P. Wilson of Cleveland read a very instructive paper entitled "Authority in Medicine," which was discussed by Dr. W. A. Geohegan of Cincinnati.

Dr. W. A. Dewey of New York read a paper entitled "Some Remarks on Lapis Albus," which elicited considerable discussion. The paper reviewed the clinical evidence in favor of the remedy and the writer mentioned a few of the uses to which the remedy seemed applicable and illustrated them by clinical cases.

Dr. C. H. Evans of Chicago, doubted the usefulness of Lapis albus in any stage of mammary cancer, and Dr. T. G. Comstock had also had but little success with the remedy.

Dr. Millie J. Chapman of Pittsburg related an interesting cure of unmistakable cancer with Lapis albus 30th.

Dr. T. F. Allen reported splendid results in the use of the remedy (6c.) and Dr. Arnulphy mentioned the success obtained in the use of the remedy by Dr. Pröell of Nice.

The essayist in closing endeavored to make clear that in cancer of the breast as well as in other glandular affections it was necessary to use the remedy early—when there was hardening of the connective tissue about the glands, which is as characteristic as the hardening of the glandular tissue itself.

Dr. L. C. McElwee of St. Louis read an interesting paper entitled "Some Similia Similes," which was discussed by Dr. T. P. Wilson and others.

The Materia Medica Symposium at Detroit was interfered with by the excursion to St. Clair Flats and many papers down on the program were not read.

It would not be a bad idea for the Materia Medica Conference and the Materia Medica Section to combine and devote two days at all subsequent meetings of the Institute to the study and discussion of Materia Medica alone.

"WHERE ARE WE AT?"

BY J. W. MEANS, M. D., TROY, OHIO.

The Materia Medica Symposium at Detroit was in many respects a remarkable meeting. The leading lights of Homeopathy were present and cast their effulgent rays upon the heterogeneous crowd of doctors there congregated.

The third essay on "Shall We Endorse Section Eight of the Organon," which says "Totality of Symptoms," created the liveliest discussion. Had one listened to the discussion of the latter part of the last session only he would surely have believed that he was in a regular Christian Science seance. Timothy Allen, H. C. Allen, Deschere, Walters, and Pierson, of Medical Advocate fame, were unmolested in their heavenly flights. Walters justified his belief in high attenuations, single application of 200th by inhalation, then waiting three weeks, if necessary, for aggravations, by the fact that Christ only spoke once and it was done. He displayed quite a versatility in Biblical lore, and wound up with the injunction, "Whatsoever ye do unto me, do ye so unto yourselves, Selah."

I could think of nothing else but Sulphur. You know that 4 a. m. symptom.

Pierson followed. I don't believe Dr. Kraft's artist could accurately locate this gentleman. The shape of his head does not correspond with Kraft's idea of a materia medicist; yet he fell in line with Dr. Walters and displayed considerable knowledge of the unknown world and the dynamic action of drugs. He was aware that the totality of symptoms meant "just what it said," and the only and sure way to cure our patients or to arrest disease in its wild career is to exhaust it by giving it all the rope needed and it would surely hang itself. Fire blank cartridges once a week, and in the interval search for the similimum; and if dame nature has not given away ere this, and the spirit of our patient has not wafted across the river Styx, then come to its relief with another dose of the "ccm," and so on ad infinitum.

By this time the old war horse H. C. Allen was thoroughly aroused. He sanctioned the former speaker in his methods of routing disease and proved to his own satisfaction that one dose of medicine in any potency is all-sufficient in all cases, because one whiff of diphtheria or scarlet fever or measles is all that is necessary to inoculate any constitution. Reasoning by analogy, if the earth is round so is the moon. If disease is cured by medication the most inconceivable, infinitesimal atom is all that is needed to drive pell-mell from the system any disorder yet known to man. He closed his somewhat extended remarks by warning the physicians to beware of the coin they carried in their pockets, as serious maladies have arisen from over-medication therefrom. At this juncture the dropping of coins of various denominations was heard in various parts of the hall; only fortunate ones who had no coin were free from that giddy feeling due to silver or that suicidal tendency due to gold. The time-keeper had gone to sleep and the speaker ceased talking from sheer exhaustion.

Next came Timothy Allen, than whom none higher sat. With grave aspect he rose and in his rising seemed a pillar of state. His long career as the Moses of the materia medicists commanded attention at once. He astonished the now half-dazed audience with the statement that had he his way about prescribing he would give all treatment by inhalation, one snuff of the "cc" would be all that was necessary, even to the removal of a cherry seed from the appendix vermiformis.

This was the unkindest cut of all. We had hoped that the turn in affairs had come, but when this author, teacher, exemplifier and standard bearer of our faith had capitulated we stared each other in the face and pricked ourselves with sharp instruments to determine whether we were still in the flesh. But when we heard him say that this practice could not be carried out owing to the lack of intelligence of the populace we gave a sigh of relief and concluded that we would go on studying his "Hand-Book of Materia Medica."

From a distant corner of the hall was heard the phrase, "Dr. Allen is all right, but he won't do."

After the veteran of forty years in the defense of Homeopathy had ceased Dr. Deschere, a man possessed of pleasing address and a fine moustache, carried us still a little farther into the realms of spiritualism and occult science by requiring of us to disregard dose; in fact, we should never use the term, as it is ambiguous and unsettled and worthy only of the untutored. Instead thereof use the term "application in the 30th or 200th degree," as it were, and only by inhalation, as Hahnaman did.

After a short dissertation on the beauties of prescribing by inhalation, and the sure-cures compounded when you get the right remedy, he stepped from the rostrum, and thus ended one of the most remarkable seances within the knowledge of man. I involuntarily looked around, I was on the front row, and to my surprise twelve faithful subjects were yet spell-bound and riveted to their seats.

Youngman, of Atlantic City, occupied five chairs, and when aroused from his lethargy wildly exclaimed, "Where are we at, anyhow?"

On my arrival home I read Allison Clokey's article in the Medical Century of June 15th and was greatly refreshed. He expresses my ideas exactly. One would suppose Hahnaman was the fool his caricature on the stage at Detroit indicated to hear some of his followers exemplify his writings. If there is any difference between the Christian scientist who gives nothing and is honest enough to admit it and the homeopathic physician who makes but one application of the "cc" dilution by inhalation for the cure of disease it is beyond my comprehension.

And if you will take notice, this method of fooling the patient is not practised in the early days of any physician, but only in the latter days, after he has, by material medication, gained the confidence of his patients, dare he follow such hoodooism. I believe a successful and observing physician becomes so thoroughly acquainted with his patients and they become so confident of his skill that whatever he does will meet with their sanction, and they will suffer unto death fully believing that the best and only treatment is being administered, even though placebos only are given. No physician ever established a lasting business on the "cc" or "5m" potency given by inhalation.

There are a few well-grounded facts to which the physician must adhere in order to prescribe intelligently for his patients.

First, "What is the matter?" which can only be determined by the objective and subjective symptoms. If there is a pain, where is it? What organ is affected? Examine the pulse, temperature, tongue, etc. This is pathological prescribing, and it is what every successful physician does if he tells the truth. I believe in the proving of drugs—not in the proving of sifted moonshine.

I believe also, that Dr. Kraft depends entirely too much on the shape of the head. He had better examine the brain of some of those supposed experts on materia medica with the X-rays. I don't think the calvaria of any of them is so thick but that the Roentgen rays would penetrate. The depth of the sulci should be measured and the "wheels" located. No wonder insurance companies refuse to accept examinations made by homeopathic physicians, when pathology is ignored and common sense shunned.

Gleanings.

NOTES FROM THE JOURNALS, WITH COMMENTS.

Germs and Serums.—Dr. Lincoln Phillips, of Hartwell, O., secretary of the alumni association of Pulte Medical College, gave his views of "Germs and Serums" in a forceful communication to the New York Medical Record of July 18th. He holds that the germ theory of disease is not sufficiently established to form an accurate basis for treatment, and that sero-therapy is full of fallacy and uncertainty. He doubts the efficacy of antitoxin in diphtheria on two grounds, namely, mistaken diagnoses and slight attacks, and unreliability of figures.

Oophorin for Climacteric Disorders.—Landau, of Berlin, acting upon the line set by Hammond, has instituted an oophorin treatment for the distressing symptoms and conditions attending the menopause. He holds that these are due to loss of power of the ovaries without assigning a reason for this loss of power, which, after all, is the real cause of menopause disorders and reasons that to supply the deficiency by the administration of ovaries will be all that is necessary to cure climateric disturbances. He at first administered the minced ovaries of freshly slaughtered animals to his climateric women, but finding them distasteful had oophorin tablets prepared, of which he gave as many as an hundred a day, each containing half a gram of oophorin, claiming by their use to have relieved twenty-four out of twenty-seven patients thus treated.

What won't the floundering old school adopt next? If they follow this line of reasoning to its logical conclusion we will have fecine for constipation, saturated solution of urine for kidney troubles, cervicine for cervicitis, conjunctivine for conjunctivitis, catarrhine for nasal catarrh, and so on ad libitum, ad infinitum, ad nauseam, ad disgustum. Who said anything about the "tears of a young girl" for melancholia?

Length of the Appendix.—Dr. C. J. Ringell, of Minneapolis, reports in the Medical Record that in examinations of one hundred and fifty cases he has found the appendix vermiformis to measure from two-and-a-half to nine and three-quarters inches in length. Only two cases, however, revealed appendices above the average length. In one it was six and a half and in the other nine and three-quarters inches.

The Specialist Craze.—Dr. W. J. Shrewsbury, Brooklyn, in the Medical Record for July 18th, contributes a vigorous letter on the subject of "Specialism," which contains a good many excellent thoughts most entertainingly expressed, among them the following paragraph, which tells a great deal of truth in forceful language: "It is worth while to consider what would happen to the people if the general practitioner did not stand between them and the specialist. By the time the eye man had clapped on enough glasses to satisfy his longings, and the nose man had gouged out enough noses, and the throat man had cauterized his fill of throats, and the stomach man had let down his buckets and other paraphernalia into the last stomach he had felt called upon to annoy, and the appendicitis hero had satisfied himself that he did not need another appendix, and the circumcision dragon had carried off his allowance of foreskins, and that fearful nondescript, the orificial surgeon, had humbugged all the human appertures which he longs to get at, and this recent iconoclast who has suddenly jumped into the arena, whose mission in life is to pull the testicles out of old men, shall have got his bag full of the contents of other men's bags—by the time these and many others had exhausted their efforts and become satisfied—there would not be a whole man or woman left in the country. It is becoming more and more the duty of the physician, to the community rather than to himself, to resist the fads which are more abundant in the medical field to-day than ever they were before."

A Serum which Kills.—Prof. Erlich, of Berlin, appointed to make an official investigation into the death of the child of Prof. Langerhans, resulting from a dose of diphtheria antitoxin administered for immunizing purposes while the child was in excellent health, has made his report, in which it is clearly shown that no harm had resulted to any one else to whom this particular supply of serum had been administered, there having been thirteen hundred portions of it on the market, of which large quantities had been administered in a number of hospitals. It was proven that no foreign toxic substance had found its way to the serum and that the special lot of serum of which the fatal dose was a part had not undergone deterioration or change from the normal. Nor was it found that it was overcharged with carbolic preservative. The conclusion is inevitable, therefore, in the light of Prof. Erlich's report, which evidently frees the manufacturers from blame, that the purest and best diphtheria antitoxin will kill even healthy children in special instances. Nor is there any law or rule which will determine just which particular child is likely to be killed by it.

Ozena a Germ Disease. Italian observers, Belfanti and Della Vedova, have succeeded to their satisfaction in determining that ozena is a germ disease, the particular germ, which has been called the bacillus mucosus ozenae, holding relation to the diphtheria bacillus. They are treating ozena with antitoxin injections with claimed good results. It is stated that the effects of the ozena bacillus when injected into guinea pigs is very like that of the diphtheria germ, the difference lying chiefly in the local effects. The diphtheria poison produces local necrosis at the site of injection with the shrivelling of dry gangrene, while the ozena germ produces local necrosis commencing with edema and followed by the exudation of a sanguinolent and later purulent serum, the skin sloughing and becoming detached, leaving an open ulcer.

Correspondence.

STATE BOARDS OF HEALTH AND THE COLLEGES.

The following correspondence from the Hahnemann Medical College will interest the readers of the Medical Century, beyond question, and will, we believe, set in motion an action upon the part of the reputable colleges of this country which shall serve to check the unwarranted and autocratic positions of some of our state boards of health in relation to the subject of medical education. The Philadelphia college has taken an eminently proper step in declining to submit to the bossism of the Missouri and Illinois State Boards of Health, and it is hoped that out of their protest will come a united protest of all the reputable colleges of all schools against unnecessary, unjustifiable and unwarranted meddling in educational affairs. The correspondence is commended for careful reading. It will be discussed subsequently.—Editor Medical Century.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF PHILADELPHIA.

Philadelphia, Pa., July 4th, 1896.

To the State Board of Health of the State of Illinois:

Gentlemen:—The Faculty of the Hahnemann Medical College and Hospital of Philadelphia has recently received, through your secretary, a copy of certain "Conditions of Admission to Lecture Courses," and of resolutions relating to the status of graduates in dentistry, pharmacy or veterinary medicine who seek admission to medical colleges, etc., and also a resolution requiring each college, under penalty of forfeiting its "good standing" before your board, to furnish your secretary annually a "complete list of all its matriculants, together with the basis upon which each applicant matriculated, giving the name of the institution from which the degree or certificate of graduation was obtained, or the name of the state official conducting the examination, or the university or college conducting examinations, or the college previously attended, together with the date when the degree or certificate was issued. This list to be sworn to by the executive officer of the college and attested by the secretary, under the seal of the college."

A letter from your secretary, accompanying the above, informs us that these "conditions" and "resolutions" were adopted by your board April 26, 1896, "as a condition of recognition as in 'good standing' before this (your) board."

I am instructed by the Faculty of Hahnemann Medical College of Philadelphia, to inform you that while the details of collegiate requirements set forth in your communication are almost the counterpart of those in force in this institution, yet the conditions under which you communicate them cannot be accepted by this college under any circumstances.

A careful reading of your second "condition" of admission leads to the interpretation that your board requires this Faculty to surrender the prematriculate examinations into the custody of certain persons and authorities chosen by yourselves, and prohibits the Faculty from exercising this important function. Your resolution requiring us to furnish you annual lists and reports of our matriculates is so worded as to confirm this interpretation. We therefore assume this to be your meaning and intent.

This Faculty is charged by the laws of this Commonwealth and the Statutes of its Board of Trustees with the responsibility of carrying on the work of medical education in this college. It owes this responsibility to the Commonwealth and people, to the students who enter it for educational objects, and to the physicians who patronize it. The mandate issued by your board would not be accepted by any one of these parties as an excuse for failure to meet the obligations of our appointment; neither could your board be held responsible for our failures. For any deficiencies or defects in the educational management of the institution under your proposed rule, you would be the party in fault while we would be compelled to accept the censure.

We have recently been compelled to state our position in respect to the educational conduct and control of this college to the State Board of Health of Missouri, another organization seeking undue control of the medical schools of this country. The following is the statement adopted and forwarded to that board:

1. The Faculty of Hahnemann Medical College of Philadelphia will retain the sole and exclusive control, direction, and execution of all measures pertaining to its general and educational management, including the enactment and administration of rules governing the qualifications of students for admission, promotion, and graduation, the work of examining students for all these purposes, the determination of the status of those holding certificates of examination in literary schools and in Dental, Pharmaceutical, Veterinary and Medical Colleges, the branches to be taught, the arrangement and order of studies and the time alloted to each of them, the modes of instruction, and the rules and enforcement of discipline.

2. This Faculty will not permit any interference whatever with their exercise of any one of these functions, nor submit to any dictation or control by any State Medical Examining and Licensing body, nor by any other persons or authorities whatsoever, and will not recognize nor respect any requirements or rules sought to be imposed upon us, except such as we may receive from the Board of College Trustees or the Courts of this Commonwealth.

3. In thus refusing to yield any of our prerogatives as a Faculty, we are actuated by two reasons. First: We could not if we would; because the Charter and Statutes of the College, as well as public sentiment, hold us responsible for the conduct and management of its educational work, and we are not vested with power or authority to surrender or transfer this responsibility. Second: We would not if we could; because we are firmly of the conviction that the professors and teachers in a medical college are, by far, the most capable judges of any and all matters and questions pertaining to the progress and proficiency of the students and of their relation to the vital public interests which medical education is intended to subserve, a conviction which the outcome of the recent medical legislation in this country is constantly confirming.

We regret to be compelled to say that your mandate requiring us to submit to your inspection annually, reports of our lists of matriculates with the educational qualifications, etc., of each of them, cannot be complied with, for the reason that we fail to discover any right or reason on your part for making the demand, or any public benefit to be secured by our compliance with it. The preliminary qualifications of our students is not, in our opinion, an affair with which your board has the remotest legitimate concern, save in the cases of those who may apply for license to practice within your state. In such cases we will furnish you the information upon request, should you fail to obtain it from the applicants themselves.

I have the honor to remain, on behalf of the Faculty, respectfully,

(Signed) Pemberton Dudley, Dean.

Hahnemann Medical College and Hospital of Philadelphia.

Philadelphia, Pa., July 4th, 1896.

To the State Board of Health of Missouri:

Gentlemen:—The Faculty of this College has recently received a printed circular, without date or signature, which bears internal evidence of having been issued by your Board, and as the envelope in which it was mailed bears the representation of your seal and the name and address of your secretary, we assume it to have been sent by your authority.

The Circular announces itself to be a statement of the "Minimum Requirements of the State Board of Health of Missouri." It appears to be rather a statement of demands made by that Board upon the medical colleges, compliance with which will save them from the punishment of being placarded as "not in good standing."

Some of the "requirements" set forth in the circular are as follows:

1. Conditions under which you will permit a medical college to admit students to its classes.
2. A list of the persons and institutions whom you have authorized to inquire into, and decide upon, the qualifications of applicants for admission.
3. The branches of medical science you are going to have taught in a medical college.
4. The number and duration of the college terms or sessions, the duration of time you have ordered for certain branches to be taught, and the (graded) arrangement or consecutive order of studies you require the college to follow.
5. Your orders and rules of discipline, conduct, and management of the college: (a.) As to the regularity of the student's attendance; the amount or aggregate of absences which you will allow the Faculty to excuse, and the causes of absence for which you will permit the Faculty to make allowance. (b.) As to the methods of imparting instruction which you command the teachers to adopt and pursue; the number of quizzes they must give in a specified time. (The number of lessons required in the same time is omitted, being probably considered immaterial.) (c.) As to the persons you will permit to conduct the final examinations, thereby prohibiting from this duty those who are by law charged with its performance.
6. Your requirements as to the sufficiency and efficiency of the corps of college teachers, and the facilities possessed by the college for imparting instruction.
7. The value you will permit the medical college Faculty to attach to a course of studies pursued in a college of pharmacy or dentistry.

In these "requirements" and permissions, you have practically asserted your purpose to control almost every function of the Faculty of this college. You dictate to it who and what its students shall be, what shall be their qualifications and how they shall gain admission to its classes. You, in effect, forbid the Faculty to examine an applicant to ascertain his fitness for admission, and you constitute and appoint agents outside the college authorities to execute your orders and to examine applicants for admission, and you make these appointments without reference to the wishes, opinions or rights of the Trustees or Faculty. You command the Faculty, under penalty of your displeasure, to make careful records of the acts of these, your agents, so far as these acts refer to persons admitted to the college, and to submit a copy of these records, under oath and the seal of the corporation, to your Board annually; and the idea of assigning a reason for this unheard-of requirement seems not to have occurred to you. You dictate the course of studies, the branches to be taught, the (graded) order of their presentation and the time to be devoted to each of them, though as yet, you have issued your orders respecting only a portion of them. You issue a mandate respecting the "mode" in which the teachers shall carry on their work of instruction, and thus assert the prerogative of controlling and directing the entire educational work of the college. You assume charge of the college discipline, and lay down rules for its order and government. Finally, you propose, "whenever practicable" to dictate the time when, and the persons by whom the final examinations shall be conducted, and declare your purpose "whenever practicable" to prohibit the Faculty from examining their own candidates for graduation.

We observe that there is left one province of the college authority which you have not, as yet, invaded. The institution is still permitted to select and appoint its own Trustees and Professors. For this we are properly grateful. But your "Requirement" No. 6 gives an intimation that even this prerogative is under consideration by your Board, so far, at least, as it relates to the appointment of teachers. At what time in the near future you purpose to take charge of this business also, you have not been pleased to inform us.

Therefore: We, the Faculty of the Hahnemann Medical College of Philadelphia, hereby notify you, the State Board of Health of Missouri, and all whom it may concern,

1. That the Faculty of Hahnemann Medical College of Philadelphia, will retain the sole and exclusive control, direction, and execution of all measures pertaining to its general and educational management, including the enactment and administration of rules governing the qualifications of students for admission, promotion and graduation, the work of examining students for all these purposes, the determination of the status of those holding certificates of examination in literary schools, and in Dental, Pharmaceutical, Veterinary and Medical Colleges, the branches to be taught, the arrangement and order of the studies and the time allotted to each of them, the modes of instruction, and the rules and enforcement of discipline.

2. That this Faculty will not permit any interference whatever with their exercise of any one of these functions, nor submit to any dictation or control by any State Medical Examining and Licensing body, nor by any other persons or authorities whatsoever; and will not recognize nor respect any "requirements" or rules sought to be imposed upon us, except such as we may receive from the Board of College Trustees, or the Courts of this Commonwealth.

3. That, in thus refusing to yield any of our prerogatives as a Faculty, we are actuated by two reasons. First: We could not, if we would; because the Charter and Statutes of the College, as well as public sentiment, hold us responsible for the conduct and management of its educational work, and we are not vested with power or authority to surrender or transfer this responsibility. Second: We would not, if we could; because we are firmly of the conviction that the professors and teachers in a medical college are, by far, the most capable judges of any and all matters and questions pertaining to the progress and proficiency of the medical student and of his relation to the vital public interests which medical education is intended to subserve—a conviction which the outcome of the recent medical legislation in this country is constantly confirming.

In "Requirement" No. 8, you make a demand upon this Faculty that we furnish you annually with "a complete list of all the matriculates" of this College, "with the basis upon which each applicant matriculated, etc., etc., the list to be sworn to by the executive officer of the college and attested by the secretary under the seal of the college."

This demand will not be complied with. The basis upon which a student is allowed to matriculate, in this college, is in the opinion of this Faculty, an affair with which your Board has not the remotest legal or legitimate concern, except, possibly, as it relates to those of our graduates who may apply for license to practice in your state. In such cases we will furnish you the information upon request should you fail to obtain it from the applicants themselves.

This Faculty fully concedes the proposition that a Medical Licensing authority should be acquainted with the terms of admission, promotion, and graduation, the course of study, the time and attention given to each branch, the facilities for illustration, demonstration and manual training—in a word, the completeness and efficiency of the educational work of any college whose graduates it proposes to license without an examination. But for such a Board to ask such information respecting any applicant whom it proposes to examine before licensing, is to confess its own examination an inadequate test of qualification, and is tantamount to an admission that such state board examinations are a farce and, therefore, a public and professional fraud.

It is proper, however, to say that this Faculty will, in all possible ways, aid and facilitate inquiries relating to the admission and promotion, as well as the final examination and graduation of the students of this college, the course and arrangement of studies, and the means and facilities at its command for imparting a complete and thorough course of instruction. This aid will be gladly furnished to any and all persons and authorities having legitimate use for such information.

Respectfully,
(Signed) Pemberton Dudley, Dean.
C. Mohr, M. D., Registrar.

The twenty-fifth annual announcement of Pulte Medical College, Cincinnati, has been issued and is now before the profession. It gives all necessary facts in relation to Pulte college and its hospital and dispensary facilities, together with its fees, its faculty, its alumni and other information of value to preceptors and students. Pulte College is one of the most thorough of all our teaching institutions, and has accomplished much excellent work for homeopathy in the last quarter of a century. Some of the brightest and most successful practitioners, authors, journalists and teachers in the profession are alumni of this college. It has done a great deal for homeopathy in the South and Southwest, especially, and is fully deserving of the patronage of physicians having students contemplating college attendance this fall.

It will be gratifying to the friends of homeopathy in the New England States and throughout the country to know that although the Westboro Insane Hospital has had more than its share of trials springing out of state political complications it has yet made a most excellent record for our school. Its management and superintendent, Mr. George S. Adams, and his medical supporter, Dr. Adams, have conducted the institution with such signal satisfaction and success as to have merited and received the unqualified support of the Massachusetts profession through good and ill repute. It is a misfortune that eleemosynary institutions are brought now under the bane of local politics. They should be relieved altogether of any likelihood of meddlesome interference or adverse criticism for political purposes by the powers that be from administration to administration.

The next meeting of the Homeopathic Medical Society of Chicago will be held on the second Tuesday in September. The new officers will take charge of the society at that time.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - Editor

New York and Chicago, August 1, 1896.

Editorial.

THE COLLEGE SEASON.

The time is rapidly approaching when the college season will open and the halls of learning will fill up with the young men and women whom we of the profession have taken in our offices as students, to become our associates, colleagues and successors. It is an important season for the student, the colleges and the preceptors alike. Upon the annual output of the colleges depends the welfare of the profession. As we sow so shall we reap. If we give our teachers—those worthy of support and confidence—young men and young women of intelligence, ambition, and reasonable educational qualifications, they will send back to us young men and women qualified for at least a satisfactory entrance upon the profession. If, on the other hand, we send them a lot of sluggards and doughheads they will assuredly send back to us a lot of men and women ill-qualified for the important profession of medicine, to our mutual detriment and disgrace.

We cannot be too careful in selecting students and in encouraging young men and women in their desires to enter upon the study of medicine. Only the bright, self-reliant, ambitious and well-educated should be accepted. The sloth, the sluggard, the tobacco-saturated, whiskey-soaked, and acknowledged immoral man must not be allowed to enter the office of any reputable practitioner. In no profession is character of a high order so demanded and so essential to success as in ours. We need large numbers of students annually. There are thousands of locations in the United States awaiting the coming of the right young men and the right young women. There are but ten thousand, or at most twelve thousand, homeopathic practitioners in this country, as against an hundred thousand of the other school. Wherever one of them can make a living one of us can do likewise, or better, because we have the more successful method and the people want and will have success. But with all the need there may be for additions to our ranks we cannot afford to be careless in the selection of our student-timber. If we give good colleges good timber they will turn us out finished work. If we give them poor timber they can but turn us out poor work.

Especially is it desirable that we insist that young men and women who desire to engage in study with us should have a good English education, at least. No one better than the journalist knows our present weakness in this direction. Only recently we received a communication and pamphlet from a physician announcing himself as a graduate of two of our best colleges whose illiteracy stood out painfully prominent throughout his printed document proclaiming the merits of similia similbus "curanter" over "alleopathy." Day by day we receive letters for publication and articles for these columns which have to be redressed to save the author and this journal from disgrace if admitted. In the ordinary run of editorial and business correspondence we receive letters from writers who modestly speak of themselves as "i," and whose grammar and rhetoric are equally unostentatious. And not alone from members of our profession do letters of this kind come. In the course of the year scores, even hundreds, of letters are received from old school sources and these, too, are caricatures upon the English language in no inconsiderable number of instances. In our college experience within a year we were shocked to learn of the number of men and women who had been received at both old school and homeopathic colleges, who bore certificates of attendance of one or more terms, whose orthography was wretched and whose grammar was vile. There can be no excuse for a one-course student in these days spelling os "oss," clots "clotts," ligatures "ligaters," cat-gut "cat-gutt," veins "veans," and so on ad infinitum, ad nauseam, ad disgustum; yet this was a daily experience at the opening of the college term. Shame on the college which will admit students so ill-prepared to enter upon the study of a high-class profession, and shame on the preceptor who will accept such a student in his office! The time has gone by for this character of timber. Let us as preceptors do our duty in this regard, and let the colleges turn down every young man and young woman, and old one, too, for that matter, who is not reasonably well equipped in the rudiments of a general education.

There is another important point to consider. Preceptors should be careful in selecting the college to which they send their students. There are good colleges, bad colleges and indifferent colleges. Only the first class should be patronized. We cannot be too positive in this matter. No set of men have the right—the moral and professional right, we mean—to band themselves together as a college faculty and offer their services to the profession as a college who are not gifted by nature, qualified by education and finished by experience for the work of teaching. It is one thing to know medicine and surgery, it is quite another thing to be able to impart that which is known. As a rule not more than a half dozen men in the college faculty of today are successful as teachers. Not half the average faculty, taking the colleges as they come, East and West, North and South, have any business posing as college professors. In many instances the woods have been scoured to find men who will even partially fill the bill, in order to complete a faculty for a given institution. In other instances mere tyros have banded themselves together as professors—supported perhaps by a few who have been in practice some years—who are just from the colleges, men upon whose diplomas the ink is hardly dry, and have offered themselves to the profession for acceptance. These should be rejected every time. College-making has almost become a crime. The seal of condemnation of a high-minded profession cannot be too forcibly put upon it. All things being equal, we should support our local institutions and give encouragement to the upbuilding of additional colleges and hospitals as needed. But we must be assured by our own senses that the men proffering their services in professional capacity have the native talent, the general education, the medical and surgical attainments and the ripe experience necessary to guarantee unto us and the students we send them the character of educational service to which we are entitled in this age.

The colleges have a right to demand good timber of the profession, and in turn the profession has a right to demand good and efficient services of the colleges. They must serve as a check upon us and turn down any student sent them who is not in character and education qualified to begin the study of medicine and surgery, and we in turn must turn down all colleges whose faculties are not well qualified for the work they would essay to do for us and whose equipment and clinical advantages are not ample for the education of young men and women in the profession of medicine and surgery. Good teachers, like good doctors, are born, not made. There is a mutuality of interest which must be conserved if the best results are to be attained, and each party to this interest should preserve the strictest firmness in administering justice to the other.

THE TEXAS SOCIETY SPUNKY.

The Texas Homeopathic Medical Association held an interesting meeting at San Antonio last month. A number of interesting and instructive papers were read and discussed, the president delivered a forcible and timely address on medical legislation, a reception was given at the home of Dr. C. A. Wilson, officers were elected for the ensuing year and the allopathic profession was given a slap in the face that it will long remember. It seems that at the last meeting of its State society it was proposed to ask the homeopaths and eclecics to assist in securing the enactment of a satisfactory medical bill at the sitting of the next legislature. Each year for several years past the old school has tried it alone, and because their proposed measures have always been looked upon as selfish and injurious to the interests of homeopathy, their bills have been killed. This time they came to the Homeopathic State Society through a communication from their chairman of their legislative committee, suggesting a union of forces for the purposes outlined. Unfortunately, however, the old school State Society had passed a resolution immediately after having accepted the proposition to ask the homeopaths and eclectics to join in the effort to secure the passage of an acceptable medical enactment, declaring that "we do not recognize them (the homeopaths and eclectics) only so far as they are recognized by the statutes and constitution of the State of Texas, to enable us to have a medical law passed in the State, but that we stand by the code of ethics of the American Medical Association and will expel any doctor of the Texas State Medical Association who will so lower the dignity of regular medicine as to meet them in consultation."

This fire-brand stirred the homeopaths, and they immediately resolved to have nothing to do with the proposed union of forces, answering the resolutions of the old school society with resolutions of their own as follows: "Said resolution insultingly misrepresents and is intended to convey the ridiculous impression that there is only one educated, scientific school of medicine, which the said association only recognises, though the State of Texas authorizes the practice of other systems. Therefore, be it resolved by the Texas Homeopathic Medical Association that we declare that the Homeopathic school of medicine has in every way as good colleges and institutions of instruction as the allopaths, and we challenge them at all times in the communities in which we practice to a comparison of results." A resolution was also adopted "That this assoiation directs its legislative committee to reply to any communication from the Texas Medical Association, that in view of the insulting and offensive position their association has taken in their public resolutions we decline to accept any official communication from that body or its committee on medical legislation."

The officers elected for the ensuing year are Dr. Tertius Marks, of Sipe Springs, president; Dr. C. A. Wilson, San Antonio, first vice president; Dr. M. Ellen Kellar, Fort Worth, second vice-president;

Dr. C. F. Braden, El Paso, secretary; Dr. J. D. Bell, San Antonio, treasurer; Drs. Owen, Bliem and Clifford, San Antonio; Dr. Streeter, Waco, and Dr. Marks, Sipe Springs, legislative committee.

The position taken by the Texas Homeopathic Medical Association is the correct one. It has been shown for the last twelve years that the allopathic society cannot pass a medical bill that is obnoxious to us. It has tried it time and again. Now it comes to us with the suggestion, "We have no use for you, individually or collectively, professionally, except as we can use you for our purposes. You are a set of ignoramuses and quacks with whom it is a crime for us to hold counsel. But we would like you to help us out just the same. Please be good, now, won't you, and be a cat's-paw for us just once." This action is in keeping with the spirit of the Texas profession as directed by the Texas Medical Journal and the narrow-minded and contracted-brained element which sustains it, and our colleagues have done exactly the right thing in telling them to "go to." Three cheers and a tiger for the Texas profession.

Editor's Table.

GENERAL NEWS, NOTES AND COMMENTS.

Dr. T. L. Gibbs, Pulte, '96, is located at Chillicothe, Ohio.

Dr. W. N. Boyer, late of Franklin, Ohio, has removed to Lima, same state.

Dr. A. L. Wilson has moved to Kenton, Ohio, from Chicago.

Dr. Henry Sherry is now at 307 South Broadway, Los Angeles.

Dr. F. M. Faries, late of Middletown, Ohio, is located at Liberty, Indiana.

Dr. M. Pardee has succeeded to the practice of Dr. W. N. Boyer at Franklin, Ohio.

Dr. G. L. Shoemaker, of Nappanee, Indiana, will spend the next year in post-graduate study.

Dr. J. S. Mitchell, Chicago, is summering at Nantucket, his annual summer stamping ground.

Dr. E. C. King, late at Denver, Colorado, has located at 21 Capitol avenue, Hartford, Connecticut.

Dr. Chas. F. Smalley has changed his location from Clayton, New Jersey, to Wilmington, Delaware.

Dr. A. R. Fowser, who until recently was at Rochelle, has bought the practice of Dr. E. C. Phile at Joliet.

Middletown, Ohio, has two energetic and representative physicians in Drs. T. E. Reed and J. T. Sutphen.

Dr. J. W. Stitzel has recently located in Houtzdale, Pennsylvania. Dr. Stitzel's former address was McEwensville.

Dr. G. W. Hoyt, of Syracuse, New York, has changed his office from 312 James street to 421 Crouse avenue.

Dr. and Mrs. J. E. Hetherington, Chicago, will spend the summer at Homewood, Wisconsin, returning September 14th.

Dr. Curtis M. Beebe, Chicago, has been seriously ill with pleurisy and viscid effusion. He has gone to New Mexico for his health.

His friends in and out of Chicago will learn with regret that Dr. R. N. Tooker is not enjoying the best of health at the present time.

Dr. W. M. Kendall, formerly of Wyoming, Ohio, is now in Middletown, that state, resting and recuperating before selecting a new location.

Drs. Junkemann and Welch, Nelsonville, Ohio, faithfully represent the interests of homeopathy in the Hocking Valley. They are meeting with excellent success in practice.

The Hahnemannian Monthly publishes in its August issue a report of the college commencement and alumni association meeting for May last. This, too, in its "news" department.

The American Association of Orificial Surgeons will meet in Chicago, at the Chicago Homeopathic Medical College, on Wednesday and Thursday, September 9th and 10th, convening on the 9th at 3 p. m.

Dr. Charles Hoyt, Chillicothe, Ohio, attended the American Institute meeting at Detroit, since which time he has been so occupied with practice that he has had to give up an intended outing at Atlantic City.

Dr. J. P. Hershberger, Lancaster, Ohio, keeps a list of acceptable locations in that state at hand for inquirers for good openings. Among them are a number which afford excellent inducements for practical men.

The next meeting of the Pennsylvania State Homeopathic Medical Society will be held in Philadelphia on the 29th and 30th of September and the 1st of October. The meeting will be the thirty-second in the association's history.

Dr. A. M. Duffield, Huntsville, Alabama, is in attendance upon the International Congress at London as a delegate from the Southern Homeopathic Medical Association. He will remain abroad some weeks in hospital review and travel.

Montreal was represented at the American Institute meeting by Drs. H. M. Patton and A. R. Griffith. They also attended the Newport meeting, and take active interest in the affairs of the profession on this as well as on their own side of the lakes.

Dr. W. O. Clark, Burlington, Iowa, died suddenly at his home in Burlington on June 22d after a brief illness. He was a graduate of Hahnemann Medical College, Chicago, class of 1882, and had long been a successful practitioner and a reputable and useful citizen.

Dr. A. E. Wheeler, Los Angeles, California, who has been spending some weeks in Chicago and the East has returned to his Western home. Dr. Wheeler spent a most profitable season in surgical and gynecological review with Dr. Lee, at the Rochester Homeopathic Hospital, and also a season of orificial review with Dr. Pratt, in Chicago.

Among Chicago's wheelmen who have been noticed on the South side boulevards recently may be named Dr. Sheldon Leavitt, Dr. E. S. Bailey, Dr. George F. Shears and Dr. Joseph Swan. Drs. Leavitt and Swan use the wheel to reduce flesh, while Drs. Shears and Bailey ride to take it on. Likewise us.

Dr. J. S. Hunt, Athens, Ohio, a regular subscriber to and reader of the Medcal Century, is of the opinion that the new Ohio Medical Board should get after the non-diploma sharks that travel through that state. Too much of the effort of these boards is spent in inquisitorial regulation of the reputable practitioner.

Dr. Thomas H. Winslow, Hering '96, has gone abroad for a year of study in the hospitals. His address for the present is No. 6 Sindshvilevej, Copenhagen, Denmark. Dr. Winslow will spend most of his time in Vienna, and will contribute to the Medical Century occasional clinical reports from the Imperial Hospital.

The Rochester Homeopathic Hospital has been equipped with an extensive pathological outfit for examinations for diagnosis and other practical purposes. Its pathologist, Dr. H. W. Hoyt, is prepared to make examinations for the physicians of Rochester and surrounding country in the Rochester Hospital laboratory. The new addition will be found a very helpful one, no doubt, especially to the surgical department.

So great is the demand for Dr. Fisher's work on Diseases of Children that it has become necessary to bind up another thousand copies. There is hardly a day that orders for this volume are not received at the office of publication. It evidently is one of the most acceptable works which has been placed before the profession in recent years. On the market just one year it has started in on its third thousand copies. Doing pretty well this, for hard times.

"Vaginal Hysterectomy" is the title of a reprint of an article by Dr. F. H. Holbrook, of the Pratt Sanitorium, from the Orificial Journal for June. It describes some points of interest and importance in the operation, and is illustrated to show the feasability of the Pratt Hysterectomy, without ligatures. The cuts are crude and unartistic, but reasonably explanatory of the subject discussed in the text, which is clear and to the point. Dr. Holbrook is a practical orificialist, and his extensive experience with Dr. Pratt makes him an accepted authority on the subject. He leaves its philosophy to take care of itself, going at once and explicitly into the technique. In this reprint he ably defends the Pratt Hysterectomy as the best of all vaginal methods.

The Denver Journal of Homeopathy for July praises Martin's Manual of Nervous Diseases as a book to be prized by every homeopathic student, suggesting also that the busy doctor will find it a valuable help for ready reference. It approves of the plan of a series of manuals of this character on diversified subjects, and applauds the Medical Century's efforts to supply some of the deficiencies of our literature by their preparation and issuance.

The report of the health office of Chicago for June reveals the facts that during that month there were fifty deaths from diphtheria, forty-four from typhoid fever, 214 from diarrheal diseases, 190 from consumption, 111 from pneumonia, 66 from bronchitis, and 28 from "other diseases" of the respiratory organs, besides 17 from whooping cough. Violence caused the deaths of 132 individuals. Of this number 39 were suicides, seven homicides, 15 were killed by railroads, four by the street cars and 66 by "other modes," whatever these may be.

Hering Medical College, Chicago, has broken ground and is erecting a college and hospital building on Rhodes avenue and Oxford court, near Thirty-ninth street, to be ready for occupancy for the college term this fall. The building department at first declined to issue a permit because the building contemplated among its appointments a dissecting room and laboratory; but the health commissioner upon investigation announced that there is no law against these departments and the permit was granted. Hering College is to be congratulated upon thus attaining the first step toward its ambition of gaining a permanent home.

The twenty-first annual announcement and catalogue of the Chicago Homeopathic Medical College has been issued and is now before the profession. It sets forth the numerous advantages of this most excellent college, presenting excellent cuts of the college and hospital building and proposed maternity home. A number of additions to the faculty are announced, among them the appointment of Prof. J. J. Vaughan, formerly of the National and later of Hahnemann College, to the chair of descriptive anatomy. Dr. Gatchell has been appointed professor of diseases of the chest and Dr. Emmet L. Smith, lately with Hering, takes the chair of minor surgery. This college is open to men only. It is well located and has enjoyed twenty years of satisfactory prosperity. It is freely recommended as one of the best of our teaching institutions.

Dr. Emmet L. Smith, secretary-elect of the Homeopathic Medical Society of Chicago, has decided to tender his resignation, his action being prompted by the fact that at the June meeting, at which fourteen of the twenty-five votes cast were by members of the faculty of the Chicago Homeopathic Medical College, the president, the secretary and the treasurer were chosen from their faculty. This was doubtless an oversight, but the effect has been to create the idea that the society is in some sense a Chicago Homeopathic Medical College society, which is by no means the case. It may be true that the representatives of that institution take an active interest in the association, and that when a member of their faculty is up for an office they vote for him as one man. But the fact remains that the local society belongs to us all and that it is in no sense a college or factional association. Dr. Smith's act is patriotic and is to be commended.

It is complained by one of our lady subscribers that the women of the profession were not sufficiently recognized at Detroit—that no woman was elected to an office or given the chairmanship of a section for next year. It is not understood that the question of sex operates to any great extent in the Institute. Dr. Sarah J. Millsop wo-manned the section of sanitary science at Detroit, and Dr. Julia Holmes Smith was one of the speakers at the Memorial meeting. She also received an exceedingly complimentary vote for the vice-presidency. Several ladies were appointed on committees, and it is not believed the objection taken is likely to receive the support of the women members of the Institute as a class. It is believed, also, that if the complainant will attend the meetings regularly she will observe that the ladies are an important factor in the Institute and are usually given prominence according to their ability and numbers.

The legislative committee of the American Institute of Homeopathy as at present constituted is altogether an Atlantic Coast committee. Its members are Dr. I. T. Talbot, of Massachusetts; Dr. Asa F. Couch, of New York; Dr. J. H. McClelland, of Pennsylvania; Dr. J. B. G. Custis, of the District of Columbia, and Dr. F. H. Orme, of Georgia. The great middle and western states are strictly not in it. They have no legislative interests that are worth attention, it would seem. Of the membership of this committee Dr. Talbot is also chairman of the Intercollegiate Committee and of the Inter-State Committee; Dr. McClelland is chairman of the Hahnemann Monument Committee, of which Dr. Talbot is also a member, while Dr. Custis is president-elect of the Institute and also a member of the Hahnemann Monument Committee. And yet it is wondered why more of the profession at large do not attend the Institute meetings!

Here is a nut for our Ohio friends to crack. The Polk Medical and Surgical Directory for 1896 shows a list of 804 homeopathic physicians in that state as against 541 eclectics. There are also recorded about one hundred whose practice is not given. If we assume that half of these are homeopaths and half eclectics we would have 854 against 591 for the eclectics. If we give them all the unclassified doctors they would still have but 641 against our 804. Yet they were able to show up the larger list and secure two members of the state medical board against one for us. Those figures should be analyzed, by all means. Polk's Directory is usually accepted as the most reliable authority extant. It surely cannot be very wide of the mark. The Ohio profession should take this matter up and sift the figures to the very bottom. If the eclectics are entitled to more members of the board than we we should not say them "Nay!" But, on the other hand, if their figures are even in part manufactured for the purpose and Polk's figures are anywhere near correct we should have the second member and they should have but one. What are the true figures in Ohio?

The Ohio State Board of Medical Control, we believe that's its name, adopted a resolution at its last meeting declaring that on and after July 1, 1899, no medical college shall be recognized as in good standing which does not require the entrance qualification prescribed by the "Association of Medical Colleges" as a prerequisite for matriculation; which does not possess an adequate equipment for teaching medicine; which has not clinical and hospital facilities based upon a minimum municipal population of 50,000; and which does not have an active faculty embracing the departments of anatomy, physiology, chemistry, therapeutics, materia medica, medicine, obstetrics, histology, pathology, bacteriology, otology, gynaecology, laryngology, hygiene, state medicine, surgery, and ophthalmology, and which does not enjoin attendance upon 80 per cent of four regular courses of instruction of not less than twenty-six weeks each, in four different years, and which does not exact an average grade of seventy-five per cent on examination as conditions of graduation; providing that the rule relative to population as a basis for clinical and hospital facilities shall not apply to institutions under State control, and by virtue of such control, receiving gratuitously patients from all parts of the State in which such colleges are located.

The homeopathic college of the University of Michigan is undergoing reorganization preparatory to the course of the coming winter. The question of removal to Detroit has not yet been decided by the supreme court, and the regents are handicapped in providing for the ensuing term because they are unable to predict what the decision will be, The friends of the college are confident of the support of the regents in the future, believing that if the faculty will act harmoniously and not indulge in unnecessary conflict among themselves the school will be properly supported and will regain its former prosperity. It is believed by a good many members of the profession in Michigan that the regents have been blamed in the past for sins which belong, in good part at least, to one or two members of the late staff. While there were good men and true on the old faculty there were also two inharmonious spirits who would make a commotion in heaven were they to get there. If the court decides the homeopathic department must remain at Ann Arbor it should be strongly and warmly supported by all of Michigan's profession. If, on the other hand, it be removed to Detroit, it should be equally as warmly and strongly supported, and care should be taken that small spirits have no voice in its management and control. Let the two factions bury the hatchet and behave themselves. The interests of the college demand it.

Dr. James G. Belden, one of the pioneer homeopaths of the South, died at New Orleans at the ripe age of seventy-four years on July 5th. He had lived in New Orleans since 1848, an intimate associate for more than a quarter of a century of Dr. William H. Holcombe, Dr. Walter Bailey, Sr., and the Drs. Angell. Drs. Holcombe, Bailey and Belden were a trio of giants in their profession. Dr. Belden's chief characteristic was his sturdiness of character. In all things he was upright and honorable. Never seeking public approval, not a convention man nor a literateur, he was yet one of the most successful and deservedly popular members of the profession in the South, doing in his way a great deal to popularize homeopathy during epidemics of yellow fever and cholera. Among the most pleasurable hours of our professional life were those spent in listening to Holcombe, Belden and Bailey recount their experiences in the early days, when to be a homeopath in the South meant to bear burdens and suffer indignities not known of in more favored sections of our country. These men were heroes. Their names deserve to be inscribed with homeopathy's heroes in other lands. They fought a good fight, all dying honored and respected by the citizenry of their metropolis and beloved by large and influential clientages. For many years Dr. Belden was treasurer of the Southern Homeopathic Association, a society he did much toward organizing and making a success, though he left the more arduous duties connected with its upbuilding to the younger men of the Southern profession.

The sudden death of Mrs. Belden is also announced. But two weeks elapsed after the death of Dr. Belden till his wife followed him. She had long been an invalid, but was able to be with her husband in his last illness and afterwards to return to Mandeville, where she had been for some time for her health. Her death was, therefore, unexpected, and came as a severe blow to her children, now doubly bereaved. Almost a similar circumstance followed the death of Dr. Holcombe, Dr. Belden's colleague of forty years, Mrs. Holcombe outliving him but a very few months.

ROCHESTER REFLECTIONS.

Dr. Thos. Parsons who spent a year abroad after graduating in New York has gone into practice here with his uncle Dr. C. R. Summer.

Dr. P. W. Neefus has just returned from a two weeks' camp in the Adirondacks and his fish stories are those that only a nerve specialist can tell.

Miss Allerton, the superintendent of the hospital, has recently enjoyed a three weeks' vacation and in her absence Miss Smith, the assistant superintendent, filled the position in a very acceptable manner.

Dr. C. E. Walker of West Henrietta lies in the hospital recovering from an operation for appendicitis. Dr. Walker is highly esteemed by his co-workers in this section and all are glad to hear of his steady improvement.

Drs. Howland and Sanders have completed their year of service in the Homeopathic Hospital. Dr. Howland located in Elmira and Dr. Sanders stays in Rochester. The new internes are Drs. Conklin and Jones, graduates of New York Homeopathic Medical College.

Since Mrs. Perkins set such a good example in establishing the Homeopathic Hospital ambulance service, the other three hospitals have each secured an ambulance and considerable rivalry is shown in the endeavor to make the most runs. With an equal start none of them has made such good time as the favorite Homeopathic ambulance.

July has been the banner month for the Homeopathic Hospital. Up to the 26th 107 patients had been admitted, one day 95 beds being occupied. A large number of serious accident cases have been brought in lately which give the house physicians a vast amount of most practical and valuable experience.

Rochester has been having quite an epidemic of measles, and still we can see many new signs every day. Many of the cases have been severe ones, though only a few were fatal. Some physicians, through kindness to their patrons, without considering the public interest, have called their cases German measles and kept them out of quarantine, only to spread the contagion faster. On one street, within a few blocks, four physicians had measles signs on their houses at about the same time.

The quarterly meeting of the Monroe County Homeopathic Medical Society was held at the hospital on July 21. About a year ago a Bureau of Materia Medica was established whose object was to present at each meeting a paper comparing some two drugs in our pharmacopeia. The paper for this meeting was prepared by Dr. Julia F. Haywood comparing Arsenicum and Veratrum album. It was a good paper and brought out a good discussion, in which we were shown that although the old school produced a great panorama of new remedies for the summer troubles of children we still cling to our old and tried homeopathic remedies and cure a greater percentage of the babies.

Dr. Anderson was to have read a paper on cholera infantum butwas absent and a general and valuable discussion of such trouble took up a good part of the meeting. Dr. U. M. Collins gave a paper citing some cases of gonorrheal troubles in women. He advocated, in some cases of ovarian or tubal abscess, an opening for drainage through the posterior cul de sac. This has prevented a more dangerous operation and was very successful.

Committees were appointed to arrange for entertaining the State Society which meets in Rochester September 22 and 23.

WASHINGTON WHISPERINGS.

Dr. W. R. King and family will spend the month of August at Atlantic City.

Dr. H. Krogstadt and family left the city for a short vacation the first part of July.

Dr. J. B. G. Custis and family will go to Canada for the month of August.

Dr. R. Kingsman and family will spend the next six weeks in a vacation at Ocean Grove, New Jersey.

Dr. S. S. Stearns will go to Maine for the month of August. The doctor is now a grandfather and bears the honor well.

Dr. T. L. Macdonald left Washington July 10 for a trip to several of the leading cities in Europe, to be absent until September 20.

Dr. F. A. Gardner has gone to the Hot Springs. After a brief stay there he will join his family at his seaside cottage for the balance of the summer.

Dr. H. Wells Woodward has returned from a pleasant visit to his parents in Ohio. He has recently removed his office to 1114 New York avenue.

From persons who have recently visited Florence, Italy, we learn that Dr. Tullio S. Verdi is engaged in the practice of medicine in that city and is very much improved in health.

During the meeting of the Christian Endeavorers in our city the following named physicians in attendance upon the meeting called at our tent hospital on the White Lot and left their cards: Dr. A. Frank Ziegenfus, Philadelphia; Dr. Mary E. Stewart, Topeka, Kans., and Dr. Clara Shaw, Chicago. They were given a hearty welcome.

The following have been appointed as members of the Homeopathic Board of Examiners for the District of Columbia under the law enacted by the last session of congress. For three years, Drs. J. B. G. Custis and T. L. Macdonald; for two years, Drs. W. R. King and S. S. Stearns; for one year, Dr. Z. B.

Babbitt. This board organized by electing Dr. J. B. G. Custis president, and Dr. Z. B. Babbitt secretary.

The hospital tents erected by the Homeopathic Medical Society of this city during the meeting of the Christian Endeavor Society proved to be a great success. The tents were located near the three large Endeavor tents on the White House lot, were neatly fitted up, supplied with several cots, and every day there was in constant attendance one or more of our physicians to prescribe for any who were suddenly taken sick. Many of the visitors were glad to avail themselves of the hospitality of our fraternity, and our citizens are profuse in their praises of our efforts to look after the strangers who needed the kind offices of a physician and a trained nurse. The Misses Beason, Robinson, and Drake, graduates of the National Homeopathic Hospital Training school, kindly volunteered their services as nurses and were on duty constantly. Drs. Z. B. Babbitt, F. A. Swarthout, M. A. Custis, and Alice Barrett, the committee of the Medical Society having this matter in charge, are deserving of praise for the manner in which they conducted this enterprise, and all of the physicians of our school who gave their services to help make it a success feel well repaid for having aided such a worthy object. Over two hundred patients were treated.

INTER-STATE ASSOCIATION COMMITTEE.

At a session of the American Institute of Homeopathy, held in Newport, R. I., in June, 1895, the homeopathic society of each State was requested to appoint two of its members as delegates, to unitedly form an Inter-State Committee of the Institute. In the forty-five States of the Union there already exist thirty-three such State Societies, twenty-eight of which appointed and reported such delegates. These delegates assembled at Detroit during the recent session of the Institue, organized and carefully considered the relations of the State Societies to the Institute and to each other. In accordance with the recommendations of this Inter-State Committee the Institute adoped the following preamble and recommendation:

"Whereas, It is of great importance that our State Societies should be in harmony with the American Institute of Homeopathy; therefore, in order to secure this end,

"We Recommend, The revival of the former custom by which the presidents of our State Societies shall become honorary vice-presidents, and the secretaries, corresponding secretaries of the Institute, during their respective terms of office."

The following recommendations were also adopted:

"1st. The legal incorporation of all homeopathic State Societies not already incorporated.

"2d. The organization and incorporation of homeopathic State Societies in States containing a sufficient number of homeopathic physicians wherever no such organization now exist.

3d. That it be urged upon all homeopathic State Societies to annually furnish the Institute with correct lists of homeopathic physicians and of all homeopathic institutions (including hospitals, colleges, societies, journals, etc.), in their respective States; also, that an annual report of desirable locations for homeopathic physicians be prepared by the State Societies for publication, and that copies be furnished to the American Institute.

"4th. That the Inter-State Committee be made a permanent Committee.

"5th. That each State Society shall annually publish a list of its members, together with a resume of its general transactions.

"6th. That a system of inter-state delegations between our State Societies be arranged as far as practicable."

The earnest interest already exhibited in this movement, and the great importance of harmonious and systematic action on the part of our societies and institutions, should lead every State Society to actively assist this measure. The committee asks the profession to kindly report at once to the secretary the names and addresses of the president and secretary of the various State Societies and the number of members and the general condition of the society, together with other suggestions which may be for the mutual benefit to the local State Society and the Institute.

There can be no doubt but that much good for the homeopathic profession will come out of the more thorough organization contemplated in the inter-state organization. It should be most heartily encouraged from one end of the country to the other.

ENGLISH NEWS-NOTES AND ITEMS.

The Children's Sanitarium at Southport ministered to the needs of 837 sick children during the year just closed. Of these 246 were dismissed entirely well, 516 as very much better, 13 slightly improved, and 17 no better. There were four deaths and 41 children were in the institution at the end of the year.

The percentage of cures at the Calcutta Homeopathic Dispensary for 1894-95 was 45.28. The number of patients treated was 2,730, and the number of attendances 8,220. The average of new patients daily was 8.16. Of the whole number mentioned 2,148 were Hindoos, 581 Mohammedans and one Christian. The Indian native seems to lead his missionaryizing white brother in more ways than one.

The Leeds Homeopathic Dispensary is congratulating itself that the Princess Adolphus of Teck has consented to become a patron of that institution. At the last meeting of the supporters of the dispensary it was shown that the work continued to grow, the number of attendance during 1895 covering an increase of 607 over 1894. Two hundred and two visits were paid to patients in their own homes.

The report of the Turnbridge Wells Homeopathic Hospital for 1895 showed the hospital to be increasing in scope and favor. There had been but one death in the institution during the year; 81 inpatients had been received; the dispensary patients had numbered 2193 and 2,561 visits had been made. The dispensary had been moved during the summer of 1895 into a house adjoining the hospital, as the number of patients had so increased as to make the step imperative.

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The Fifth International Homeopathic Congress

Held at London, England, August 5-8, 1896.

BY J. RICHEY HORNER, M. D., PITTSBURG, PA.

The Fifth Quinquennial International Homeopathic Congress was held in London during the week beginning Monday, August third. At the President's reception on Monday night an opportunity was given members to become acquainted with each other and with a number of very charming ladies, the wives and daughters of members, both resident and visiting. This was a most enjoyable function, of which more than two hundred took advantage. The evening was spent in social converse, in listening to excellent music by a splendidly drilled male quartette, in attending in one of the communicating rooms a very thorough and understandable (if I may be permitted to coin the word) explanation of the Roentgen rays, with practical demonstrations of the same, and in partaking of very palatable light refreshments. Thus was the time passed until midnight, when we went our respective ways feeling that the prospects for the week were full of promise.

OPENING SESSION—TUESDAY.

On Tuesday afternoon we gathered one hundred and twenty-five strong to listen to the address of the president, Alfred C. Pope, M. D., of Grantham, England. He took for his subject:

"The Influence of the Therapeutic Teaching of Hahnemann in 1796 on the Study and Practice of Medicine in 1896."

After a few words of cordial welcome to the foreign members, he spoke of the year 1796 as one in which an indelible impression was made upon medicine both in its preventive and curative aspects. In that year Hahnemann published in the leading medical journal of Europe the first essay which developed into what was now known as homeopathy. Hahnemann recognized, as Sir William Hamilton, of Edinburgh, said in 1852, that medicine had not made a single step since the days of Hippocrates, a humiliating charge, which the late Dr. Begbie, in 1875, failed in his attempt to rebut. The only real step which had been taken in medicine since the primitive times was in fact that taken in the essay published in 1796 to which he had referred. At that time Hahnemann limited the rule of drug selection to the treatment of chronic disease, a limitation which his discovery of rapidly-acting specifics, a few years later, removed. Acute diseases were then directed to be treated by palliatives to remove temporary obstructions, in the confidence that, those removed, nature would be able to assert her power and the patient recover. For that purpose blood-letting and purgatives, and the suppression of pain by opium were enjoined, not as being remedial, as they had been supposed to be, but as palliatives. The teaching of Hahnemann in 1796 insisted upon the necessity for a reform in therapeutics, the displacement of venesection from the category of remedial agents to the subordinate position of a palliative, to be used only in the absence of any knowledge of rapidly-acting specifics, the nature and need of medicines which should act specifically, the study of drugs by experimental inquiries into their powers of modifying the health of the body, their clinical application by the guidance of the principle of similia similibus curantur, and their administration singly and in small doses. The need of therapeutic reform had been admitted with a consensus of opinion which was enormous, and on the question of blood-letting the views taught by Hahnemann in 1796 were precisely those held by the hospital physicians of today. The chief interest of Hahnemann's essay centered in the method of studying drug action, which it described. That method was by experiments with drugs upon healthy human beings in order to acquire a knowledge of the "modifications produced in healthy conditions by the operation of substances capable of producing modifications"—the definition of pharmacology given a few years ago by the Lancet. From the purview of the teachers of the present day, pharmacology having proved to be useless, the College of Physicians had lately withdrawn it from the examination required for their license. Until the fact that there was doctrine in therapeutics was recognized and the other fact that this doctrine was that pressed upon the attention of the profession by Hahnemann in 1796 was admitted, pharmacology would continue to be useless and the action of the College of Physicians justified. For it was true that, as Hahnemann stated a century ago, the results of pharmacology to be of any value must be directed by a therapeutic principle, and that principle must be the one formulated as similia similibus curantur. Medicines were now given, whether wittingly or not, on the homeopathic principle by those who repudiated homeopathy in doses that fifty years ago would have filled the ordinary practitioner with contempt. At the present moment one of the two most important principles urged by Hahnemann in 1796 was declared upon the highest authority to be of the greatest consequence to the progress of the healing art, but, inasmuch as it was incapable of application without the other, it had, as Professor Allbutt had said, been "thrust out of the door." When the truth of that other had been admitted, it would, to continue Professor Allbutt's illustration, "return by the window." (Cheers.) Then, but not before then, would the brilliant future predicted for pharmacology by the Lancet be realized, the true greatness of the work which Hahnemann accomplished for the art of medicine be recognized, and he himself regarded by the entire profession as one whose memory was worthy of all the honor with which it could be enshrined. (Cheers.)

The speaker held the closest attention of the audience for an hour and a half, and at its close was, on motion of Dr. Bushrod W. James, Philadelphia, accorded a most hearty vote of thanks.

Drs. Gibbs Blake, of Birmingham, and A. C. Clifton, of Northampton, in a beautifully complimentary way, nominated and seconded, respectively, for Honorary Vice-Presidents, Drs. Leon Simon, of Paris, A. Villers, of Dresden, B. W. James, of Philadelphia, and, last but not least, our own J. H. McClelland, of Pittsburg—doing honor to men in every way worthy of honor.

Homeopathy Throughout the World.

Reports from different countries of the world as to the history of homeopathy during the last five years, and its present state therein, were then presented, on behalf of Austria-Hungary, by Dr. Kafka, of Carlsbad; Belgium, by Dr. Schepeno, of Antwerp; Denmark, by Dr. Hansen, of Copenhagen; France, by Dr. Cartier, of Paris; Germany, by Dr. Kroner, of Potsdam; Great Britain, by Dr. Goldsbrough, of London; Australia, by Dr. Ray, of Melbourne; Canada, by Dr. Logan, of Ottawa; India, by Dr. Sircar, of Calcutta; New Zealand, by Dr. Lamb, of Dunedin; Holland, by Dr. Bourne, of Amsterdam; Italy, by Dr. Bonino, of Turin; Portugal, by M. Vancueilloz, of Oporto; Russia, by Dr. Brasol , of St. Petersburgh; Switzerland, by Dr. Batault, of Geneva; and the United States, by Dr. Frank Kraft of Cleveland.

DISCUSSION.

The subject for discussion was "The Condition and Prospects of Homeopathy at the Present Time, and The Best Means for Furthering Its Cause."

Dr. Dudgeon, London, opened the discussion by saying that he thought we could not do better than to continue in the course we are now pursuing, of an active propaganda of homeopathic principles, and using every endeavor to build and open new homeopathic hospitals wherever possible. Above all he hoped we would always be bold in the assertion of our principles.

Dr. Villers, of Dresden, enjoined the necessity for homeopathic practitioners, as far as possible, treating patients only homeopathically. The practice of homeopathy is very much behind its theory. In a short time, he said, they hoped to establish in Germany, for young homeopathic students, a series of lectures on the science of homeopathy.

Dr. McClelland, Pittsburg, said that homeopathy in the United Sates is daily advancing and its practitioners becoming an important factor. The American Institute of Homeopathy had made it a necessity for recognition that every college in the United States which teaches homeopathy must require a four years' course of study. This fact had a very beneficial influence in the spread of homeopathy in that country.

Dr. Brasol, St. Petersburg, said that as the present meeting of congress coincided with the centennial celebration of the foundation of homeopathy and received increased significance from that fact, he thought that it should be especially marked in some way. He would suggest that as a worthy method of celebrating the one hundredth anniversary of the promulgation of the teaching of Hahnemann a suitable monument should be raised to his memory, preferably over his grave in Paris, which had for years been neglected.

The reports showed advance all along the line.

In Denmark there are forty-seven physicians practicing homeopathy.

In France the greatest advance is being made in the work of hospitals and dispensaries.

Four hundred acknowledged to practicing homeopathy in Germany, while many more do it "on the sly."

London reports her new hospital, and Liverpool and Birmingham are forging ahead. In all about three hundred physicians are enrolled under our flag in Great Britain.

The Melbourne hospital, Australia, is doing great work.

In Montreal, Canada, the authorities have granted to homeopaths a representation on the staff of the hospitals there.

In India we have native physicians, and among the laity there, there is a great spread of the work.

Holland sends its first report. The members there are few, but they make it up by their enthusiasm.

About fifty have organized in Italy.

Portugal is also a first timer and reports twenty.

The talented Brasol, of St. Petersburg, reports about fifty in Russia, all working hard in the glorious work for the spread of homeopathic truth.

Switzerland sends word that she has twenty.

A grand fusilade of figures from Kraft shows how mighty is homeopathy in our own beloved country. We are, according to his report, moving ahead with most wonderful strides.

SECOND DAY--WEDNESDAY.

The first matter for discussion on Wednesday morning was the ways and means for placing a monument over Hahnemann's grave in Montmartre cemetery in Paris.

Drs. Brasol, of St. Petersburg, Cartier, of Paris, Hughes, of Brighton, Bushrod James, of Philadelphia, and Villers, of Dresden, were appointed a committee to take action.

Homeopathic Literature.

The congress then proceeded to the consideration of the papers of Drs. D. Dyce Brown, London, and T. L. Bradford, Philadelphia. Their subject was "Homeopathic Literature, Its State and Needs."

Both papers discussed the numerous additions to

Homeopathic literature made during the past year. Dr. Brown extolled a number of works—but we must quote one sentence. He says, "I hope an ideal work on Practice will soon appear. Perhaps the nearest approach to perfection is that by Dr. Fisher on Diseases of Children. This style of work carried out in the whole domain of medicine will become classical. * * * Dr. Fisher, in his Diseases of Children, gives an excellent example of what we want." Such commendation, coming from such a source and presented to such a body of men should make the worthy editor of the worthy Medical Century feel several inches taller.

Dr. Bradford speaks of two works now in course of preparation, and goodness knows we need them. Dr. F. E. Doughty is working on "Diseases of the Genito-Urinary System" and Dr. E. G. Gramm of Philadelphia expects soon to issue a work on the "Diseases of the Skin." Hurry them along, gentlemen, we know they will be perfect and we want them now.

Dr. Hughes made the announcement that he had gotten as far as Xanthoxylum in his work of indexing the Cyclopedia of Drug Pathogenesy, and that as soon as he finishes that he expects to go right to work on "A System of Therapeutics." This announcement was vociferously applauded. The Grand Old (Young) man was christened "Rich-Hearted Hughes"—and all through the congress was spoken of in that way.

Our Law and Reasons for a Belief in it.

The paper of Dr. Robert Walter, of Wernersville, Pa., on "The A Priori Argument for the Law of Similars," and that of Dr. Walter Sands Mills, of Stamford, Connecticut, on "Some Reasons for a Belief in Homeopathy," gave rise to considerable complimentary discussion. Dr. Walter says in his paper: By "A Priori" we understand the argument from cause to effect, from principle to product, from promise to conclusion, representing nature, science, and logic. Nature is the books we read; science is the interpretation of what we read; logic is the process of reading it. Nature is made up of phenomena, forces and laws; phenomena being the things produced, while Force is the power that does the work and Law is the directing agency. It is the work of science to trace the relationship between the cause, which is force directed by law, or law sustained by force, as we choose, and the phenomena which are produced, in order that we may be able to control the phenomena.

Nature is divided into three fundamental departments, the Chemical, the Mechanical (including Astronomy) and the Vital. The chemical and mechanical have become exact sciences through the discovery of their primitive fact, which primitive fact is made up of the force directed by the law of the department which produces, governs, and, being understood, explains all the phenomena of the department, thus making the science logical and exact.

Chemical affinity is the primitive fact of chemical science, attraction of gravitation that of astronomy. But a statement of these facts does not make the science exact; the primitive fact must be formulated and will be found to consist of a statement of the force that does the work and the law by which the force operates. Newton's formula is the most perfect illustration, as astronomy is the most perfect science. What is needed in order to make vital science as exact as astronomy or chemistry is to formulate its primitive fact, which will include not only a statement of vital force but also the law of its operation.

Hahnemann made the statement of vital force a phenomenon, but had no clear conception of the law by which the force operates and so failed to give us an exact science. But he had a dim conception of the law—a prophetic vision as it were—and unconsciously deduced the law of similars from it; and while he could not describe the processes of his deductions he nevertheless conceived the great truth which enabled him to experiment, and his experiments—the a posteriori argument—justified his theories.

This is life's great law, "Every particle of living structure in the organized body is under the dominion of vital force endowed with the instinct of self-preservation, which is the first and all-controlling law of vital expression." It is a universal law, applicable to and explaining every part of vital existence. The fact that it produces all vital phenomena, in disease as well as in health, solves all medical problems, including the nature of disease, the modus operandi of medicines—the law of cure—which is proved to be Hahnemann's. It describes also the natural history of disease (pathology), shows the causes which produce it, etiology, and indicates the important principles of recovery, therapeutics. In a word, it gives the "a priori" argument, the reverse of Hahnemann's, which, in connection with homeopathic experience, is the "a posteriori" argument, and so constitutes a logical demonstration of homeopathy."

In addition to this the paper gives a logical formula of Hahnemann's law, from which conclusions may be deduced and practice carried on, bringing to the physician the resources of hygiene to be applied in accordance with the law of similars—making the law, in a word, to be explanatory of the effects of every act and fact of vitality.

The paper was warmly received and many compliments bestowed upon its author. It was ably discussed by Drs. Brasol, Conrad Wesselhoeft, James, Nankivell, Villers, Goldsbrough, Dryzewiecki, Giles, Proctor and Hughes. This paper, with that of Dr. Mills, formed the basis of the topic for discussion, "The Reasonableness of Homeopathy."

The Selection of the Remedy.

This constituted the first topic for discussion in the afternoon. There were two papers presented which led up to this, that by Dr. W. T. Ord on "Drug Selection by Sequence of Symptoms," and that by Dr. J. M. Schley, "Can We Prescribe Homeopathically with More Success by Taking Strict Account of the Pathological Condition of Our Patient?"

These papers were in opinion diametrically opposed, each to the other, and brought out a spirited discussion. Dr. Hayward contended that in the majority of cases the physician is unable to ascertain the condition of the patient. If it is possible to get at that condition it is an essential help; but in his opinion the sequence of symptoms would afford the most reliable ground on which to go in search of a remedy.

In Dr. Ramsbotham's opinion both methods are absolutely essential. We cannot rely on either alone.

Dr. C. H. Blackley attaches great importance to the sequence of symptoms, as it helps in cases of idiopathic disease in arriving at a conclusion as to the best remedy. The character of the symptoms is also a matter of very great importance.

Dr. Brasol said that the whole significance of Hahnemann's teaching consisted in the assertion that there could be no specific against denominations of diseases, but there must be a specific for every individual patient. To judge from merely pathological conditions meant not the patient's pathological condition, but the pathological nature of his disease, and that would mean not the progress but the retrogression of therapeutics. We do not want specifics against the problematical and supposed causes of the disease, but against the totality of symptoms. We feel more sure of our remedy when we have as our guide the symptomatic picture. A prescription founded purely on pathology is conjectural because it is built on an hypothesis, while strictly scientific therapeutics demands exactness. There is no pathological disease, in the strict sense of the term, to be expelled. There is a morbid condition. We certainly do not want a remedy against the problematic cause of disease.

Dr. Nankivell takes it that both methods should be considered. But unless the pathological condition be made one of the items you are beating the air. One's view must take into consideration the whole situation.

Mr. Dudley Wright said that in acute disease the symptoms are well known and we can go by symptomatology but in chronic diseases we must rely almost wholly on the pathology.

Dr. Ord, in closing the discussion said, that pathology is of value in diagnosis and prognosis. He does not believe that we can differentiate between our remedies pathologically. We treat not the disease, but the patient. Six pneumonias may require six different remedies and symptomatology alone will tell us which is needed for a given case. The pathology is the same in all cases. He would therefore insist not alone on the greater value of symptomatology but on the sequence of the symptoms.

Animal Extracts in Homeopathy.

Dr. J. H. Clarke presented an exceedingly able paper on "The Place of Animal Extracts in Homeopathy." He reviewed the action of thyroidine, being a very enthusiastic believer in it. The paper is one in every way worthy of reproduction.

Dr. Mercer of Brussels reviewed it at great length. He called attention to the fact that Iodine has been found in the thyroid gland, and also to the additional fact, observed by Hertog, of Antwerp, that the extract has an inhibitive action on the uterus and stimulates the action of the mammary glands.

Dr. Wilkinson thought that it ought to be proven.

Dr. McClelland once had a very remarkable curative effect from its use in a case of keloid growth.

Drs. Ramsbotham, Hughes and Dudgeon considered the proving a necessity.

Dr. Clarke, in closing, said "All the actions of thyroidine are not homeopathic—they may be physiological. Thyroidine given in the crude form will produce an anemic state. Possibly myxedema may be caused by thyroidine."

Aurum Metallicum.

Dr. Washington Epps furnished the next paper which was "A Review of the Pathogenesy and Therapeutics of Aurum."

Dr. W. A. Dewey, of New York, very ably discussed the paper and was followed by Drs. Dryzewiecki and A. C. Clifton, Dr. Epps closing.

This ended the proceedings for the day.

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SECOND DAY—THURSDAY.

Thursday morning was bright and sunshiny and the members must have been influenced by this, or by the fact that the proceedings of Wednesday had been so interesting, for they were out in full force, ready each to do his part to make the day's work profitable.

Dr. Goldsbrough, London, opened with a paper on

"Hahnemann's Doctrine on Chronic Diseases."

SYNOPSIS.

I. The author quotes paragraphs from Hahnemann's "Chronic Diseases" to indicate the character and scope of Hahnemann's theory relating to the miasmatic origin of most chronic diseases. The theory consists in regarding such disease as caused by three specific miasms, viz.: Syphilis, Sycosis, and Psora. The effects of the two first named are pretty well defined and do not call for separate discussion. The main interest of the theory centers round the third of these miasms—the so called Psora. The following conclusions were come to by Hahnemann relating to Psora.

a. It had been the potent cause of chronic disease of man for centuries, and that it had become the mother of thousands of acute and chronic diseases, passing, in the meanwhile, through innumerable phases.

b. Subsequently to primary infection and the manifestation of a local eruption on the skin the miasm remains for a longer or shorter time in the organism, or shows itself by certain well defined states of health which indicate infection has taken place.

c. The original manifestation of the disease is an itching eruption caused by external contact with the miasm.

The commencement of the primary eruption is preceded by a period of incubation.

d. A great many internal maladies arise from treating the external eruption as a local disease, others from a suppression of it by fright, cold, acute disease, etc.

e. Subsequently the miasm unfolds into many varieties of chronic disease covering all non-venereal diseases known to man.

II. The author then endeavors to interpret Hahnemann's meaning of the term Psora. By a reference to its use at the time as a designation for certain forms of skin disease, he arrives at the conclusion that Hahnemann included under it all chronic inflammations of the epidermis and some inflammations of the true skin. Such would include

Scabies, but Scabies was not the ground for the use of the term. Psora was never applied as a term to Scabies.

A miasm, in Hahnemann's use of the word, would in modern pathology be in the most general sense of the word a heterotoxamid.

III. In estimating the position occupied by Hahnemann's theory in the light of present day knowledge attention should be given to:

a. Its scientific point of view.

b. The theory of infection.

c. Certain general biological factors underestimated by Hahnemann.

d. Certain special biological factors also underestimated by him in the production of chronic disease.

a. The scientific point of view consists in approaching the subject of chronic disease from the general to the special, rather than from the special to the general, and an emphasis of the skin as occupying a distinctly physiological position in relation to the whole organism.

b. In his theory of infection Hahnemann foreshadowed the modern doctrine of infection by means of specific micro-organisms.

c. The general biological factors underestimated by Hahnemann are: (1) heredity, and (2) habit. True heredity must be distinguished from infection of the germ. In relation to disease it partakes of the transmission of "habit." Both heredity and habit are included under the operation of a general law of life.

d. The special biological factors in the production of chronic disease are: (1) Auto-toxemia. (2) Abnormal tissue metabolism. (3) Localization of an organic lesion. (4) Influence of the mind and nervous system.

Conclusion: Inference for treatment. A comprehensive view of causes in a given morbid state leads to a wider conception of the totality of the symptoms than that conceived by Hahnemann. The principle of choice of a remedy, however, remains the same.

Dr. Proctor in a forceful way discussed the paper.

Dr. V. Leon Simon submitted a paper on "A Posological Law," and based on this was a good general discussion on "Have We Here or Elsewhere a Law of Dose?"

PRACTICAL PAPERS.

Dr. Hansen's paper on "The Action of Mercury and Iodum in Syphilis," the paper by Dr. P. C. Majundar on "Intermittent Fever" and that by Dr. Hughes on "The Action of Colchicum and Other specifics" formed the basis of another discussion on "The Specifics of Traditional Medicine."

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Tuberculin.

In the afternoon the first subject for discussion was "Tuberculin and Its Congeners," being derived from two papers, "The Clinical Value of Tuberculin," by Dr. Cartier, of Paris, and "The Value of Tuberculin in Purulent Pleurisy," by Dr. B. Arnulphy, also of Paris.

Dr. Nankevell, in opening the discussion, referred to Koch's tuberculin and said he had never yet found in a special case any improvement within four days from the commencement of the administration of that particular tuberculin. That was, in practically hopeless cases. He had not tried it in ordinary cases, such as those of marked pneumonic phthisis, or even in cases where the bacilli of phthisis were present, for he had generally found that change of air, improvement of diet, regular life and medication, chiefly of a preparation of Arsenic, had been sufficient to establish definite improvement in all such cases.

Dr. Mersch and others continued the discussion.

Mr. Hurndall, a veterinary surgeon, referred to the effects of tuberculin as a diagnostic agent in regard to animals. He mentioned a case in which a herd of cows belonging to the Duke of Portland was suspected with being infected with tuberculosis and placed at the disposal of Dr. McFadyean for examination. All the animals were subjected to a sub-cutaneous injection of a cultivation of tuberculous matter. The whole of the herd responding to the test were slaughtered—and there was not a single animal which did not show some evidence of tuberculosis in its system. Those that did not respond were afterwards found to be perfectly healthy.

As a diagnostic agent tuberculin had been proved in one hundred cases to be successful and there was not a failure in a single case. Mr. Hurndall further believed that as a therapeutic agent in tuberculous disease tuberculin was a useful medium. There is a relation between medicines useful for the lower animals and those useful for human beings, a fact which should never be lost sight of by homeopaths.

Dr. Cartier in closing the discussion denied that tuberculin administered to a healthy person ever producd tuberculosis.

Strumous Ophthalmia.

In a well-written paper, Dr. Bushrod W. James discussed "The Treatment of Strumous Ophthalmia."

Dr. Norton, of New York, opened the discussion. He said: "There is no difference between the pathology of strumous ophthalmia and that of phlyctenular conjunctivitis. Parenchymatous keratitis is not the same as strumous ophthalmia." He does not believe that corneal opacity indicates scrofulous heredity. Strumous ophthalmia is a condition very difficult to relieve. We must be extremely careful with regard to the bandaging. We must not bind up the discharge for if we do we will keep it in contact with the eye and this will do a great deal of damage. The bandage must be removed quite frequently. The eye must be kept perfectly clean. It is not necessary to use for this purpose medicated washes. It is very difficult to cleanse the eye because the child fights and we run the risk of rupturing the eyeball. He often relieves the intense photophobia by allowing ice cold water to drip on the eyeball. We find it difficult to open the lids on account of this dread of light and it is sometimes necessary to do canthotomy in order to accomplish it. Dr. Norton has been using Bovinine very considerably, and he nourishes his patients with a wholesome plain diet. Give plenty of meats and no coffee, tea or sweets.

Dr. Hughes mentioned the remedies, Hepar, Calcarea and the Iodides. We must take the totality of symptoms. The reason for this is that the thousand and one eye symptoms we find in our materia medica are of no practical value.

Dr. Betts, Philadelphia, congratulated both Dr. James and Dr. Norton. He was much pleased with the paper and as well with the opening remarks. He regards it as positive that there is in this condition an actual cachexia present, a condition which causes degradation of tissue. He cautions against the frequent repetition of the remedy. Give the patient plenty of good nourishment and keep him in the open air as much as possible.

Dr. Copeland, Ann Arbor, has found much benefit from Calcarea carbonica and Mercurius corrosivus.

Dr. Wolston firmly believes that in the majority of cases the high dilutions will act best.

Dr. Fuller regards Calcarea as the very picture of a strumous diathesis. The question of dose is a hard one to settle. We must not be dogmatic on either side. He would insist on the treatment of the constitutional condition.

Dr. James, in closing the discussion, said he could not determine where the line should be drawn between this and other similar diseases. We cannot establish a special pathological name. The disease is a general disease known by the general profession. It is not restricted to the practice of the specialist. The paper was prepared with the idea not of treating of pathology but of presenting a practical point, the bringing out of the thought of the general diathesis which makes the cases so hard to cure. The diathesis here reminded him of two fields, the one flourishing, in good condition, with good crops, the other neglected. It is inevitable that the latter soil will bring forth a poor crop. So we get a scrofulous diathesis in the cachectic child, not in the good soil—the well-nourished child. The whole system is influenced by the strumous condition. We must base the general treatment on that fact. He did not speak of Calcarea and Sulphur in the paper because he considered them too well known to need mention. He insisted upon the renewal of our acquaintance with that neglected remedy, Calendula, and advised the aqueous solution. It acts kindly and helps the healing process. He spoke also of the practice of many physicians, gynecologists and surgeons of giving internally and applying locally the same remedy. He thinks that we may sometimes get an antidotal effect on account of the too large doses. Yet in the progress of antisepsis there is need for the application of these remedies locally.

As for the remedy, Argentum nitricum is rather a favorite. Many cases are cured with it by the old school on account of its homeopathicity to the condition. It cures by virtue of the drug being absorbed.

He thought we could get good effects from a proper selection of the remedy according to the symptoms as found in our materia medica.

Deafness and its Remedies.

The papers by Dr. Hayward on "Deafness, Pathogenetically Considered," and Dr. Cooper, "On Certain Forms of Deafness and Their Corresponding Remedies," formed the basis for a subject for discussion: "The Possibilities of Internal Medication in Deafness."

Dr. Copeland, Ann Arbor, in opening the discussion, said that the place of internal medication depends on the cause of the deafness. If this is due to congenital defect, it is useless to try to cure the mass of the cases we meet. We must diagnose each case. If due to mechanical obstruction the situation is similar unless we can get rid of that obstruction. He also protested against indiscriminate operation. It is wrong to cut out the tonsils so often as it is done. Use homeopathic remedies to reduce the abnormal growth. Some remedies, as Kali muriaticum, will open up the eustachian tube. If the trouble is due to a local irritant, as, for instance, cigarette smoke, remove the cause. Nearly all cigarette smokers have catarrh. If due to middle ear trouble we must use some mechanical influence in addition to the medicines. If there is an actual obstruction of the middle ear, as necrosis, we should use the digestive ferment, as pepsin, etc. He has cured chronic suppuration with these agents. If there is actual destruction of the internal ear—of the auditory center, there is no hope except in homeopathic remedies. Here the old school is absolutely helpless. He prefers the homeopathic remedy to local treatment.

Mr. Dudley Wright said there are many homeopathic remedies which would give relief in deafness. He mentioned Tellurium as one remedy from which he had had good results. A combination of Hepar and picric acid (Calcarea picrata) suggested by Houghton, of New York, is a good one. Picric acid has good effect in relieving pain. It suits fair haired people. Kali iodatum has some effect on the ear and nose. This he uses also in the form of an ointment applied to the mastoid process.

Dr. Norton spoke of the use of aural massage, but does not think everything should be claimed for it. It certainly helps, while it does not alone accomplish the cure. It is a splendid treatment for tinnitus. We must get on the insrument the exact sound heard by the patient.

Dr. Clarke spoke of Bacillinum, 200, followed by Kali iodatum.

Dr. Sheldon mentioned Wyethia. The main symptom was a sense of post nasal obstruction—a constant effort to clear the throat and dryness. Baryta, Aesculus, and Natrum muriaticum are good remedies.

Dr. Hayward summed up the weight of the talk as being against the pathogenetic symptoms. We must remember that deafness is a late symptom, and is preceded by many preliminary symptoms. We must take into consideration here the sequence of symptoms. We need not depend altogether on clinical results. All the remedies mentioned have the pathogenetic symptom of deafness.

Dr. Cooper: "The ear is an anomalous organ. We are dealing with but one symptom, or perhaps two—tinnitus and deafness. We must diagnose in order to get on with the treatment. We may have a great deafness easily cured, or a slight deafness which resists all our efforts. Our language is deficient as regards the term deafness. There is no English word for partial deafness.

Nervous deafness is hard to cure and may return. It comes with a mental shock and often goes with the same. Magnesia carbonica is a good remedy for this, and also for a gradually increasing inflammatory condition of the ear. This latter is very obstinate. Chronic vascular deafness, as the above may be called, is very hard to cure. The pathology is certainly of use. Deafness lasts a long time—in prescribing for it we must not give our remedies too often.

THIRD DAY—FRIDAY.

Aural Vertigo.

Friday forenoon the congress was auspiciously opened by Mr. Dudley Wright who presented a fine paper on "Aural Vertigo." We hope to obtain this paper for publication. Dr. James very ably discussed it.

Homeopathic Character of Mineral Waters.

Dr. Kraus-Busch presented a paper "On the Homeopathic Character and Action of Mineral Waters." He said that the so-called "Allopathy," the yet governing doctrine was always tending toward the homeopathic stream. A field in which, in his opinion, a reconciliation could very easily be possible was balneology. They knew how up till lately the skepticism of modern medicine denied, or at least doubted, the pharmaco-dynamical effect of mineral waters. People did not believe in their curative properties, and the good effect was ascribed to change of air, diet, new surroundings, and altered mode of living. Today they had happily done away with that standpoint. Balneology had in recent times developed itself rapidly into a highly improved branch of therapeutics, and no man of science would in these days doubt the efficacy of mineral waters. The science of medicinal springs was particularly appropriate to show the effect of drugs according to the homeopathic principle. Balneology in a scientific sense was just the domain of homeopathy. There they had direct from nature and at first hand, the "molecular action" the "atomization," the "effect by extension of surface," and the "action according to the law of similarity." Even by the most exact chemical analysis it was not possible to find out the last details of their composition and no less was it impossible to compose a natural mineral water by artificial combination. Their physiological experiments and homeopathic drug provings, quite in conformity with the thousandfold testified curative effects obtained with mineral waters, both distinctly and irrefutably spoke the perfect homeopathicity of the latter, concerning both their composition and dosage and their therapeutic indications. They were "specific," and "specific" was identical with "homeopathic." The pathogenetic and remedial effects were congruant with each other and they could point triumphantly to the fact that they had here a grand confirmation of the law of similia similibus curantur. The springs of different groups of mineral waters, especially of those in close chemical relation, were often used in the same forms of disease. It was, therefore, the object of special balneo-therapeutics to give exact indications for the single mineral water according to the constitution, etiology, stage, and character of the disease. The fact was that the homeopathic differential drug diagnosis would form a foundation for this purpose much more advanced and sure, and he was convinced that when this became recognized, the therapeutic sphere of mineral waters would be certainly much more widely extended. He believed that the action of mineral waters was altogether to be explained according to homeopathic principles.

The reading of the paper was followed by a good general discussion, mainly in support of the advanced stand taken by Dr. Kranz-Busch.

Cutaneous Horns and their Treatment.

The paper by Dr. Samuel Van den Berghe of Brussels, on "Cutaneous Horns and Their Treatment" was found to be very interesting. It is a short one but full of meat. The paper is published in full in another place in this journal.

Homeopathic Vulnaries.

The afternoon session was opened with the paper on "Homeopathic Vulnaries," by Dr. J. G. Gilchrist of Iowa City. Dr. Christopher Wolston discussed it.

Uterine Carcinoma.

"Carcinoma of the Uterus" was the subject handled by our Dr. James C. Wood, of Cleveland, and he did it in his usual masterly manner, eliciting plaudits from those who were fortunate enough to hear it. And the discussion was opened in a no less masterly way by Dr. James Johnstone of Richmond, Surrey, England. Here is a man who will certainly rank among the foremost of London gynecologists. We predict for him an exceedingly bright future. He said: "The question raised by Dr. Woods as to the curability by medicine of malignant disease has been decided by him in the negative and with that decision I fully agree. For a long time after Hahnemann first promulgated his doctrine of similars his followers adhered with great strictness to his precepts. Now they are apparently divided in many points, and this is one of them. One homeopath would treat malignant disease by the medicine alone. Another, no less a homeopath, would at once resort to surgery. Which is the best? The learned author of the paper says not to wait—that there is no specific for malignant disease of this character. For my own part I prefer to give a fair opportunity for action of the remedies, though I do not wish to be understood as claiming everything for them. I do not believe there is the record of a single authentic case absolutely cured by remedies. Such a view may be rather too advanced but in a careful research I could find only a very few cases reported cured, and in some of these, even, there was a serious doubt as to the diagnosis. The microscope is the only sure sign of diagnosis and here I fully agree with Dr. Wood.

"Sometimes we find a tumor disappearing after an exploratory laparotomy. As to remedies, Arsenicum iodatum and Hydrastis are the best. I would like an opinion as to the mode of action of Hydrastis. Does it act homeopathically or otherwise?

"With regard to mammary cancer we find that twenty per cent, one case in five, are cured by the operation—that is that there is no return of the growth within three years, which is the arbitrary limit fixed by surgeons. In taking up the methods of operating Dr. Wood advocates one not much used on this side of the water. Here we use either the abdominal or the vaginal—but the author combines both—first operating per vaginam for loosening the cervix and ligating the arteries, then finishing the operation with a laparotomy for the removal of the organ. I should imagine this to be a very radical and unproved method."

Dr. Clifton did not pretend to have done any very great work in this class of cases, but he certainly felt justified in claiming to have had better results with medicines than the surgeon with the knife if he claimed to cure only twenty per cent. He cited cases from his experience, which were undoubted cancer, proven to be so by microscopical investigation, which he more than cured—from the surgeon's standpoint. He used Phytolacca, Arsenicum, Hydrastis, Lachesis, Conium and Bovista. There is no question in his mind as to the curability of these malignant conditions by medicines.

Dr. Bodman, referring to the necessity for microscopical investigation, expressed some doubts as to the microscope being absolutely infallible. He certainly has known of cases being cured with the homeopathic remedies.

Dr. George Burford, surgeon, London, confessed that he occupied a prominent position "on the fence." He relies very much on clinical diagnosis. He considers that sometimes we have a right to call the tumor cancer, even if the microscope says "no." At any rate, in many very suspicious growths, as in the majority of mammary cancers, we have no opportunity afforded us to make a microscopical examination. The remedies mentioned by the various speakers are the ones he has used. He expressed the opinion that, with regard to the method of treatment, whether medicinal or surgical, much would depend on whether we looked at the case through medical or through surgical spectacles.

Dr. B. F. Betts, Philadelphia, could find nothing but praise for the paper. We must make our diagnosis early. That is an absolute necessity. Then we must keep our patients continuously under treatment. We must consider as gravely suspicious every case where there are any bad symptoms. We must make a microscopical test, though this is not infallible. As to remedies, Hydrastis, both internally and locally, comes in as an early remedy, and Arsenicum later. There are cases where the curette is useful and where it is harmful. It will certainly prove of benefit if there are pent up secretions.

As regards the operative method, he regards the double method as being an ideal one. "It is interesting to note that some time ago the American Gynecological Society passed resolutions which condemned the vaginal method—saying that it is never advisable.

Amenorrhea with Mental Disorder.

Dr. Burford's paper on "Amenorrhoea With Mental Disorder" was next read and elicited very favorable discussion. It was an intensely logical and practical production as are all of Dr. Burford's efforts.

FOURTH DAY—SATURDAY.

The last day opened with a paper by Dr. J. D. Hayward of Liverpool, on

"Purulent Collections in the Thorax."

Mr. Dudley Wright opened the discussion, saying that when a diagnosis of fluid in the chest had been made, the question of operation came up. We should not dread tapping the chest. In fact, it might be oftener done for purposes of diagnosis. He rather preferred the free opening to the aspiration—as we thus get the free drainage, which these conditions is an absolute necessity. Pythorax is not always satisfactory, with regard to the treatment or the result, but where we are sure there is pus we must get rid of it. There is another point to be taken into consideration in deciding as to the method of operation, and that is the condition of the patient. If there is any suspicion of a tubercular tendency he would insist upon a free opening and free drainage. But if the patient is otherwise perfectly healthy he would, in the majority of cases, be content with aspiration. As regards the age of the patient, he has operated on a 16 months' old child with success. He would operate, other conditions being equal, on a patient of any age. The main remedies are Hepar and Sulphur.

Dr. Wesselhoeft, Boston, has not had good results from similar cases. He cited two cases, both very unsatisfactory as regards treatment and result. Case No. 1 was one which came into his hands under a diagnosis of sub-acute pneumonia. No. 2 had a diagnosis of enlargement of the liver. In both cases he at once suspected pythorax. No. 1 had been aspirated but no pus found. He aspirated again with the same result. At a consultation there was a difference of opinion and he objected to any operation unless there was a positive location of the pus. So the first was not operated, but the second was, but still no pus was found. Finally the second began to vomit up pus and eventually recovered. The first also got well, but the whole course was, as he said before, very unsatisfactory.

Dr. Simon, Paris, said there was often a very serious question regarding the diagnosis, so often it simulates incipient tuberculosis. He remembered two patients which came under his father's care where the diagnosis was exceedingly difficult, but was finally made, operations were done and cures effected. In these cases surgical interference is necessary—not curative. It is the same as with any other surgery. Splinting a bone does not cure. After the operation we must give remedies to prevent a reformation of the pus. Dr. Simon reports good effects from the use of Mercurius 3x and Hepar 6x, in alternation.

Dr. Brewster suggested that after the aspiration and while the needle is still inserted we reverse the pump and fill up the cavity with Peroxide of Hydrogen.

Dr. C. W. Hayward suggested the use also of Iodine internally.

Dr. Dudgeon cited two cases which came under his observation. For one nature made an opening under the point of the scapula and the patient recovered. The other patient vomited the pus and got well.

Appendicitis—Oxy-Chloroform.

"Appendicitis: Its Medical and Surgical Treatment," by Dr. Horace Packard, was the next paper, and was followed by one on "Oxy-Chloroformic Anesthesia," by Mr. T. H. Nicholson, of Liverpool. This latter paper gave rise to considerable discussion, first as regards the ownership of the credit for the use of this combination, and second as to its efficacy.

Dr. McClelland was very valiant in his defense of our own Northrop and it was finally conceded that to him belongs the credit of discovery along with Mr. Nicholson, as both were working in the same direction and with the same results, but having no knowledge of each other's studies. The other point, as to its efficacy, was decided favorably. The results have been uniformally good.

This closed the scientific part of the congress.

Hahnemann Memorial in Paris,

The international committee appointed to consider the question of erecting a suitable monument over the grave of Hahnemann in the Montmartre in Paris reported through its chairman, Dr. Brasol. The committee had placed themselves in communication with the French homeopathic societies, which had taken the matter in hand, and hoped soon to have it in such a shape as to give assurance of the successful accomplishment of the object for which the committee was formed.

Selection of Place of Next Meeting.

Then came the question of the next meeting. There was no lack of invitations. Dr. Kroener of Potsdam in a most cordial way invited the congress to honor his country in 1901. The homeopathic four hundred would certainly do their best to make a visit to Germany both pleasant and profitable.

Dr. Brasol of St. Petersburg put forth the claims of Russia. While he could boast of only fifty colleagues in all the Russias, still he promised that these would make up in quality what was lacking in quantity.

Dr. Leon Simon of Paris, however, carried off the plum. The promised attractions of the great fair of 1900 were too much for the members and they decided to see Paris in 1900.

Then came the usual vote of thanks, which were well merited, for though I have attended many society meetings, congresses and the like, I think this one was managed with less friction, with more benefit to the greatest number, and with more credit to its officers than any congress yet held. So the votes of thanks were certainly very much deserved.

CONGRESS NEWS NOTES.

Dr. A. C. Clifton entertained at luncheon at London's famous Holborn Restaurant a party of ten of the most prominent members.

Dr. and Mrs. McClelland were Dr. and Mrs. Blackley's house guests during the entire week, thus cementing a friendship which began at the congress held in London fifteen years ago.

Dr. J. H. Clarke was "At Home" all week, and a majority of the visiting members must have enjoyed his bountiful hospitality. He is one of the most popular of London's homeopathic physicians.

There are two very bright Cleveland girls here, Drs. Harriet B. Chapman and Harriet Symonds. They have been here for several months and are hard at work making themselves perfect in their professional studies. We had the pleasure of meeting them at the Congress, whose sessions they attended very regularly.

Dr Goldsbrough was another of those who availed themselves of the gorgeous "salon of the Holborn." He entertained at luncheon a party consisting of Dr. N. W. Emerson, of Boston, Dr. A. E. Hawkes of Liverpool and Dr. J. Richey Horner. From a personal experience we can say that Dr. Goldsbrough as a host is just about perfect. We can suggest no improvement.

We spoke in our notes of the President's reception of the demonstration of Roentgen's rays made by Dr. Gerard Smith. Too much praise can not be given. The explanation was brief but very thorough and clear. It was devoid of many of the technical terms which the modern man of science thinks necessary in similar talks, and as a consequence was thoroughly understood by the appreciative audience. Dr. Smith is well thought of by his colleagues here.

Speaking of Dr. Hughes reminds us of another man, the man who shook hands with Hahnamann, the wonderful and versatile Dudgeon. Here he is regarded with much love and reverence. Everybody looks upon his writings and sayings as inspired by the same knowledge and research as those which came from the immortal Hahnemann. He was perhaps the first sought after by the visitors, who were proud to take him by the hand. May he live long to continue his work.

From a social standpoint the congress must be regarded as a great success. There were but few of the members who were not at some time or other the recipients during the week of entertainment at the hands of the resident members. Dr. and Mrs. J. G. Blackley gave a very elegant dinner party at which were present Dr. and Mrs. J. H. McClelland, Dr. and Mrs. James Kraus, Dr. Mersch, of Brussels, Dr. J. Richey Horner, Dr. James Johnstone, and Dr. Blackley's father, Dr. C. H. Blackley.

We had almost forgotten what to us was the most important of the social functions. On Saturday evening we had the pleasure of entertaining at dinner in our English home, "Glencoe," a delightfully congenial party consisting of Dr. and Mrs. J. H. McClelland, Dr. and Miss Bingaman, Drs. W. J. Martin and W. F. Edmundson, all of Pittsburg; Mr. John R. Bingaman of Altoona, Dr. Mrs. and Miss Jones of West Chester and Dr. C. W. Perkins of Chester, a goodly Pennsylvania company. We wanted Dr. Kraft to come but he declared he had been eating every minute since he left home and was simply gorged. We feel warranted in saying that all present enjoyed both the dinner and the entertainment afforded by our two little boys, William Wattles Horner and James Richey Horner, Jr.

"The chairman and officers of the Board of Management and the Medical Staff of the London Homeopathic Hospital will be at home on Wednesday, August 5th, at 4:30 P. M." So read a card received by the members, and all took advantage of the courtesy to visit the beautiful hospital. In a former letter I have taken occasion to speak of the institution and its work. A closer inspection confirms me in the opinion that for completeness of arrangement and excellence of appointments this hospital is unsurpassed. We hope to see its capacity of an hundred beds largely increased in the near future. The work being done certainly warrants it, and the hospital is already owner of considerable adjacent property admirably suited for an extension of the building. May prosperity continue to be its portion.

Dr. J. H. McClelland did an exceedingly graceful thing in presenting to the London Homeopathic Hospital a beautiful model in onyx of the Hahnemann statue. It is an exact reproduction of quite good size and will, we are sure, be highly prized by its new owners and occupy a prominent position in their beautiful Board Room, which already contains a splendid oil painting of Hahnemann. We hope, when we come over to Paris in 1900, to see over the grave of our Master a fitting memorial. And, by the way, when Hahnemann died he left four millions of francs, about eight hundred thousand dollars. I wonder why some of these francs or dollars did not go toward putting a monument over his grave? However, Cartier and his colleagues will see that the matter is attended to, and his last resting place be properly marked.

Dr. Bingaman was thoughtful enough to bring over with him a number of copies of the "Hospital News," an eight page monthly paper devoted to the interests of the Pittsburg Homeopathic Hospital. It is edited by the resident staff, Drs. Verner S. Gaggin and Roy C. Pitcairn, and contains a number of items of interest to all workers in hospitals. From it we learn of the death of a very dear personal friend who was associated with us in our office for some months, and whom we learned to love as a brother and to regard as a specimen of the highest type of the Christian physician. He was indeed an ideal man. We refer to Dr. John L. Ferson, who died July 7th, at his home in Pittsburg. While it may perhaps be considered out of place in these notes we cannot forbear giving a tribute to his memory. I would that more of us were like him.

An analysis of the members present shows that there were registered 139. Of these 78 were from Great Britain, 41 from the United States, 4 from Belgium, 3 from Germany, 3 from France, 3 from Russia, 2 from Holland, and one each from Switzerland, Italy, Denmark, Greece and Sweden. As Dr. Hughes put it: "It has been the most cosmopolitan congress ever held." We look forward eagerly for the volume of transactions which is to be issued. And by the way, a whole lot of these volumes should go to the United States. It will be seen by a careful survey of the papers presented and the work done that the book is going to be very valuable. We would suggest that subscriptions be sent to the local secretary, Mr. Dudley Wright, 55 Queen Anne St., W., London, England. Remit two dollars and seventy-five cents and the book will be sent post paid.

A man who has gained much by his visit to these shores is Dr. Kraft—he of the American Homeopathist. Everbody had heard of him but few over here knew him, but they do now and what they have learned has resulted in placing him very high in their estimation. Mostly he was quiet, taking notes, and storing away in his mind much which will in the future help to enrich the already rich pages of his journal. Hughes in a beautiful way asked why it was that the American Homeopathist does not like the Cyclopedia of Drug Pathogenesy, and Kraft, responding for the editor, replied that the book was not available, it was of use only to the student, not to the practical, hurried physician. This he said in such a nice way that our beloved Hughes was satisfied, and Kraft further promised that when the Index was published the book would immediately become a saleable one, and not be doomed, as it is now, to lie on the publishers shelves unsought.

As philosophers perhaps the greatest in the Congress were Brasol, of St. Petersburg, and Wesselhoeft, of Boston. Whenever they spoke they commanded attention and that was necessarily undivided, for not all of us could follow their reasoning. It was sometimes a trifle too deep. That brings to mind a point of which we speak with somewhat of sadness, and that is that for thoroughness, for general education and for consequent ability to make scientific research, the great mass of American physicians (and this applies to both schools) is far behind his foreign brother. In our own school this was to the writer's mind proven conclusively in the Congress. The papers and discussions, more particularly the latter, showed a great difference. It is possible that we may be mistaken about this, but we think not. And the reason for it is that the American physician obtains his degree much too easily. He can step from the plow to the physician's office with only a couple of years of preparation, while here the preparation must extend over a number of years. The American Institute of Homeopathy is doing much to correct this wrong and we hope that the American physician of the twentieth century may not be behind his brother on this side the great water in all that pertains to education in both medicine and general literature. Now, we are too anxious to begin to make money, and we neglect our education.

The banquet given by the British Homeopathic Society to the members of the Congress was a grand success. It took place in London's largest and swellest hotel, the Hotel Cecil, a house which boasts of fifteen hundred guest chambers, while its banquet halls are almost without number, and are furnished most exquisitely. It was a rare treat to be present. This latter refers not only to the Hotel itself, but to the banquet and its accessories. The menu was rich, the "Vins" were rare and delightful and most bountifully provided and the feast of reason and flow of the soul was in keeping with everything else. We may certainly be pardoned for giving "in extenso" the toast list. Here it is:

"The Queen."

Proposed by Dr. Madden, president of the British Homeopathic Society.

"The Centenary of Homeopathy and the Memory of Hahnemann."

Proposed by Dr. Hughes.

"The International Homeopathic Congress."

Proposed by Dr. Wesselhoeft. Responded to by Dr. Pope and Dr. Bushrod W. James.

"Homeopathic Medical Literature."

Proposed by Dr. Villers. Responded to by Dr. Dudgeon and Dr. Kraft.

"Homeopathic Hospitals."

Proposed by Dr. Von Dittman. Responded to by Dr. McClelland and Dr. Galley Blackley.

"Homeopathic Societies."

Proposed by Dr. Kroener. Responded to by Dr. Betts and Dr. Louis Schepens.

"Our Guests."

Proposed by Dr. Goldsbrough. Responded to by Dr. Leon Simon.

"Our Host."

Proposed by Dr. Drzewiecki. Responded to by Dr. Madden.

In addition to these was another—"Our Ladies"—and when Dr. Cornelia Stettler rose to respond she was received with an outburst of applause which lasted quite five minutes. This was the episode of the banquet.

There were about one hundred and twenty-five guests arranged in groups, each table seating eight guests, and at the head of each table sat a member of the council of the British Society, who acted as special host for that party.

Great credit for the success of the affair is due Mr. C. Knox-Shaw, who had its management. Mr. Knox-Shaw is and has for several years been the Honorable Secretary of the British Society and is indefatigable in his work for that body. He is certainly a very valuable man, both here and in his capacity of surgeon to the hospital. He does wonderfully good work.

ROLL OF MEMBERS.

Members of the Fifth Quinquennial International Homeopathic Congress, held at London, England, August 5-8, 1896:

Dr. A. C. Pope, Grantham.
Dr. C. Knox-Shaw, London.
Dr. T. Ord, Bournemouth.
Dr. O. D. Kingsley, New York.
Dr. A. C. Clifton, Northampton.
Dr. Kranz-Busch, Weisbaden.
Dr. George Clifton, Leicester.
Dr. Gerard Smith, London.
Dr. Madden, Bromley, Kent.
Dr. Emile Batanet, Genoa.
Dr. T. Hartley Winslow, Chicago.
Dr. Leon Brasol, St. Petersburgh.
Dr. Isaac Hagermark, Stockholm.
Dr. Mary Hall Williams, Boston.
Dr. Oscar Hansen, Copenhagen.
Dr. Walter Strong, Philadelphia.
Dr. J. W. Hayward, Birkenhead.
Dr. James Krauss, Boston.
Dr. J. Murray, Folkestone.
Dr. Mersch, Brussels.
Dr. Lambreghts, Antwerp.
Dr. Nyssens, Brussels.
Dr. Schepens, Antwerp.
Dr. T. H. Carmichael, Philadelphia.
Dr. A. E. Hawkes, Liverpool.
Dr. F. G. Goldsbrough, London.
Dr. Von den Borne, Amsterdam.
Dr. E. A. Hall, Surbiton.
Dr. J. Koester, Amsterdam.
Dr. Molson, Winbledon.
Dr. F. Neild, Tunbridge Wells.
Dr. Suss Hahnemann, London.
Dr. Washington Epps, London.
Dr. L. D. Rodgers, Chicago.
Dr. Ida Wright Rodgers, Chicago.
Dr. E. Kroener, Potsdam.
Dr. J. D. Hayward, Liverpool.
Dr. S. H. Ramsbotham, Leeds.
Dr. Von Dittman, St. Petersburgh.
Dr. Gordon Smith, Liverpool.
Dr. F. S. Arnold, Manchester.
Dr. Drzewiecki, Warsaw.
Dr. Jagielski, London.
Dr. Bushrod W. James, Philadelphia.
Dr. Stonham, London.
Dr. B. F. Betts, Philadelphia.
Dr. George Burford, London.
Dr. E. A. Neatby, London.
Dr. Harper, London.
Dr. C. H. Blackley, Manchester.
Dr. D. Dyce Brown, London.
Dr. Cash Reed, Plymouth.
Dr. Croucher, St. Leonards-on-Sea.
Dr. F. Clifton, Sheffield.
Dr. R. E. Dudgeon, London.
Dr. J. Galley Blackley, London.
Dr. G. W. Chapman, London.
Dr. Byres Moir, London.
Dr. Gibbs Blake, Birmingham.
Dr. Newbery, London.
Dr. J. H. Clarke, London.
Dr. Villers, Dresden.
Dr. Fagiani, Genoa.
Dr. Bessemer, Ithaca, N. Y.
Dr. Norman, Bath.
Dr. Nicholson, Clifton.
Dr. Wilkinson, Windsor.
Dr. Spencer Cox, London.
Dr. Percy Cox, Leicester.
Dr. E. J. Hawkes, Ramsgate.
Dr. Searson, London.
Dr. Brewster, Baltimore.
Dr. A. M. Duffield, Huntsville, Alabama.
Dr. Fuller, London.
Dr. N. W. Emerson, Boston.
Dr. James Johnstone, London.
Dr. Carfrae, London.
Dr. Renner, London.
Dr. Dudley Wright, London.
Dr. Cornelia Stettler, Chicago.
Dr. Nancy Williams, Augusta, Maine.
Dr. Leon Simon, Paris.
Dr. J. Richey Horner, Pittsburg, Pa
Dr. C. W. Perkins, Chester, Pa.
Dr. C. F. Bingaman, Pittsburg.
Dr. W. J. Martin, Pittsburg.
Dr. W. F. Edmundson, Pittsburg.
Dr. J. H. McClelland, Pittsburg.
Dr. J. E. Jones, West Chester, Pa.
Dr. Bradshaw, London.
Dr. H. Sanders, London.
Dr. E. B. Roche, Norwich.
Dr. W. A. Dewey, New York.
Dr. R. S. Copeland, Ann Arbor.
Dr. C. Wolston, London.
Dr. Colgrove, Willimantic.
Dr. George Scriven, Dublin.
Dr. Walter Wesselhoeft, Cambridge, Boston.
Dr. C. H. Nicholls, Worcester.
Dr. Frank Kraft, Cleveland.
Dr. W. E. Deuell, Chittenango, N. Y.
Dr. Gilbert, London.
Dr. Alexander, South Sea.
Dr. Wolston, Edinburgh.
Dr. Geo. Shaw, Plymouth, Mass.
Dr. Burwood, London.
Dr. H. Nankivell, Bournemouth.

Dr. MacNish, London.
Dr. Reid, Watford.
Dr. Lambert, London.
Dr. Richard Hughes, Brighton.
Dr. Richard Proctor, Birkenhead.
Dr. Barrow, Clifton.
Dr. W. H. King, New York.
Dr. A. B. Norton, New York.
Dr. D. J. Roberts, New Rochelle.
Dr. Cartier, Paris.
Dr. Daniels, Lee, London.
Dr. F. Nankivell, Sydenham.
Dr. Greig, Wakefield.
Dr. Cooper, London.
Dr. Burdon, London.
Dr. F. W. Giles, Cannes.
Dr. T. S. Hoyne, Chicago.
Dr. Alice B. Brown, Chicago.
Dr. Percy Capper, Tunbridge Wells.
Dr. J. R. Pollock, Ft. Worth, Texas.
Dr. G. W. Shelton, New York.
Dr. Harriet B. Chapman, Cleveland, Ohio.
Dr. Harriet Symonds, Cleveland, Ohio.
Dr. J. McLaughlin, Oxford.
Dr. Murray Moore, Liverpool.
Dr. Bodman, Clifton.
Dr. Fr. Shaw, St. Leonards-on-Sea.
Dr. Duke, Worthing.

Congress Papers.

HOMEOPATHIC LITERATURE; ITS PRESENT CONDITION AND FUTURE REQUIREMENTS.

BY D. DYCE BROWN, M. D., M. A., LONDON, ENGLAND.

In order to carry out and develop the law of similars, the doctrine that essentially distinguishes the new from the old school, the first and absolutely necessary requisite is a full record of drug pathogenesy. Without this there can be no certainty in practice. Conversely, as the old school find now and freely admit, drug pathogenesy—or pharmacology, as they term it—is useless for practice unless the key to it is found; and the only key to open the lock and prove the value of investigation in drug action is the law of similars. Till this is seen and acted on by the old school they must remain in the empirical state of practice which at present exists.

The great works on which our pathogenesy is built up are, as we all know, those of the immortal Hahnemann, his Materia Medica Pura and his Chronic Diseases. Hahnemann's work in the former is so perfect that it has hardly been improved on, only added to. The latter, the Chronic Diseases, has been (I speak of the English version) for some time out of print, and consequently not within the reach of every one. Now, however, a new translation has been published in America, and though a rather unwieldy volume, yet it is to be had and studied by anyone who chooses to avail himself of it. My knowledge of German does not permit of my criticising the merits of the translation, though the writer of a review of it in the Homeopathic World, whose knowledge of German is perfect, indicates that the translation is far from being accurate in many details. Still we are thankful to have it again within the reach of all.

Next in importance to these immortal works comes Allen's Encyclopedia of Pure Materia Medica. This is a most valuable work, and contains the pathogenesis of each drug from Hahnemann's time down to the date of issue. It is arranged, as we all know, according to Hahnemann's system of "schema." The advantages of the form of arrangement are great, as under each organ we find all the symptoms produced, with their frequency and comparative importance, and so in a short time we get much of the information we are seeking. But the defect of such "schema" form is that we are not informed of the sequence of the symptoms or of the progressive development of each, and consequently of their full meaning and value. By studying the schema we can form to ourselves a very fairly accurate picture of the drug action as a whole, and draw our conclusions as to the sphere of action and its meaning. But to supplement this, or correct it, we require full records of the provings ings in their order of development. Sometimes we thus are enabled to alter the conclusions which on study of the schema alone we have formed. As a result of a wide spread feeling in our school that such was necessary, the Cyclopaedia of Drug Pathogenesy was brought out. This most elaborate and valuable book is the joint work of our English and American colleagues, with Dr. Hughes as editor, to all of whom, but especially to Dr. Hughes, we owe a deep debt of gratitude. In it we find the full provings recorded in their sequence of development wherever possible, and in it cases of poisoning are related in extenso, while doubtful provings are rejected. We thus get a sifted record of provings in their sequence and natural development. It is a truly valuable, or rather invaluable, work of reference, and without it the study of the materia medica is incomplete. But we can never, all the same, do without the arrangement of the symptoms in the schema form. It is absolutely necessary for practice, as at a glance we find the symptoms we are searching for, while for this purpose the Cyclopaedia of Drug Pathogenesy is practically useless. The latter is essentially a work of quiet reference and study, and suited to the examination in one's sanctum of any particular drug. To obviate this difficulty, and to make it supersede the other schema arrangements, a schematic index is being prepared, and it is hoped by Dr. Hughes, who is compiling it, that it will be so perfect as to be fully available for immediate practical reference to any symptoms required. Allen's Handbook is a very valuable supplement or complement to his large Encyclopaedia, though it is a large work in itself. We shall anxiously look for the schematic index to the Cyclopaedia of Drug Pathogenesy. Jahr's Manual is another valuable schema arrangement of the materia medica, added to which is a full clinical index under each disease. This work was the Materia Medica and Repertory combined which was in universal use till Allen's Encyclopaedia appeared.

I have said that in the Cyclopaedia of Drug Pathogenesy doubtful provings were expunged, and thus the pretty reliable material is reduced to a comparatively small bulk. But it is a question whether in this weeding-out process some valuable symptoms have not been omitted, symptoms that have been often clinically verified. Such is the opinion of many men who are qualified to judge; and while this feeling exists, the Cyclopaedia of Drug Pathogenesy and its coming Index cannot supersede Allen's Encyclopaedia, but the latter will be largely employed in practice. One may carry the weeding-out policy too far, and while making a more theoretically perfect work, entail the loss of really valuable working material. Many of these expunged symptoms are said to be obtained, not pathogenetically, but from clinical observation. These, strictly speaking, have no place in a pure materia medica, but they are very valuable in themselves; and though discovered by the clinical method, they are found to be true guides in practice, and are sometimes extremely characteristic of the drug, and of the nature of "key-notes." While, therefore, they have no place in a pure materia medica, they ought not therefore to be set aside. The true way is not to mingle the two sets of symptoms, but to place them together, the clinical ones in footnotes, as in Allen's Handbook, or to place these symptoms in a separate paragraph, printed alongside of the pure symptoms of pathogenesy, or in a paragraph immediately following it. The recognition of what are known as primary and secondary symptoms is also important, as one may wish to use one or other according to certain circumstances, and it is probable that in so doing the dose would have to be different. With the Cyclopaedia of Drug Pathogenesy, and its schematic index, and with Allen's Encyclopaedia and Handbook, we shall have as perfect a presentation of the materia medica as can be looked for, at all events for a very long time to come.

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But another class of literature is essential, namely, that for the student who is inquiring into homeopathy and anxious to test it. It is all very well to say that he ought to study the materia medica for himself, and make himself master of it. This is what most of the senior members of the profession had to do, but it was a "grind"—very uphill and by no means easy work, and many have been deterred from going into the study of homeopathy owing to the magnitude of the task before them. The present generation have now, however, an opportunity of getting an introduction to the materia medica in the shape of several admirable and valuable works.

First and foremost comes Hughes' Pharmacodynamics, the work of all others best to put in the hands of a student. Each medicine, taken alphabetically, is very fully discussed, and a charmingly written account of its pathogenesy given, followed by a sketch of its therapeutic indications and results. Though as a subject it is dry in many hands, Dr. Hughes manages to give it such a charm that one can read straight through it with the utmost pleasure, to say nothing of profit. The profession is very largely indebted to Dr. Hughes for this now classical work. If a student has mastered this book he is in a position to put its advice into practice with confidence, and then he turns to the Materia Medica Pura with ease and satisfaction. Quite a number of other such aids are now to be had. Carroll Dunham's Lectures are now classical, and require no praise from me for their great practical value. Farrington's Clinical Materia Medica is another work of great value and well worth the study of all students who wish to learn from a man of his acute and accurate ate observation. Cowperthwaite's Materia Medica and Therapeutics is another work which has its merits, but the therapeutic part is a little too sketchy. Dr. Pope's lectures—not yet published in separate volume or volumes, but printed from time to time in the Monthly Homeopathic Review—are truly admirable, and this is the style of lecture which I think is the one that will take the student of the present day. He gives a sketch of the history and ordinary use of the medicine, then describes fully, but in a very attractive manner, the pathogenesis, and finally points out fully its indications in disease and its successful results. The more of this sort of work we have the better. I have myself attempted a series of "Studies in the Materia Medica." These have not appeared in a volume, but have been published from time to time in our journals. In them I sketch the general "genus" of the drug, then go on to detail, following Allen's Encyclopaedia chiefly, in the schema form, the pathogenetic symptoms, endeavoring to elucidate their meaning and relative importance, pointing out which are the most characteristic symptoms, and at the end of each section indicating the cases in which it is called for. These aids to the materia medica ought to be written in as attractive a style as possible, to do away with the comparative dryness of the subject. Books containing a mere boiled-down resume of the symptoms, and nothing else, are of much less value to the student, as being less easily read and digested.

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These books and papers referred to take up homeopathy from the materia medica point of view. But an equally important form of work for the student is one on what may be called "practice of medicine,"—that is, having for its basis disease in its various forms described more or less fully, with a full account of the chief remedies most frequently required in the treatment of each. No work I can name is a perfect one in this respect. There is room for one.

Arndt's System of Medicine aimed at such a desideratum. But though good in its way, it leaves much to be desired. The therapeutical part ought to be much fuller and clearer. It may be said that there are many excellent works in the old school, where a very full and clear account of the aetiology, symptomatology, and pathology of disease is to be found, and that the only thing that homeopaths require is a complete therapeutical text-book, omitting all else but what is absolutely necessary. Well, there is much to be said for such a view. But such a full text-book of therapeutics has yet to appear. It must not be a mere resume of the provings in alphabetical order, but should give full and complete sketches of the genus of each remedy, with the cases in which it would be called for, and with a record of cases in which it has been successfully used, as illustrations of the application of the law of similars. It would, however, be the ideal plan to have a thoroughly complete work, obviating the necessity of the student to have to refer to old school works on pathology, etc. As I have said, Arndt's System of Medicine aims at this, but the aim has not been, I venture to think, successful. Dr. Hughes some years ago published a volume of Therapeutics, to supplement his Pharmacodynamics. This was very good as far as it went, but it was too short and concentrated. I think, if he had time, he would be the very man to write such a book as, I venture to think, has not yet seen the light, though much needed. Hartmann's works were useful up to their times, and so also was Baehr's.

Jousset's lectures are excellent, but are not published, so far as I am aware, in English, save as regards their first series. Goodno's Practice of Medicine is an excellent work in many ways, but does not reach my ideal. I still hope that such an ideal work on Practice of Medicine will appear. Perhaps the nearest approach to perfection in this class of work is that by Dr. Fisher, of Chicago, on Diseases of Children. This style of work, if carried out in the whole domain of medicine, would become classical at once. This reference to Dr. Fisher's book leads me to say that, failing the complete large work I have hoped for, and not at the same time interfering with its value and usefulness if it appears, comes the publication of monographs on single diseases, or on diseases of a given organ, written by men who have had special experience in their individual subjects. Such monographs, as bringing before the profession the large experience of specialists, must always be valuable; but here again, since the general account of each disease or class of disease is to be had in many excellent old school works, the chief feature for our school must be the therapeutics; and in this essential for our school it seems to me that the ideal is seldom attained in fulness, clearness, readableness, and in the method of presenting the pathogenesis. However good a monograph on a special subject is to a homeopath, the absolute essential is the therapeutic part. Dr. Fisher, in his Diseases of Children, gives us an excellent example of what we want. There have been a great many monographs published, many of them excellent in their way, though hardly ideal. Norton's Ophthalmic Diseases and Southwick's Diseases of Women are two of the best and most complete. Yeldham's Venereal Diseases is quite a classic. Clarke's Diseases of the Heart and Meyhoffer's Diseases of the Respiratory Organs are also good as far as they go. There is still ample room for monographs where the therapeutics shall attain to the ideal standard I have suggested.

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When we come to consider the militant literature of homeopathy, we find it the opinion of many that the time for such work has gone by. There is certainly not the same call for such works as there was years ago. But there will always be a raison d'etre for such works till homeopathy is the dominant practice, a result which is only a question of time. But the books we already have in this line leave little room for fresh work. Of course, Hahnemann's Organon is the basis or ancestor of all such works, and it can never, I may safely predict, get out of date; but it astonishes even at this time of day all who read it, for its thought, its logic, its erudition, and its being so remarkably in advance of his age. Any young man who has not read Organon had better do so at once, and he will thank me for the advice. Dr. Dudgeon's new edition of his translation of it ought to be in the hands of every one. Dr. Dudgeon's Lectures on Homeopathy, historical and critical, is a perfect mine of information to be had nowhere else. Sharp's Tracts are so well known and classical that any praise from me would be a work of supererrogation. That was the work that first let me know what homeopathy really was; and perhaps no work has, on the whole, been more useful in giving an inquirer a full and complete idea of the aims and scope of homeopathy and in producing converts. His later essays are also valuable, though perhaps not to the same degree as the earlier ones, which are best known. Other works are of value in the same sphere, as Dake's Therapeutic Methods, and Dunham's Homeopathy the Science of Therapeutics.

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The real sphere, now-a-days, for essays on the militant side of homeopathy is in our journals.

In them, the last part of the subject of this paper, we must never get tired of reiterating the principles of homeopathy, of explaining its rationale, of combating errors regarding it, and of answering articles in the old school journals which may decry or misrepresent our faith. It may be said that we know all that already, and it is tiresome and tedious to be always harping back on first principles, doctrines, and theories. But we have to remember that our journals may at any time be taken up by an old school man for curiosity even, and a bow drawn at a venture may be the means of bringing down big game. We must, therefore, keep patiently "pegging away" till the grand time arrives when homeopathy is universally recognized as the true medicine.

Besides this sphere of action on the part of our journals they are as necessary as a beating pulse to the living creature, without which at the present day no cause can be considered as alive, still less healthy and vigorous. They act as a stimulus to us all, gauging our vitality, and as a medium for interchange of thought, and for discussion of subjects on which opinions may differ, and as a medium for information interesting to us all, and not easily obtainable otherwise.

Last, but not least, our journals are a necessity for the record of fresh provings, interesting cases of poisoning, etc., all having a bearing on the materia medica, and for the record of clinical observations, successful and interesting cases of cure, or of interesting phases of disease which are worthy of record. In the journals we have a mass of information—general and special—instructive to read at the time, and valuable to bind and place on our shelves for future reference. Our journals are, as a whole, not to be ashamed of, but rather to be proud of. For their improvement little can be suggested. They ought not to be heavy and uninteresting, but containing a suitable proportion of dogmatic teaching, original observations in drug and disease action, papers on subjects of general professional interest, and personal items, as of obituary notices, and of any events in the life of any of our colleagues that may be of general interest to the profession at large. Further—and this is a very important point—we look to the journals for criticisms of all medical works published from time to time. In regard to these, to make this part of their work really valuable, reviews of books must not be always smooth and laudatory for fear of giving offense, but they should be fearless and honest, finding fault where fault exists, while praising where praise is due. The reviews will then be of real value, encouraging merit, and shutting up mere advertisements, which certain books are in truth. In England we have two monthly journals, one aiming at a more popular type than the other, a quarterly journal of the transactions of the British Homeopathic Society, and a yearly "Hospital Reports." All these, I think, answer their aims and ends fairly well. In America, in proportion to its great size, and the thousands, for our hundreds, of homeopathic practitioners, there is a large number of excellent journals, all good in their way. These I do not name, as there are so many, and it might be invidious to mention any specially. They do a great work, and are a great credit to the indefatigable industry of our Transatlantic brethren.

On the European continent journalism is well represented. France, Germany, Belgium, Spain, Italy, and Russia, all have excellently conducted periodicals, though my knowledge of foreign languages is, I regret to admit, not good enough to enable me to speak of them in detail. In India, also, there are two monthly journals, published in Calcutta, and reflecting much credit on their editors. Long may they continue to flourish.

SOME REASONS FOR A BELIEF IN HOMEOPATHY, INCLUDING COMPARATIVE STATISTICS.

BY WALTER SANDS MILLS, M. D., STAMFORD, CONNECTICUT. SYNOPSIZED.

The Supreme Test.—Why like should cure like has not as yet been satisfactorily explained. Still, it is as explicable as any other fundamental law of nature, and no more so. In the observation of all natural phenomena we may trace the why for a little way, but eventually we come to a place where we are obliged to stop and simply say that such an event follows such another event. Who can explain why the origin and development of a living being should depend solely on the fecundation of the ovum? And yet physiology teaches us that such is the fact. No possible combination of circumstances can result in generation that does not begin with the union of the male and female germs. Further than that we cannot go. It is a law of nature.

The law of similars having been formulated after close study of an almost innumerable series of observations, a supreme test of its universality would be in applying a drug the action of which was known in an hitherto unfamiliar form of disease. This opportunity came to Hahnemann in the cholera epidemic of 1831-4. Hahnemann, guided by the unerring therapeutic rule he had discovered, at once fixed upon the remedies which should prove specific for it, and caused directions to be printed and distributed over the country by thousands; so that on its actual invasion the homeopathists and those who had received Hahnemann's directions were fully prepared for its treatment and prophylaxis; and thus there is no doubt many lives were saved and many victims rescued from the pestilence. On all sides statements were published testifying to the immense comparative success that had attended the employment of the means recommended by Hahnemann before he had seen or treated a single case. This one fact speaks more for homeopathy, and the truth of the law of nature on which the system is founded, than any other I could offer, viz., that Hahnemann, from merely reading a description of one of the most appallingly rapid and fatal diseases, could confidently and dogmatically say, such and such a medicine will do good in this stage of the disease, such and such other medicines in that.

Immutability. Homeopathy has been assailed because the theory of the origin of disease advanced by Hahnemann is not acceptable today, and its detractors argue that unless such disease theory stands, the law of similars must fall. This is not true. What Hahnemann did or did not believe to be the origin of disease has absolutely nothing to do with the law of similars. Similia similibus curentur is simply the putting into words of the relation that exists between drug action and disease action, and that relation does not change. * * *

Theories of the origin of disease have changed much in the last hundred years, and I submit that they will change much in the future. The ultimate cause is beyond human ken. Carroll Dunham says: "The cause of disease is identical with the essential cause of the modification of function or organ which we recognize as the disease; it can never be discovered, for it is the same in its nature as the cause of healthy functional or organic action; in other words, it is life itself, the nature of which, as of every first cause, is inscrutable."

Assuming that the prevailing germ theory of the origin of disease, so far as it goes, is true and is a step in the right direction, of what advantage is it to us in treatment? As already stated, disease is made manifest to us by symptoms. Are the symptoms of pneumonia, of typhoid fever, of diphtheria, or of any other disease in the least different now from what they were when the germ theory as a factor was unknown? Are the changes that take place in the body in disease any less mysterious? I think not. Seventy-two years ago the occult influence of the heavenly bodies was put down as the cause of intermittent fever. Today the organism of Laveran is said to be the cause. The disease itself, however, is not different. The descriptions of its symptoms in the books of seventy-two years ago and of today are practically the same. Quinine in various forms was as strongly recommended as a specific in 1824 as in 1896. The homeopathic relation of Cinchona, when indicated, is equally as potent in overcoming the effects of the development of the organism of Laveran as it was in interfering with the occult influence of the heavenly bodies. Why? First, because the disease is the same today as it was then. Whatever change may have been made in the theory of its etiology, the process of its development remains the same. Second, because similia similibus curentur simply expresses the relation that drug action bears to disease action; and that relation is unchanged and unchanging, no matter what may be the theory of the cause of disease. * * * * * *

Facts and Figures.—To me, a powerful reason for a belief in homeopathy is that a knowledge of the law of similars sufficient to apply it is equivalent to a belief in its efficacy. Whereas, on the other hand, the non-believers, the scoffers, the bigoted opponents, are those only who know little or nothing about what they condemn. In one of the most prominent medical schools in this country one hour of each year is devoted to an explanation of the fallacy and absurdity of the law of similars. The learned professor of materia medica tells his class all there is to know of homeopathy in that one hour—and the class is satisfied. This is a sample of the extent of knowledge of homeopathy possessed by the vast majority of our critics.

Still another reason is that despite the opposition homeopathy has encountered in the past, despite the opposition it encounters in many quarters at present when seeking to obtain official recognition, its adherents are steadily increasing in number. I have recently seen it stated that there are in Europe thirty times as many followers of homeopathy now as there were thirty years ago. In the United States during the past fifteen years there has been a considerable growth. In 1880 there were thirty-eight homeopathic hospitals; in 1895 there were 130 such hospitals. In 1880 there were treated in these hospitals 14,952 patients; in 1895 there were treated 54,476 patients—nearly four times as many. In 1880 there were treated in homeopathic dispensaries 117,564 patients; in 1895 there were treated 210,866 patients. These figures are for patients of the hospital class—the poor people. The stronghold of homeopathy in the United States, however, is among the well-to-do, and the number of its adherents among the better classes has increased much more rapidly than among the poorer.

It has been asserted that the allopath makes his diagnosis and then treats the disease; whereas the homeopath, it is said, pays too little attention to the diagnosis, and too much to superficial symptoms. If a certain method of treatment proves of value in one case of a certain disease, the man who makes the diagnosis his sole basis of treatment finds himself treating each successive case of the same disease by the same method. This is the rule with practitioners of the old school. For example, quinine is given in every case of intermittent fever, baths are used in every case of typhoid fever, mercury is prescribed for every case of syphilis, and so on.

This way of prescribing—according to the diagnosis—has caused an old school physician to work out a mathematical formula, by which one may figure out, if he treats a certain number of cases by a given method with definite results, what the probabilities will be in treating a certain other number of cases by the same method. What would be thought of a tailor who made a customer a suit of clothes, fitted him, and then attempted to fit the next ninety-nine customers with clothes made according to the same measure?

Homeopathy has been attacked on account of its being the same today as it was at the beginning. It is said not to have kept pace with the times. Hahnemann and his followers of a century ago were the first to break away from the crude methods of treatment in vogue at that time. Dr. J. Grey Glover says, "But for the homeopathic practice, which most practitioners regarded as a negation, tantamount to leaving the disease to nature, the emancipation from traditional methods of treatment would have been much slower than it was. Besides this, homeopathy may be credited with two other services: it has given prominence to the therapeutical side of medicine, and has done much to stimulate the study of the physiological action of drugs." This is the testimony of an opponent. Homeopathy was and is founded on a law of nature, a kind of law that is unchangeable; hence the corner stone of homeopathy must of necessity be the same today as it was a hundred years ago. Many advances have been made during that time in the means of application of the law of similars at our disposal, but the law itself is the same.

Homeopathy, however, if mere theory, and not a fact capable of demonstration, would be worth nothing. We as homeopathists, as practitioners of a system of therapeutics founded on a law of cure, should be able to show results superior to those of any school not founded on a definite law, else we have no right to exist as a sect in medicine. Can we show such results?

Hospital Reports.—To answer this question correctly I have collected various hospital reports for comparison, and herewith present the figures obtained. To eliminate errors as much as possible I have noted simply the total number of cases treated, and the number of deaths. There is no getting around that. Deaths are matters of public record.

It will be seen that the death rate varies in different places; but when the allopathic and the homeopathic figures for the same city are placed side by side, the showing is always eminently satisfactory to the believer in homeopathy.

The largest homeopathic hospital in the world is the Metropolitan Hospital on Blackwell's Island, New York City (formerly the Ward's Island Homeopathic Hospital). * * * The Hospital, under the same government, which corresponds most nearly to the Metropolitan is the City Hospital (formerly the Charity), also on Blackwell's Island. Patients are sent to these two institutions from the Department distributing office, pro rata, according to the number of vacant beds in each, and irrespective of the disease to be treated. In the course of a year, therefore, each hospital averages about the same class of cases. According to the last published report of the Department of Public Charities and Correction, printed for 1892, I find that in that year there were treated at the City Hospital (allopathic) 8,430 patients with 621 deaths, a mortality of 7.35 per cent. At the Metropolitan Hospital (homeopathic) 5,060 patients were treated with 271 deaths, a mortality of 5.36 per cent.—a difference in favor of homeopathy of 1.99 per cent. It may be of interest to add that the City Hospital shows a lower death rate than any other of the allopathic hospitals belonging to New York City. * * * * *

In Philadelphia I am told that the hospital corresponding most nearly to the Hahnemann is the Pennsylvania. I therefore quote the figures from its annual report of 1894. During that year there were treated at the Pennsylvania Hospital (allopathic) 2,553 patients with 268 deaths, a mortality of

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10.49 per cent. During the year ending March 31st, 1895, there were treated at the Hahnemann Hospital (homeopathic) 1,851 patients with 98 deaths, a mortality of 5.29 per cent.—a difference in favor of homeopathy of 5.20 per cent.

In Pittsburg, at the Western Pennsylvania Hospital (allopathic), during the year ending September 30th, 1895, there were treated 2,305 patients with 207 deaths, a mortality of 8.98 per cent. At the Pittsburg Homeopathic Hospital, during the year ending March 31st, 1895, there were treated 1,412 patients with 90 deaths, a mortality of 6.37 per cent. —a difference in favor of homeopathy of 2.61 per cent.

In Boston, at the Massachusetts General Hospital (allopathic), which perhaps corresponds most nearly to the Homeopathic Hospital in the class of its service, during the year 1894 there were treated 4.605 patients with 453 deaths, a mortality of 9.83 per cent. At the Massachusetts Homeopathic Hospital, during the year 1894 there were treated 1,191 patients with 50 deaths, a mortality of 4.19 per cent.—a difference in favor of homeopathy of 5.64 per cent.

At the Cook County Hospital in Chicago, Illinois, the law requires that the patients shall be apportioned as follows: nineteen of every thirty to the allopathic wards, five of every thirty to the eclectic wards, and six of every thirty to the homeopathic wards. I have in my possession a report made up from the hospital records in 1894 by the eclectic members of the staff, a report which was made up and presented to the Commissioners of Cook County as a defense against certain encroachments which the allopathic profession proposed to make. For the five years ending January 1st, 1894, there were treated in the Cook County Hospital, according to this report, 43,598 patients. To the allopaths were assigned 28,121 patients, with 3,340 deaths, a mortality of 11.87 per cent. To the eclectics were assigned 6,968 patients, with 668 deaths, a mortality of 9.57 per cent. To the homeopaths were assigned 8,509 patients with 766 deaths, a mortality of 9.0 per cent. These figures show a difference in favor of homeopathy of 2.87 per cent. and of 0.57 per cent. respectively.

Finding such a unanimity of results favorable to homeopathy in the six large cities already cited, I resolved to obtain reports from the Johns Hopkins Hospital and from the Maryland Homeopathic Hospital, both in Baltimore. The Johns Hopkins Hospital is famous throughout Europe and America as being the finest and best equipped hospital in existence. Its attending physicians and surgeons are men of international reputation as scientific observers and as skillful practitioners. Surely here we must find allopathy at its best. During the year ending January 31st, 1895, there were treated at the Johns Hopkins Hospital (allopathic) 3,018 patients with 197 deaths, a mortality of 6.52 per cent. At the Maryland Homeopathic Hospital there were treated 356 patients with 12 deaths, a mortality of 3.37 per cent.—a difference in favor of homeopathy of 3.15 per cent.

Recapitulation.—I have reported records of 50-405 patients treated in allopathic hospitals with 5,204 deaths, a mortality of 10.32 per cent. I have reported records of 19,549 patients treated in homeopathic hospitals with 1,363 deaths, a mortality of 6.97 per cent.—a difference in favor of homeopathy of 3.35 per cent. To put it in another way, if all of these 69,954 patients had been treated in allopathic hospitals with their mortality of 10.32 per cent., there would have been 7,219 deaths. If all of these 69,954 patients had been treated in homeopathic hospitals with their mortality of 6.97 per cent., there would have been 4,875 deaths—a difference in favor of homeopathy of 2,344 lives.

Comparative Statistics in Particular Diseases.—To turn to statistics of specific disease as treated according to the latest method, I mean statistics of diphtheria treated by antitoxine, as compared with statistics of diphtheria treated homeopathically, allow me to quote some figures presented to the Homeopathic Medical Society of Chicago, January 9th, 1896, by Dr. R. N. Tooker. In a collection of 8,000 cases treated with antitoxine the total death rate was 22 per cent. Of 315 cases treated homeopathically, without antitoxine, the death rate was only 7.3 per cent. Notwithstanding these facts, some professed homeopaths have used the serum treatment. Antitoxine is not accepted by all the allopaths, especially those most familiar with its use. At the Willard Parker Hospital for contagious diseases in New York, where antitoxine has been very extensively used, several members of the house staff stricken with diphtheria absolutely refused to be injected with the antitoxine. Familiarity with it had taught them to fear its use on their own persons.

In the spring of 1895 Stamford, Connecticut, passed through an epidemic of typhoid fever. There were reported 406 cases with 27 deaths, a mortality of 6.63 per cent. Of these cases 284 were treated by allopathic physicians with 22 deaths, a mortality of 7.74 per cent.; the remaining 122 cases were treated by homeopathic physicians with only 5 deaths, a mortality of 4.09 per cent.—a difference in favor of homeopathy of 3.65 per cent. This epidemic was written up and published in the New York Medical Record. The writers, however, neglected to call attention to the comparative mortalities.

The following statistics were collected from the official records of the city of New Haven, Connecticut, by Dr. Edwin C. M. Hall of that city, to whom I am indebted for the privilege of reproducing them. The figures include all cases reported to the Board of Health and all deaths resulting from the diseases named for the years 1891, 1892, 1893, 1894, and 1895. During that time there were reported by allopathic physicians 1,271 cases of scarlatina with 127 deaths, a mortality of 9.99 per cent.; by homeopathic physicians 209 cases with 9 deaths, a mortality of 4.30 per cent.—a difference in favor of homeopathy of 5.69 per cent. There were reported by allopathic physicians 753 cases of diphtheria and membraneous croup with 267 deaths, a mortality of 35.45 per cent.; by homeopathic physicians 146 cases with 31 deaths, a mortality of 21.23 per cent. —a difference in favor of homeopathy of 14.22 per cent. There were reported by allopathic physicians 458 cases of typhoid fever with 119 deaths, a mortality of 25.98 per cent.; by homeopathic physicians 60 cases with 12 deaths, a mortality of 20.00 per cent.—a difference in favor of homeopathy of 5.98 per cent. There were reported by allopathic physicians 286 cases of measles with 51 deaths, a mortality of 17.83 per cent.; by homeopathic physicians 106 cases with 2 deaths, a mortality of 1.88 per cent.—a difference in favor of homeopathy of 15.95 per cent.

With the above figures before us—hospital records, private records, epidemic records, records of diseases taken collectively, and records of diseases taken separately—we surely must believe that it is something more than a fortuitous combination of circumstances which invariably gives the best results to homeopathy. As a sect in medicine we therefore have a right to exist.

ANIMAL EXTRACTS AND HOMEOPATHY.

BY JOHN H. CLARKE, M. D., LONDON, ENGLAND.

Sarcopathy.—It seemed to me that it would be a pity if this Congress were to separate without an opportunity being afforded for the discussion of the powerful medicinal substances—for which I have suggested the term "Sarcodes"—which have been recently introduced, or rather re-introduced, into medical practice, chiefly by practitioners of the old school; and it was in order to obviate this contingency that I volunteered to write the present paper.

The use of animal extracts in medicine is probably as old as medicine itself. Up to the beginning of the eighteenth century quintessences of all kinds of animal abominations figure in the Pharmacopeias. Many animal preparations retain their place in the Pharmacopeia of today, such as Cod-liver oil, Pepsin, Moschus, Castoreum, Axungia, Unguentum cetacei, and the like. Homeopathy has introduced many others, such as Apis, the serpent poisons, Calcarea, ostrearum et ovarium, and the nosodes. I do not intend to touch on these, but to come at once to the latest development of what I may term Sarcopathy, that we may bring our thoughts to a focus upon it.

It is due to the late Dr. Brown-Sequard more than to any one else that the doctrine of "internal secretions" gained a footing in modern physiology. The fact was patent enough in the daily experience of stock-yards, and in the well-known results of the castration of man, that the sexual organs have primarily a function in relation to the individual organism of which they form a part quite independently of the external functions they are capable of performing. This fact was pointed out many years ago by an American writer of popular medical works, Dr. Nicholls, in his much-abused work entitled Esoteric Anthropology. Brown-Sequard carried the idea out into the region of practice, administering a testicular extract to worn-out subjects by means of the hypodermic syringe, and he claimed to obtain from this many strikingly beneficial effects. Of course, failures occurred as well as successes. In some cases the hypodermic injection had fatal results. Later observers prove that the extract when given by suppositories or by the mouth was equally effective. In a series of papers contributed to the Medical Press and Circular (April 25th and following numbers, 1894), entitled: "Castration in Females; its frequent inexpediency, and the signal advantages of a more conservative surgery in these cases," Dr. C. H. F. Routh carries the lesson a step further. He shows that the consequences of complete ovariotomy to the woman are fraught with unpleasant possibilities, especially melancholia and hypochondriasis. He quotes from a paper read November 8th, 1893, and published in the Edinburgh Medical Journal (February, 1894), by Dr. R. W. Felkin, in which the latter claims to have greatly benefited women after the removal of the ovaries by the administration of orchitic extract. I have had no definite experience with this sarcode in the attenuations, though I once obtained a striking temporary amelioration in a man in middle life, who was suffering from endless pains and discomforts, the result of masturbation in boyhood and puberty. Dr. Felkin has cured several cases of masturbation with suppositories made of the extract, the patients being enabled by this means to leave off the habit (Edinburgh Medical Review, May 23rd, 1894).

Thyroidin.—I now pass on to the principal member of this group—Thyroidin, the one with which I have had most experience. Extract of the thyroid gland of sheep and other animals was first used by Murray in the treatment of myxedema. The use of the drug was suggested on purely physiological grounds, by the well-known results of removal of the gland in surgery—the production of Cachexia strumipriva. Remarkable success attended the mode of treatment, although in some instances the effects were too powerful, and caused the death of patients. The next step was the abandonment of the hypodermic syringe, and the substitution of "thyroid feeding," or the administration of thyroid extracts or thyroid glands, raw or cooked, by the mouth. Identical results followed. Finally the pharmacists succeeded in putting up the drug in the dry form as tablets, and these are now in common use.

The striking effects obtained by this treatment at the outset created a great demand for myxedematous patients and photographic cameras all over the medical world. The result was that the journals were flooded with reports of cases illustrated by photographs depicting the "before" and "after" conditions. These reports soon brought to light the fact that in Thyroidin we possessed a potent agent, both pathogenetic and therapeutic, of very wide range. Myxedema, if not cured, was kept in abeyance as long as the administration of the drug was kept up, but at the same time many other symptoms were set up, which I have collected and arranged in various numbers of the Homeopathic World (see vol. 1894, pp. 202, 249), which showed to the homeopathic observer that the administration of the thyroid gland was not a mere process of "feeding;" it was drugging of an unmistakable kind. In order to put this point to a practical test, I had the extract run up to the 3x in trituration and higher, concluding that if I could obtain curative effects from the attenuations, the action must be homeopathic or dynamic, and not merely physiological. The result exceeded my expectations.

Prominent among the pathogenic effects of the drug in cases of allopathic overdosing were symptoms of heart weakness, fainting fits, angina pectoris, tachycardia. The first case in which I tried it was that of a neurotic young girl suffering from weak heart and inability to lie down in bed, and a pulse of 120, some prominence of eyeballs, pains in the limbs, inability to walk, headache, left ovarian pains and tenderness, absence of catamenia for four months, swelling of thyroid region at times (without any definite enlargement of the gland), despondency and sleeplessness. In addition there was obstinate constipation, which was her natural condition. Thyroidin 3x (two grains three times a day) was given after moderate improvement from Lachesis and Sulphur, and at once a steady change for the better set in. In three days she was able to lie flat in bed; in a fortnight she could walk, though not without help; in four weeks she lost her headache entirely. In five weeks she could walk alone, the bowels began to act without artificial help, the eyes became less prominent, the mental symptoms disappeared, and she was able to leave the hospital perfectly well, after having been practically an invalid for two years. This experience I have repeated over and over again in cases bearing points of resemblance to this one; and so frequently have I been told by patients taking it that the monthly period has been free from pain, when formerly it was very painful, that I have come to regard dysmenorrhea as one of its indications. In my work on Diseases of the Heart I have further defined and illustrated the action of Thyroidin in this sphere. If I were confined to one word in which to describe its effect on the heart, I should name it "instability;" the heart is easily put beyond control, its equilibrium is very unstable, and the slightest provocation will set up palpitation and tachycardia. Instability is another name for weakness, and the weakness is both nervous and muscular, and may accompany valvular affections or may not.

One of the commonest observations in myxedema patients under the Thyroidin treatment is an exfoliation of the skin, either partial or complete, followed by restoration to a healthy state. On this suggestion Bramwell conceived the idea of giving the drug in cases of skin affections unaccompanied by myxedema. Curiously enough he chose an exfoliating disease, psoriasis, in which to try it first, and he obtained very notable success. He observed, too, that patients with skin affections could tolerate much larger doses than those suffering from myxedema. Here no homeopath could fail to see that the action was specific, and this I was soon able to prove. A boy aged ten was brought to me on October 7, 1893, suffering from psoriasis affecting the whole body in a very aggravated form since the age of four, his mother having suffered from it before him. The eruption was so bad that he was unable to attend school; on account of his appearance no schoolmaster would admit him. He had had the regulation treatment, arsenic, sulphur ointment, and had also tried vegetarianism, with the one result that he steadily grew worse. He was a fair boy, rather lymphatic, and had cold hands and feet. He suffered from cold in the head, and was worse at the sea-side. I put him on Thyroidin 3x, two grains three times a day, and a marked improvement set in and continued so that in a few weeks there was no difficulty about school attendance. In January I gave the Thyroidin in the 30th potency, and the improvement became even more rapid than before. In June there was a return, and though it did not reach the point of its former intensity Thyroidin was now powerless to remove it. I went down again in the scale of potencies as low as the 1x, but with no good effect. Acting on a suggestion of Dr. Cooper's, I gave the boy Lobelia cerulea 3x, and again a rapid improvement occurred; in fact, he became—with slight and diminishing relapses—perfectly well. In this case Thyroidin was a close simile, but it was not the simillimum. That its action was specific there can be but little doubt, as it was manifested in the infinitesimal as well as in the lowest potencies. Dr. Bramwell gave it in his cases to the point of producing marked thyroidism—fever, nausea, vomiting, etc. In some of his cases no improvement occurred until the physiological action was produced. My case proves that at least in some cases this is quite unnecessary.

I will now refer to a case of a different kind, that of a lady past middle age, fair, and very stout, with a baggy appearance about the eyes, who had been an invalid for five years, suffering most of the time from pruritus vulvae, upon which eczema supervened, affecting the pudenda, thighs, parts under the breasts, and left nipple, from which there was (and still is) a slight but perceptible thin discharge. The pruritus was complicated by the appearance of a tumor presenting at the orifice of the vagina of apparently a cystic nature, for it seemed to vary in size as if it became full and emptied itself. The patient also suffered a good deal from rheumatism. She had been under allopathic treatment before I undertook the case, and had had all kinds of local applications, the most useful of which was "Cuticura;" but nothing gave material relief, and the distress endured put the patient beside herself, as it gave no rest night or day. I gave Thyroidin 3x, two grains three times a day, and secured a specimen of the urine, which I found to contain a large quantity of sugar, the specific gravity being 1031. Before putting the patient on a diabetic dietary there was some improvement noticeable, and in a fortnight after there was no sugar to be found in the urine, the specific gravity being 1011. Sugar was never found at any subsequent date in spite of relaxation of the dietetic rules. Coincidently with the disappearance of the sugar the acuteness of the irritation vanished, the tumor shrank, and life once more became tolerable. After the first prescription of Thyroidin 3x the patient was put on the 30th, which well maintained the action of the lower potency.

In this connection it will be interesting to mention the case of a man aged forty-five, "an old psoriatic," reported in the British Journal of Dermatology of June, 1894, who took daily four tabloids of Thyroidin (Burroughs, Wellcome and Co.), and developed all the symptoms of diabetes. I have given the particulars of this case in the Homeopathic World of October, 1894.

Ewald has recorded a case (Berl. klin. Woch., January 14 and 21, 1895; British Medical Journal, Epitome, February 2, 1895) of myxedema treated with thyroid extract and thyroid tabloids (the latter only having any apparent effect), and this note occurs in the account in the British Medical Journal: "Sugar appeared in the urine during the administration of the tabloids, and ceased when they were discontinued."

In my case I was led to give the drug by the general symptomatology and not by the diabetes, and I have not found it of any service in other cases where the general symptoms did not correspond.

In order not to overload the subject with detail, I will not further multiply my experiences with Thyroidin, as I easily might, but will pass on to mention some of the other sarcodes, and then sum up the questions that arise out of their observed effects.

Extract of the pituitary gland has been used in connection with acromegaly, a condition which appears to originate in disease of that organ. I have not seen any cases of cure reported, but the attendant sufferings have been relieved in many instances by the extract, as also by Thyroidin.

Adrenalin. — The extract of the supra-renal capsules, has been used with benefit in Addison's disease, and I have heard privately of a case in which bronzing of the skin was present, with great loss of strength, in which an attenuation of Adrenalin brought about complete restoration.

Cerebrin.—Cerebrin has been used in cases of paralysis and nervous disease, and Dr. Felkin has recorded a case (Medical Press, May 23) of masturbation in a lady of twenty-eight years, in which suppositories of the extract effected a cure after orchitic suppositories had only aggravated. In this case the habit had commenced at the age of eight, so it is more than likely that the habit was of central origin.

Mode of Action.—We now come to the question, how do these substances act? and here I hope to receive much assistance from members of the Congress. I will, however, state as succinctly as I can my own views of the question, taking Thyroidin as a typical instance.

I cannot but think that in whatever dose the sarcodes are given their action is specific, and not in the nature of a food. The severe constitutional disturbance caused in sensitive subjects is sufficient to demonstrate this. In myxedema, Thyroidin is given on the theory that the condition is caused by defective action of the patient's thyroid glands. But it must not be forgotten that the success of this treatment is not sufficient proof that the theory is correct. Take a parallel instance. Anemia is supposed to be due to deficiency of iron in the blood. What is more clear than that an excess of iron should be given in the food? In many cases this treatment is successful; but for all that the iron acts specifically, and not as a mere food. This is proved by the fact that in suitable cases iron will cure anemia when given in homeopathic attenuations. How far Thyroidin would prove efficacious in curing myxedema if given in the attenuations I have had no opportunity of testing since I began to make use of it. But I have no doubt that it will be found just as unnecessary to produce thyroidism in order to obtain curative results in myxedema and other conditions, as it has been found unnecessary to give mercury to the salivation point in order to obtain the specific effects of that drug. That a large number of its effects are obviously specific or homeopathic it is impossible to deny. It has caused and cured glycosuria, mania, hysteria, tachycardia. In my hands it has acted curatively in potencies when given on purely symptomatic indications.

Another question of great importance is brought forward by experiences with Thyroidin and other sarcodes, viz., their applicability in diametrically opposite conditions. Of course, this is not confined to these substances; but it is, perhaps, more signally exemplified in them than in more usual remedies. I have never been able to find any practical help in the theory of the opposite action of remedies in large and small doses—"large" and "small" in these matters are entirely relative terms. There are some patients who cannot take some medicines either in the crude form or in the highest attenuations. Dr. Dyce Brown has recorded a case in which the 200th of Arnica as well as low attenuations would cause erysipelas. On the other hand, many drugs are capable of causing diametrically opposite conditions in the same or different individuals—as obesity and emaciation, plethora and anemia, stupor and sleeplessness, diarrhea and constipation; and when this is the case either of these conditions may be taken as an indication for the use of the drug. The second case in which I used Thyroidin was that of an emaciated boy of five years, who did not look more than two, and was perfectly unable to walk, having lived in an underground cellar all his life. I concluded that as Thyroidin produced such rapid emaciation in myxedema, it ought to be useful when that condition was present from other causes. I put the boy on Thyroidin 3x, and he began to put on weight with much greater rapidity than he had before, and this continued until he was taken with diphtheria, through which he passed without trouble by the help of Mercurius cyan. I must confess that in cases of obesity pure and simple I have not obtained any observable success with the remedy.

In this connection I may mention the case of a gentleman who consulted me recently about a heart affection, having been kindly referred to me by Dr. Cartier of Paris. This patient told me that some years previously he had been treated a la Brown-Sequard for some nervous affection of which tremor of the arms was a marked symptom, with the unpleasant result that, though he was cured of this, he lost sexual power for six months. Another instance of the oppositeness of action of the same remedy is found in the action of Thyroidin on the growth of hair. This was amusingly exemplified by a heated discussion before a Hamburg Society, an account of which appeared in L'Art Medical of January last, and which I will here translate:

"The thyroid gland has again had the honor of a prolonged sitting at the Medical Society of Hamburg (November 19th). The communication of M. Ratjen on a case of idiopathic myxedema taken for obesity and cured with thyroid tablets had the result of raising an impassioned discussion on the question whether thyroid extract caused the hair to grow again or made it fall off. M. Ratjen affirmed that on his patient the hair reappeared during treatment. On the other hand, M. Arting cited a case of scleroderma, and M. Saeger a case of myxedema, in which, after thyroidin treatment, the hair fell out and did not grow again. Finally M. Kummel cited a case almost extraordinary: the patient in the course of her myxedema had lost nearly all the hair of her head, whilst her face, arms, and chest became covered with hair. Now under the influence of the thyroidin treatment the hair of the head came back again, whilst the hair which had grown on the face, arms, and thorax fell off. This case had been communicated to M. Kummel by M. von Eiselsberg."

The last point with which I shall deal is the value of symptoms observed in the sick, either positive or negative, that is, either produced or cured. I have not the slightest hesitation in saying that my experience goes to show that for practical purposes a symptom cured is as valuable as a symptom caused. No drug can either cause or cure any symptom which is not within its range of action. This confession of faith also involves the admission of observations on the sick. Persons who have natural susceptibilities to the action of certain drugs are the best subjects for displaying the pathogenetic effects of those drugs. Persons who have disorders which bring them into homeopathic relation to certain drugs have an accidental idiosyncrasy to the action of those drugs, which may either cure without aggravating and so confirm the homeopathicity, or may aggravate or cause new symptoms. I maintain that the aggravated and the new symptoms are just as valuable for prescribing purposes as if they had been caused by the drug when given to healthy persons. They are, in short, "positive effects."

SOME EXPERIENCES WITH PURULENT COLLECTIONS IN THE THORAX.

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In these days, when the interviewer is such a force in the land, I might aptly adopt a title from his methods, and term my essay "Abscesses I have met," or "How I found Pus;" for my remarks will consist chiefly of references to cases of large abscesses which have come under my own care; though, in order to limit the extent in review, I shall refer to those only which have implicated the thoracic cavity, and will found thereon a few conclusions as to the diagnosis and treatment of such conditions.

I do not label my paper with the short and convenient title "Empyema," as the cases to which I shall refer include one of pulmonary abscess, one of pulmonary gangrene, and one of suppurating hydatid. I group them together because the treatment of a thoracic abscess is the same whatever be the origin thereof.

By the kindness of colleagues, and through the position I have the honor to hold in relation to the Liverpool Hahnemann Hospital, I have had to do with a fair number of such cases, and, with the exception of two which were quite hopeless, all have made satisfactory recoveries.

Empyema.—Putting on one side, for the present, phthisis pulmonalis and bronchiectasis, the most common form of purulent collection in the thorax is empyema, or pus in the pleural cavity. Of empyema I have records of ten cases. During the time I was an out-patient medical officer of the Liverpool Homeopathic Dispensaries, before we had a hospital, three cases of empyema came under my care, two in young children and one in an infant. Each recovered completely after aspiration. One child required only a single aspiration; the other had double empyema, and several aspirations were necessary; for the baby I used an ordinary large-sized hypodermic needle, unscrewing the barrel from the needle several times, and so removing a fair amount of purulent fluid. In the Hahnemann Hospital I have treated four cases. In a child of five years of age recovery took place after aspiration; in two children, one three, the other seven years old, an incision and drainage-tube insured recovery; while in a delicate boy of sixteen years of age, with extreme emaciation and dyspnea thirty-four ounces of pus were removed by aspiration, and nine days later two inches of a rib were resected, several pints of pus escaping at the time; in this case recovery was tedious and accompanied by relapses, but eventually occurred. Three further cases of empyema have come under my observation. In one woman a cannula with india-rubber tube attached was inserted; drainage was free, but the pyogenic cavity did not close; she was unwilling for any further operative proceeding, and indeed the condition of her heart scarcely permitted of such. For over three years she lay in bed or on a couch, or sat in a chair, with the cannula in her chest, and the end of the tube dipping into a bottle containing antiseptic solution. A considerable quantity of pus drained away each day. Various valve methods were tried with the tube, but the lung was evidently too damaged to expand and the chest wall too rigid to collapse. Eventually, no doubt, the drain helped to her end, but not for a remarkably long period.

In a recent severe case of empyema in a delicate boy of twelve, under the care of Dr. Hawkes, of Liverpool, a free incision into the pleura let out a large quantity of watery pus, and sufficed, with the help of a drainage-tube, to ensure complete recovery. An aspiration had been previously performed. The only fatal case was one which had been much neglected. It was a woman of forty-one years of age, who had evidently had an empyema of the left side for some months before I saw her, with increasing debility and dyspnea. Resection of two inches of a rib was done, and ten pints, that is a good-sized bucketful, of watery fetid pus escaped. A large tube was inserted, and after frequent washing out with boracic lotion the discharge became sweet, the breathing and general condition improved, while the temperature came down, and sleep and appetite returned. However, in a few days these symptoms again deteriorated, while cough and glairy expectoration with cardiac symptoms appeared. Death occurred in a fortnight, apparently from pericarditis, for at the autopsy the pleural cavity was sweet and well drained, while there were evident signs of both old and recent pericarditis, and there was an ounce of clear fluid in the pericardial sac.

Pulmonary Abscess.—Besides these ten cases of empyema, I have notes of a fatal case of pulmonary abscess resembling, and at first supposed to be, empyema. A woman of fifty-two years of age, weak and emaciated, was admitted to the Hahnemann Hospital with symptoms and physical signs suggesting empyema. An incision was made into the right pleura; some ounces of serum escaped, but no pus. An aspirator needle passed into the lung evacuated a couple of drachms of pus, but the patient was considered too ill for an incision into the lung. A month later the patient died, and at the autopsy both lobes of the right lung were found to be practically destroyed; grey hepatisations were universal, and the lower lobe consisted chiefly of a large abscess. The pleura was adherent everywhere, especially behind, and could not be separated from the diaphragm.

A case to which I will just allude as related to our subject, and as interesting from a diagnostic point of view, is that of a young man in which there were sinuses, discharging large quantities of fetid pus, near the lower border of the sternum. On examination a long probe passed straight back to the spine, where a large piece of bare carious bone could be felt—apparently the bodies of a couple of vertebrae.

Hydatid of Pleura. — An interesting case of suppurating hydatid of the pleura is deserving of record; simple empyema was diagnosed until the appearance of the hydatid membrane. The boy, aged fourteen, complained of pain in the right side with shortness of breath, but no cough or expectoration. On the front of the right side of the chest there was absolute dulness from the lower border of the fourth rib down to four fingers' breadth below the lower true ribs, and extending back through the axilla to the spine; the upper line of this dulness altered somewhat with position, and reached, when the patient was sitting up, to the lower angle of the scapula. The dull region was somewhat tender, and over it the breath-sounds and vocal resonance were absent; there was marked bulging. Several aspirations were made, some ounces of brownish purulent fluid being removed each time, but the cannula became choked repeatedly with rolls of white opaque hydatid membrane. Eventually, one morning the patient suddenly began coughing, and expectorated about half a pint of pus; so a free incision was made in the posterior axillary line and a large cavity opened, from which a pint of pus escaped, and large rolled-up sheets of membrane were removed; these had evidently lined the cavity, and consisted of thick, transparent, light brown structureless tissue. A large drainage-tube was inserted and the cavity repeatedly washed out with carbolic lotion. The boy did well and recovered completely, though the discharge and retained membrane became fetid, and the drainage wound had to be enlarged somewhat.

I have detailed notes of the thirteen cases previously alluded to, but I do not reproduce them here, because I intend to record more fully the remaining case on my list, which will serve to illustrate the management of such cases at my hands, and to instance an uncommon recovery from a serious state of affairs. A patient will occasionally get well from such an apparently hopeless condition, that the event impresses itself upon the notice and remembrance of those who see the case. Of such is the following.

Fetid empyema; gangrene of portion of a lung; recovery.—George Winstanley, aged 53, a sailor, was in good health up to January 20th, 1895. On the afternoon of that day he felt a sudden sharp severe pain in the right side, extending from under the arm round to the back; this continued, and the next day he was obliged to stay in bed. He had no cough, had received no injury, and knew of no cause whatever for the attack. He was standing talking quietly to a friend when the pain commenced. He was attended by a doctor, who only made a few visits, and, strangely enough, diagnosed typhoid fever; but the pain becoming no better, and dyspnea becoming marked, Dr. Gordon of Liverpool was called in. He diagnosed a large collection of fluid in the chest, and advised immediate removal to hospital, where the man was admitted in the afternoon of February 18th. On admission his condition was urgent, the dyspnea was extreme, and the patient was so prostrate, with face dusky and bathed in cold perspiration, that alcohol had to be administered before he was fit to be moved upstairs and put to bed.

Temperature on admission 99.4 degrees F.

The right side of the thorax was bulged, immovable, and dull almost up to the apex; there was neither vocal resonance nor breath-sounds on the right side, except over the upper third of the lung. Left side normal. There was very little cough, the breath rather offensive. Pulse 80, small, soft, feeble. The patient was so low that an anesthetic or much interference was not immediately advisable; an aspirator needle was therefore inserted low down in the posterior axillary line, and 118 ounces (nearly six pints) of most horribly fetid and watery greenish pus were removed. The patient stood the proceeding well, much better than did the other occupants of the ward. Although the fluid was exposed as little as possible, the terrible stench so filled the large ward that the windows had to be all opened, and even then the nurses and some of the patients had to leave or they would have been sick. For hours the odor lingered about the hospital. The patient had a fair night, and the breathing was relieved. His cough brought up quantities of gray and green pus and muco-pus having the same extremely offensive smell as that removed by aspiration. He expectorated into a solution of carbolic acid, and had frequent inhalations of creasote; but still it was found necessary to remove him to an isolation ward, and to make free use of deodorants. It was therefore evident that the fetid cavity communicated with, if it was not in, the lung.

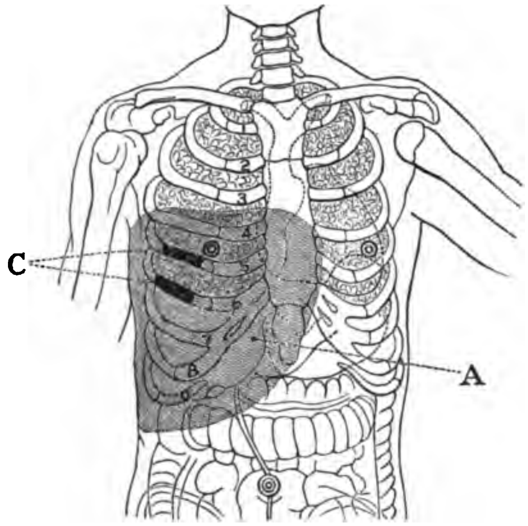
The patient's improved condition rendered more radical measures possible. The fluid was apparently increasing again, so on February 21st (three days after the aspiration) chloroform was administered, an incision made in the eighth interspace, a hand's breadth from the spines of the vertebrae, and a large drainage-tube inserted. More than two pints of very offensive pus was let out. On inserting the finger into the incision it came immediately upon the arched diaphragm, the surface of which was irregular. In no other direction could the sides of the large cavity be reached by the finger.

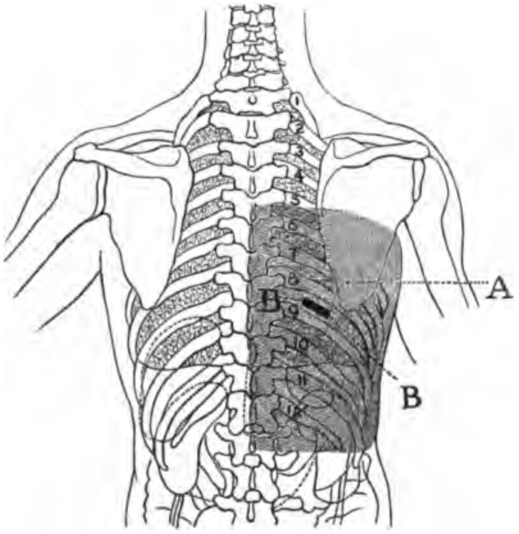
Large quantities of purulent fluid escaped at each dressing; the cavity was frequently washed out with boracic acid, carbolic acid, iodine, Condy and other disinfectants, without curing the fetor; an emulsion of iodoform in glycerine and water was injected for awhile with benefit but the patient disliked the taste, which he perceived in the mouth, so a solution of izal was used, and proved the most satisfactory of those tried. The breathing gradually became more easy, and the expectoration much less, but the cough became rather more constant and distressing. The day after the incision the temperature dropped from 102.4 degrees to the normal, but in a few days it rose again; the appetite was good, the general condition improving. On March 5th the temperature became normal, and for some weeks, up to March 29th, it varied but little from the normal. The discharge and expectoration lessened, and the cough improved. The chief medicines prescribed were Carbolic acid, Crotalus, Lachesis, Silicea, Hepar sulph., Arsenic, and Arsen. iod. There was no sign of cardiac disease, and no albumen or sugar in the urine.

The drainage wound at the back of the chest was kept well dilated for drainage purposes, and on March 28th, while the cavity was being washed out, a dark-colored object presented at the wound from which the drainage-tube had been temporarily removed; this was carefully persuaded out with forceps, and proved to be a grayish-black spongy slough of the size and shape of a hand, with the thumb rolled in on the palm. This slough was so horribly offensive that, after examining it, the house surgeon burned it, instead of saving it for my inspection. I regret this, but the house surgeon (Dr. P. D. Smith) had no doubt but that the mass consisted of mascerated gangrenous lung. After the appearance of this slough the fetor of the discharge and of the breath ceased, and the cough and expectoration diminished. It soon became evident, however, that the patient was losing ground. The temperature and the general appearance became hectic, cough troublesome, discharge profuse; while rigors, followed by copious sweatings, became common. The increase in flesh and the general improvement which had followed the incision were lost, and the patient's condition again became serious. The man himself and his relatives were anxious for something further, if possible, to be done; so, with the object of rendering the obliteration of the large suppurating cavity possible, on April 4th about three inches of both the fifth and sixth ribs were removed from the mid-axillary line forwards, through one incision made parallel to them. After the removal of the bone the incision was carried down into the abscess cavity; some adhesions, which divided the cavity into sacs, were broken down by the finger; the cavity was thoroughly washed out, and a large-sized drainage-tube was passed in at the anterior incision and out of the drainage wound at the back. This was left undisturbed for some days, and then was gradually drawn out at the posterior wound and shortened every few days, when the anterior opening soon closed. After a few days of marked pyrexia general improvement commenced. On May 11th the patient left hospital, as the building was undergoing cleaning and painting; he still had discharge from the back wound and some cough. A district nurse attended to the local treatment, and in six weeks the wound closed.

When seen by me in August last he looked and felt well; he had put on flesh and got out for a walk each fine day. The side had somewhat fallen in, and muffled breath-sounds could be heard nearly down to the usual level, while there was but little dullness to percussion.

On October 10th I examined him again, and found him considerably stouter. No cough, dyspnea, or pain. He is attending to light duties, and, but for a return of an ulcer on the leg, he would apply for employment on board ship, for which he feels fit, and which he hopes soon to obtain. There is no reproduction of bone where the portions of rib were removed; breath-sounds are distinct over this flattened region and down to the scar of the drainage wound at the back, though both these and the percussion note are much less clear over the lower third of the right side than over the rest of the thorax.





A. The shaded portion represents the original dulness.
B. The incision.
C. The portions of ribs removed.

The aetiology of this case seems very obscure. I attach no importance to the perfunctory diagnosis of typhoid fever. Careful inquiry into the patient's past life reveals little of importance. Nearly twenty years ago he was dangerously ill with scurvy, and about seven years ago he had a severe blow on the right side. For a long time before the recent attack he was troubled with a large indolent ulcer of the left leg, but with no markedly varicose veins. Some seven months before the attack he was in hospital at Halifax, Nova Scotia, for a few days, during which he had general edema; he says the house surgeon there told him that he had blood-poisoning from his ulcer. There is a large scar in the front of the left leg, where this ulcer has existed; the sore itself healed completely during the early days of his illness, but a small one, about the size of a half-crown, appeared as soon as he was getting freely about again. He has never had pneumonia or been subject to cough. I can only surmise that the chest condition may possibly have been induced by some embolism or thrombus derived from the ulcer on the leg.

Etilogy of Empyema. — Empyema being the most common form of large abscess in the thoracic cavity, it becomes of importance to consider the causes of this affection, especially from prophylactic and diagnostic points of view. The more common causes are—(1) pleurisy, especially when this occurs in children, in debilitated constitutions, in connection with phthisis, or as a sequela of one of the specific fevers, or of childbirth; (2) by extension of inflammation from a pneumonia, this form of pleuro-pneumonia being especially common in children; (3) from the bursting from other regions into the pleural cavity of pus derived from mediastinal or spinal abscesses, hepatic abscesses, or pulmonary abscesses; (4) injury to the thorax.

The development of empyema from a pleurisy or pneumonia is often very insidious, and I venture to plead for the more frequent, but of course aseptic, use of aspirator needles or small exploring syringes.

Besides empyema we may have large thoracic abscesses from bone disease (dorsal or post-pharyngeal), suppurating hydatids of the lung or pleura, pulmonary abscess from pneumonia, gangrene, injury, or phthisis, suppurating lymphatic glands, and so forth. Of most of these I have instanced cases, and the treatment is practically the same in all. The chief scope for therapeutics in these cases is in the treatment of the causative disease, and in the prevention of suppuration; for as soon as a fair-sized abscess has formed, the administration of any drug whatever is quite secondary to the prompt evacuation of the pus. As soon as the diagnosis of a collection of pus in the thorax has been decided some surgical measure is probably called for, and the operations are generally simple, safe, successful, and quite within the powers of the general practitioner.

I exclude tubercular phthisis from the above reflection and from our present consideration. As soon as the diagnosis is made that a thoracic abscess is tubercular—and here bacillary examination of the fluid removed or expectorated will aid the more general consideration of the case—it seems agreed, at present, that surgical measures are useless and even harmful. Unfortunately a considerable proportion of cases own such an origin. I look forward to the day when phthisical thoracic abscesses, even when tubercular, may be treated successfully by combined general and local measures, elaborated for us by further progress in therapeutics, bacteriology, and surgery. I believe we are within sight of beneficial operative methods for pyogenic cavities in the lungs, in extreme cases of bronchiectasis, and in such phthisical cavities as are not acute or tubercular.

Therapeutics.—I need not instance the application of our therapeutic rule in the prevention of purulent degeneration in cases liable thereto. Especially valuable is it in guiding pleurisy to a more desirable result than empyema, by means of Aconite, Veratrum viride, Bryonia, Belladonna, Arsenic, Apis, Cantharis and Sulphur. In pneumonia, too, the hepatisation process may be limited and resolved by the help of Phosphorus. Iodine and Hepar sulph. Even with such powerful assistance, however, I am in favor of early and even repeated aspiration of pleuritic fluid where the effusion is extreme in amount or indolent of absorption. I have seen nothing but good from prompt, careful and aseptic aspiration. In collections of fluid in the pleura the pressure thereof causes pulmonary collapse; and if long continued the changes in the compressed lung, aided by the thickened adherent pleura, may prevent expansion. Where the fluid is pus, especially if this be septic, the pressure effects are aided by those of irritation and fibrinous deposit.

Even if, by the use of our remedies, the absorption of the purulent fluid were possible, such is not "a consummation devoutly to be wished." By absorption, general or local ill-health is sure to be produced, and valuable time lost; such is neither so speedy nor so safe as the prompt removal of what is not the disease itself, but the excretion thereof—the dead detritus which Nature herself freely throws out from an inflamed mucous membrane, but only imperfectly and secondarily from an inflamed serous membrane, the handicapped victim of its anatomy in lining a sealed cavity. Modern surgical methods enable us to offer with impunity to these closed bags the boon of an external exit, to which their mucous relatives are born.

Both before and after the necessary operation there is scope for homeopathic therapeutics. Mercurius is reported to be of value in preventing the change of pleuritic serum into pus, and Hepar and Silicea have well-accredited power in purulent inflammations.

I generally order Hepar sulph. as soon as I suspect pus; Arnica for a few hours after operation; then Hepar sulph. as long as suppuration is profuse, and Silicea when it begins to diminish in amount and in density. For the debility, cachexia, and hectic China is of use, as are Arsenic and its iodide. It is important not to keep the patient too long in bed or in the house. If otherwise doing well he may go out on fine days, even before the wound is healed or the tube removed. Good food, fresh air, lung and chest gymnastics, cod-liver oil and hypophosphites, all assist convalescence.

Operative Measures.—Aspiration, although successful in several of my cases of simple empyema in young children, is not generally sufficient for cure. For diagnostic purposes it is valuable, and also a few days preliminary to incision where a large quantity of fluid is present. As a rule an early free incision into the abscess is the safest and speediest measure. The waiting for something to turn up, the delay to give drugs a chance, is lamentable after a purulent collection in the thorax has been detected; for meanwhile the lung is being longer if not more compressed, and both it and the pleura are becoming less in a condition to expand when finally this pressure is relieved. Anesthesia is not always necessary or advisable; in many cases cocaine will suffice; where general anesthesia is decided upon, I believe chloroform to be the best in these cases. In empyema I prefer an incision lower and further back than is usually performed, namely, in the eighth or ninth interspace, and rather behind than in front of the posterior axillary line. Drainage here is dependent both when lying or sitting up. I have not seen trouble from hemorrhage, nor from the loss of pressure due to the evacuation of the fluid. I believe that the free entrance of air to replace the fluid is not harmful, and that where the collection has been a large one the air should be freely admitted; by this means dyspnea and distress are diminished, and less risk run to the lung. Wherever there is difficulty in making a sufficient opening to examine the cavity or to introduce a proper sized drainage tube I should remove a sufficient portion of a rib, generally the ninth; if the periosteum be left the bone is rapidly reproduced. It has been proposed to trephine a rib and pass the drainage-tube through the hole; I see no advantage in this over the removal of a piece of rib. It is only exceptionally necessary to make a counter-opening. The drainage tube should be of sufficient calibre to allow of free exit even for flakes of lymph; I prefer one of red rubber; no hole should be cut in it, or only one near its deeper end. The outer end may be stitched to the center of a small perforated rubber pad, or pierced with a large safety pin; it must be secured in some way. Through the carelessness of a nurse a tube slipped into the pleural cavity of one of my cases; I was fortunately aware of the fact, and able to regain it. The length of tube required and the rate at which it may be shortened of course vary with each case, as does the time such tube will be necessary.

Irrigation.—Washing out the pleural cavity with disinfectants should never be done at the time of operation, and only at other times when there is fetor or pyrexia. I have never myself seen harm from early and frequent washing, but cases of collapse and sudden death following the proceeding have been recorded. When flushing is required the funnel and syphon method is the best.

Cleanliness and antiseptic dressings are essentials. It is surprising how little fever or constitutional disturbance a large cavity will cause so long as there is free drainage and cleanliness. Theoretically the arrangement of a valve of some kind in connection with the drainage-tube is desirable, by which, while air and fluid readily escape, neither can be drawn back during inspiration. I generally try to arrange such, but I have not seen any bad result from the free admission of air into the abscess cavity, and I am accustomed to hear with indifference air blowing in and out of the incision during the operation and the dressings. As long as air can get more readily into the thorax by the trachea than through the wound the act of respiration tends to expand the compressed lung; and, except during the change of dressings, it is not easy for air to be admitted by the wound, to which a piece of protective tissue or the dressing pad itself forms a kind of valve. All the same, I am in favor of the adoption of expedients to facilitate the attempt at a vacuum in the thoracic cavity, by which re-expansion of the lung is facilitated.

The fact that an empyema had opened into the lung or into a bronchus would not lead me to postpone operation a moment. Such drainage is as satisfactory as a tap inserted near the top of a cask, while the passage of purulent and decomposed materials into other portions of both lungs is extremely liable to set up a septic pneumonia and general systemic infection. Even if, at long last, the secretions from the cavity be expectorated and the cavity closed, it is at a risk of septicemia, hectic, and of lardaceous degenerations.

Where the abscess cavity is a large one with dense resisting walls, and where the lungs or other organs do not readily obliterate it after drainage has been established, portions of such ribs should be removed as are necessary to permit the outer walls to collapse sufficiently to close the cavity.

Import of Empyemas.—It is important to notice that thoracic abscesses differ in some respects from those in the abdomen or pelvis, and that such differences may materially influence the treatment respectively called for. A collection of pus in the abdomen or pelvis is not exerting its pressure in a box of comparatively little expansibility as does one in the thoracic cavity; a large abscess, therefore, will in these regions not produce such disastrous effects, immediate and remote, as may be caused to the impressionable lungs and heart cooped up in the thorax with a large and growing guest, for which no "spare room" is provided. We see in the pregnant woman how the abdomen can provide extra accommodation without unduly inconveniencing the previous tenants. Again, with regard to abdominal collections, as soon as drainage is secured there is little hindrance to the obliteration of the cavity; atmospheric pressure, muscular pressure, and the weight of neighboring organs assist, while fair rest of the parts can be obtained. In the thorax, however, occupied by such busy and restless organs as the lungs and heart, another state of affairs exists; here we have a cage with, except in the young child, fairly rigid walls; should the presence of the fluid have so damaged the expansile power of the lung as to prevent its expanding to fill the cavity, there is nothing but fluid or air to take the place until the chest walls are tediously dragged in by the contraction of adhesions or assisted thereto by the removal of part of the bony framework.

Further, an abscess opening spontaneously into the bladder, vagina, or bowel has gravity to assist its drainage, whereas an abscess opening into the lung is at a mechanical disadvantage; its evacuation depends on cough alone, and so is ineffectual and likely to flood with purulent materials further portions of the lung.

Still further, an abscess cavity communicating with the lung is unfavorably circumstanced for asepticism; it rapidly becomes fetid, and the septic materials lying in the delicate bronchi and pulmonary infundibula are favorably placed for absorption. On the other hand, an abscess opening into an abdominal cavity may keep sweet to the end. I do not instance these differences to suggest that abdominal and pelvic abscesses should not, like the thoracic abscess, be treated by an external opening; on the contrary, they should, for a rupture into the peritoneum is even more dangerous than one into the pleura or lung. The practical point is that an abscess opening into the bowel, bladder, genital tract, or externally may with less danger and more promise be left to spontaneous cure than may one emptying through the lung. I have known the pus from pelvic cellulitis to discharge by vagina or rectum with rapid and favorable recovery.

I have quite recently had under treatment a case which illustrates the differences alluded to above in an interesting manner: I will refer to it, as it is closely related to the cases we are considering, in that there was a large purulent collection in the thoracic cavity. The case was one of an enormous suppurating hydatid of the liver in a man forty-one years of age. The mother cyst having become purulent, the resulting abscess spread both upwards and downwards. Three weeks before he came under my care he suddenly commenced expectorating large quantites of pus; there had been no previous cough, and the matter was rather hawked than coughed up. There was a large, firm, elastic tumor, starting from the hepatic region and extending down several inches below the umbilicus. By means of a free incision near the umbilicus I evacuated over four pints of pus and enough various-sized hydatid cysts to more than fill a quart measure. The large abdominal abscess cavity rapidly closed, despite painstaking efforts to keep it open. The purulent discharge by the trachea ceased for a few days after operation, and then recommenced in large quantities. Finding the back of the right lung perfectly dull up to above the lower angle of the scapula, with no respiratory movement and no breath-sounds or vocal resonance, I tested the pleural cavity with an aspirator needle, and, finding no pus therein, I concluded that the lower portion of the lung was flooded with pus, and that the abscess was still discharging into the lung. Under chloroform, therefore, I again opened up the abdominal sinus and passed an extra large sized rubber tube up to the diaphragm. Although on one or two days after this the man expectorated a pint or more of pus and muco-pus, and although the drainage tube was soon pushed out and the wound closed, this measure sufficed and the patient soon recovered completely, the right lung being relieved and resuming duty. Although the patient made good and complete recovery it was noticeable how difficult it was to keep the abdominal abscess open and to get the thoracic portion to close.

Conclusion.—It would have been easy, gentlemen, to have brought before you a class of cases in which our scientific therapeutics could, unaided, have produced more satisfactory results than in those we have considered. That our medicines can, in a large proportion of such cases, prevent patients getting to the extremity to which those I have quoted arrived, I firmly believe; and I am sure that they aid or secure a favorable issue to those in which surgical measures have been necessary. More brilliant triumphs of our therapeutic rule will be instanced to you by men "older in practice, abler than" myself.

To me it seems a duty occasionally to remind and urge upon my homeopathic brethren that there are cases where surgical and mechanical aids to treatment, even of idiopathic lesions, are required urgently, absolutely and betimes.

In this country we have not yet lived down the impression that among homeopathic medical men there is an aversion to surgical and similar aids to treatment, and that we are not ourselves willing or able to employ them. We must prove, in our literature and by our actions, that we can and do employ everything that makes for restoration to health; that while we are markedly ahead of the general body of the profession in our knowledge of the action of drugs, and in the use we make of such knowledge, we also keep ourselves instructed and practiced in all branches of a medical man's duties in the science which embraces discoveries in bacteriology, hygiene, pharmacology, surgery, pathology and medicine, and in the art which includes the application of these to the preservation of and the restoration to health, as well as the skilled examination and treatment of the various specialized organs and functions of the human frame.

FOREIGN NEWS NOTES.

We are just in receipt of the "Chikitsaka-o-Samalochaka," a neat little magazine now in its second volume. With it comes a courteous circular asking that we review the magazine and exchange with it. The last request we are glad to accede to, as it would also be our pleasure to do with the former were it in our power. But linguistically speaking the Chikitsaka-o is too much for us. There are a great many languages it may not be—like Hebrew, or Chinese, or ancient Greek. It looks Ptolemaian and it may be Sanskrit, neither of which were included in the curriculum of the grammar school at which we graduated. It comes, however, from Calcutta, and it is dated the thirtieth of June, 1896. We speak confidently on these points, because that much of it is in English, and we can read English. It is published from Chikitsaka-o-Samalochaka Office, 19—1 Nayan Chand Dutt's Street, Chaitanya Press, and it's printed by H. D. Ghosh, 68 Nimtollah Street. All of that information is also in English, and, barring the pronunciation, we can by spelling slowly, transmit it. As to the rest of it, it is pretty. It looks like music. Also if hens wrote it would look like their writing. If we knew that it was music we should be glad to say something nice like "The seventh issue of the Chikitsaka-o-Samalochaka, a beautiful little journal devoted to the interests of music has just come to hand. The Chikitsaka reproduces in the present issue a number of well-known classics, among which we recognize "Just tell them that you saw me," and "I want you, my honey.'". But suppose it is not music! Suppose it's a medical journal! Or suppose it's horticultural, or political! What we might say musically might not be considered apropos. The situation is too full of possibilities for us to clear up. Still, it is with the feeling that we are showing ourselves sadly deficient in business courtesy that we content us with commending the Chikitsaka-o-Samalochaka to our readers, with no more pertinent detail of its merits than that it is doubtless extremely readable—if you read that way.

Dr. Gross, Professor of Clinical Surgery in the Faculty of Medicine at Nancy, has just received the decoration of a Chevalier of the Legion of Honor.

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The total amount donated to the London Homeopathic Hospital for the year ending December 31, 1895, was five hundred and twenty-seven pounds, seven shillings and four pence.

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Instruction at the London Homeopathic Hospital is specially intended for already qualified medical men who desire to attain a knowledge of homeopathy in addition to their other acquirements.

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The London Homeopathic Hospital management offers a gold medal of the value of ten pounds for the best thesis on such subjects as may be agreed upon by the medical staff, showing original research and discovery in homeopathic therapeutics.

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Herr Kneipp gave a lecture on the first of June in Stuttgart wherein he took opportunity to bitterly upbraid homeopathy. That sturdy little sheet, the Homeopathische Monatsblaetter, just says of the lecturer that he didn't know what he was talking about and he hurt—nobody but himself.

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Dr. Adolf Gruber, a warm adherent of homeopathy in Utrecht, died on the 7th of July after a brief illness. Dr. Cruber had reached the age of seventy-five years at the time of his death, and though he had not been in active practice since 1892 he had remained the faithful friend and benefactor of his patients an the efficient counselor of his associates.

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The book publishing house of A. Margraf, in Leipsic, will have ready for the market toward the last of August a translation of Boenninghausen into the German. The printed sheets are about completed and the work of binding, it is promised, will be pushed vigorously.

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The anti-vaccinationists of Berlin recently executed a little coup d'etat over which they are still triumphant. The occasion which they utilized for their purpose was none other than the "Jennerfest" of the vaccinationists. Prior to the celebration "the anti's" sent out articles of protestation to some of the representative health sheets and got a hearing in them. To cap the climax, on the evening of the celebration they stationed a deputy at the entrance of the hall where the festivities were to take place and had their literature freely distributed before the committee in charge knew what they were about. When the strategy was discovered the purpose of the anti-vaccinationists had already been carried out. Nearly everybody in the hall had been made aware of the "other side" of the question.

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The Allgemeine Homeopatische Zeitung presents a new picture of Hahnemann in its issue of July 30th, which is from the work of the painter, Carlo Nieper, in Leipsic. The work of reproduction is by the process of heliogravure, and gives an unusually clear and well-toned picture. Nieper's portrait of Hahnemann shows the father of homeopathy as a smiling, rotund personage with silvery hair. The hair is about the only familiar feature as compared with the other portraits extant of the great master. Indeed, judging from the divergence in his various likenesses Hahnemann has suffered as much from his painters and photographers as has Columbus. For Hahnemann's own sake, however, we should like to think that he looked like the Nieper picture. The glowing face, the uplifted pen, the beneficent expression, seem somehow to look like Hahnemann ought to have looked, whether he did or not.

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The preliminary meeting of the delegates representing the old school physicians of France was held on the fifteenth of July to arrange for the celebration of the fiftieth anniversary of anesthesia. The place of meeting was in the School of Practice of the Medical Faculty of Paris, and the meeting was presided over by Prof. Cornil, president of the Associated Medical Press of Paris and official delegate from the Academy of Medicine. The executive committee was named and a partial programme for the celebration ceremonies was laid before the meeting. It is now expected that the celebration will be amalgamated with the Congress of Surgeons' which will be held on the eighteenth of October. The exact date of the anniversary commemorative of anesthesia is on the sixteenth, and it is thought all interests can be beter subserved by a union meeting.

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The health statistics of Paris show for the thirtieth week of the service that epidemic diseases have been few and mild in their ravages. Diarrhea scored many victims, one hundred and eight-eight for the week. Of these one hundred and sixty-eight were children under one year of age, fourteen were between the ages of one and four, and six were over five. Twenty-one children died from congenital debility. There were sixty-four deaths from inflammatory diseases of the organs of respiration; one hundred and seventy-six deaths from pulmonary phthisis; twenty-six from tuberculous meningitis, twenty-seven from simple meningitis; twenty-six from tuberculosis of character varying from the above citation; fifty-eight from apoplexy, paralysis and cerebral congestion; fifty-eight from diseases of the heart; sixty-four from cancer, and twenty-three from senile debility. There were moreover twenty-one suicides and other violent deaths. In compensation for all this work of destruction there have been celebrated in Paris during the same week four hundred and seventy-eight marriages, and there have been registered eleven hundred and twenty-eight births, five hundred and ninety-five boys and five hundred and thirty-three girls. Of these children eight hundred and twenty-five were legitimate and three hundred and three illegitimate, thirty-nine of the latter being at once recognized. Three hundred and eighty children were placed out for nouriture, one hundred and seventeen of whom were placed at the breast and two hundred and sixty-three will receive other alimentation. Of the seventy-four still-births reported forty-nine were legitimate children and twenty-five illegitimate.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - EDITOR

New York and Chicago, August 15, 1896.

Editorial.

THE FIFTH INTERNATIONAL CONGRESS.

The Fifth Quinquennial International Homeopathic Congress held at London, August 3d to 8th, has passed into history as in every essential sense a success. It is a matter of supreme gratification that we are able through the splendid reportorial efforts of Dr. J. Richey Horner, of Pittsburg and Allegheney, to give to our readers a very complete resume of the work of the Congress, together with several of its important papers and synopses of others, during the month in which the meeting was held, a stroke of journalistic enterprise which cannot but be appreciated by the readers of our periodic literature, and for which they and we owe to Dr. Horner grateful acknowledgments and expressions of hearty appreciation. It is no small task to supply so promptly so readable an account of the Congress as we are able to offer in this issue of the Medical Century, nor is it often that a medical journal is enabled to reflect the work of so important a body so soon after its adjournment. Dr. Horner's promptness and reportorial ability made this possible in the first place, and the extra efforts of our printers, the W. B. Conkey Company, Chicago, to accommodate us by pressing to a rapid finish the work of putting the number containing the Congress proceedings before our readers while yet the last days of the month are with us, made it doubly possible and mechanically practicable. The unusualness of these circumstances, together with the desire of this journal to place its report of the transactions before the American profession at the earliest moment, coupled with its wish to give to the profession of other countries a Special International Congress Number, has caused us to devote the pages of the current issue wholly to the report of the meetings and the papers sent us for publication. We hope this determination will meet with the approval of the profession, both of the United States and the Old World, and we tender them this Special Congress issue as our effort in behalf of the mighty interests involved and so satisfactorily conserved at the London meeting.

Of the Congress little need be said. It was a pronounced success. The right men were at the helm, the right essayists were, in the main, chosen, the membership was the most cosmopolitan in attendance upon any homeopathic congress yet held—all these individual elements contributing to the formation of a rounded whole of which failure was not to be expected. Particularly gratifying is the record of attendance from the old countries of Europe, in which homeopathy has been "dying out" for lo these many years. Equally gratifying was the attendance from England, and fairly satisfactory was the attendance from this country. Homeopathy is all right, the world over, and it may be predicted that the future will show increased interest in and attendances upon our quinquennial congresses, wherever held. Of course we will all go to Paris in 1900.

Of the literary features of the Congress more will be said after we shall have had time to digest the proceedings and discussions. They appear to have been fully up to, perhaps beyond, expectations. We have not attempted to reproduce in this issue the most profound and philosophical contributions, only to give place to enough of the papers to give our readers an idea of what the meeting was like, together with Dr. Horner's most excellent synopses of some of the discussions.

The social and personal features of the meeting seem to have been eminently satisfactory to those present; and it may be truly said, for we have confidence in our reporter's opinions in this relation, that our English colleagues attained an unusual degree of success in entertaining this Congress and are fully deserving of the hearty plaudits which were heaped upon them by their confreres of other lands.

A MOST IMPORTANT SUPREME COURT VERDICT.

From time to time during the past two years or more mention has been made in these columns of judgments rendered against Dr. L. H. Willard, of the Homeopathic Hospital of Pittsburg, in malpractice suits brought by an inmate of that hospital, the last reference to this subject recording a judgment of twelve thousand dollars against Dr. Willard and the appealing by him to a higher court from the verdict of the jury and court below. A final verdict has been rendered by the Supreme Court of Pennsylvania in the case, in which the judgment given against the appellant has been reversed and the case thrown out of court, so that it will not be possible for the recipient of Dr. Willard's well-directed charity to again institute proceedings against him.

The original suit was for ten thousand dollars. Upon the first trial a judgment of $5,500 was given by the jury. A new trial was granted, the jury disagreeing. A third trial resulted in the rendering of a verdict for $12,000, or $2,000 more than the amount sued for. The judge refused to grant a new trial but cut the judgment down to $4,000. From this decision Dr. Willard made appeal to the supreme court, with the result above stated, a result the entire profession will be glad has been found, not only because of their sympathy with the appellant but because the principles at stake are of interest to us all, and because the language of the court will stand almost every practitioner sued for malpractice in the future in good stead.

The plaintiff, a man by the name of Richards, had a leg injured and was taken to the hospital for treatment. Dr. Willard, the surgeon on duty at the time, treated it properly. The patient left the hospital without Dr. Willard's consent and against his advice. Subsequently he fell into the hands of an out-of-town physician of an opposing school, upon whose suggestion that the leg had been fractured and improperly treated the suit was brought. Dr. Willard had ten able and conscientious physicians and surgeons testify in the case, all agreeing that his treatment had been proper. The other side had two less competent and learned physicians testify for them, and the jury took their word against the larger number of acknowledgedly better and more experienced specialists.

In rendering its judgment the Supreme Court of Pennsylvania voices its opinion in part in the following suggestive and ever-to-be-remembered language:

"It must not be overlooked that the medical and surgical service rendered by the defendant to the plaintiff was entirely gratuitous, the defendant receiving therefor no compensation of any kind. For many years Dr. Willard had been rendering such service to the hospital to which the patient was brought after receiving his injury. He was one of a corps of physicians who, from motives of benevolence and charity, contribute, as they do in many other cities and towns, their time, their skill, their labor and their most valuable and humane services in relief of the sick and suffering of their race. If such gentlemen are to be harassed with actions for damage when they do not happen to cure a patient, and are to incur the hazard of having their estates swept away from them by the verdicts of irresponsible juries, who, caring nothing for the law, nothing for evidence, or plain teachings of common sense, chose to gratify their prejudices or their passions by plundering their fellow citizens in the forms of law, it may well be doubted whether our hospitals and other charitable institutions will be able to obtain the valuable and gratuitous services of unselfish and charitable men."

This is language of which the surgical profession has long stood in sore need. Most courts reverse cases of this character upon errors in the exposition of the law by the court below. It is doubted if ever before a court of highest resort has so emphatically expressed itself in relation to the work of the physician and surgeon who gives his skill, time and labor to indigent patients. It has come to that point that most surgeons transfer their holdings to near relatives because of the danger of having them wrongfully wrested from them in malpractice suits by inconsiderate and irresponsible juries. We will all, therefore, hail the finding of the Supreme Court of Pennsylvania with satisfaction.

In so stubbornly fighting his case Dr. Willard has rendered us a service which shall serve us well in times of trouble like unto his. His defense has doubtless cost him large sums of money and many sleepless nights and troubulous hours. But he has won a great victory, a victory which shall extend far beyond the confines of Pittsburg and Pennsylvania, and for which his colleagues will unquestionably voice their sincere gratification. The Pennsylvania decision in the case of Willard vs. Richards will pass into law as a most important one in malpractice suits.

THE AUTUMN PROGRAM.

The first meeting of the city society for the season of 1896-97 will be held at 8 o'clock P. M., Thursday, September 17th, at the Auditorium Hotel. During the early part of the winter, papers will be read according to the following program:

September 17. First meeting.

Essayist:—Sheldon Leavitt, M. D. Subject:—"The Obstetrical Forceps."

Dr. Leavitt will take up the subject from the clinical side. First, some attention will be given the instrument itself—its design, its best form, etc. Second, the different modes of application, including the different positions and presentations. Third, conditions calling for the forceps. Fourth, Dangers, etc. Demonstrations with instruments will be made on the pelvis or manikin. Prints and drawings will be used for purposes of illustration.

Essayist:—Charles Adams, M. D. Subject:—"Reckless Surgery."

Dr. Adams' paper is a protest against the too free use of the knife—the furor operandi—to which many members of the profession are prone now-a-days.

Clinic:—Dr. A. E. Thomas will present two cases of rare and anomalous forms of heart disease.

October 15. Second meeting.

Essayist:—John W. Streeter, M. D. Subject:—"Treatment of Retroversion of the Uterus."

Essayist:—B. S. Arnulphy, M. D. Subject:—"The Angina that Kills."

November 10. Third meeting.

Essayist:—G. F. Shears, M. D. Subject:—"Surgical Treatment of Inflammation of the Bladder."

Essayist:—Clifford Mitchell, M. D. Subject:—"Hematuria."

December 10. Fourth meeting.

Essayists:—J. H. Buffum, M. D., and C. Gurnee Fellows, M. D. Subjects:—To be announced.

January 15. Fifth meeting.

Essayist:—E. S. Bailey, M. D. Subject:—"The Renal Insufficiencies in their Relation to the Medical Diseases of Women."

Essayist:—Wm. G. Willard, M. D. Subject:—"Peritoneal Tuberculosis."

At the February meeting Dr. Julia Holmes Smith will read a paper on "A Consideration of Some Pathological Conditions at the Time of Puberty." The other essayist for this evening has not yet been assigned.

Papers will also be presented by Dr. R. Ludlam, Dr. H. R. Chislett, Dr. W. W. Stafford, Dr. H. V. Halbert, Dr. J. S. Mitchell, Dr. Howard Crutcher, and possibly one by Dr. Ch. Gatchell, on "Incipient Phthisis Pulmonalis; Diagnosis and Treatment."

Announcement cards will be sent to all Chicago physicians two days before each meeting.

The early announcement of the arrangement of programs for the meetings of the next five months would indicate that the new officers are alive to the duty resting upon them. It is a matter worthy of note that in several instances essayists have been named who have already favored the association, upon its invitation, of course, with essays for its edification, while in other instances essayists have been named from without the membership and regular attendants upon its meetings. In the first instance we may rest assured of acceptable papers and discussions, while in the second we may indulge the hope that those selected who have not yet attended may be thus brought in touch with their colleagues in this united association of homeopathic physicians. It will also be noticed that thus far the selected essayists belong to one or the other of the two old colleges. The younger institutions have no place on the program already arranged for the winter, nor have the no-college men received recognition. It is presumed this deficiency needs but to be mentioned to be corrected during the last half of the winter. The idea must not be allowed to be scattered broadcast that the Homeopathic Medical Association of Chicago is a one college or a two college association. Its founders intended that it should belong to all alike, and this must be the policy in the future as in the past. It will be observed that the meetings will hereafter be held at the Auditorium, instead of at the Great Northern. The opening session of the winter term, on Thursday, September 17th, should witness the largest gathering of the local profession ever witnessed in this city at a local society meeting.

MEDICAL CENTURY'S MENU FOR SEPTEMBER.

Owing to the issuance of a special homeopathic congress number for August 15th we have held over to the issues of this journal for September a most excellent list of articles, among them the following:

"Sphincteral Dilitation as a Resuscitant in Chloroform and Ether Narcosis and Asphyxia Neonatorum—Its Legitimate Merits Defined," by W. E. Green, M. D., Little Rock; "Typhlitis," by M. R. Barker, M. D., Chicago; "Salpingo-Oophorectomy," by O. S. Runnels, M. D., Indianapolis; "Cancer of the Uterus," by W. Louis Hartman, M. D., Clyde, New York; "The Physioggnomy of Disease," by E. W. Boardman, M. D., Parsons, Kansas; "Superfecundation and Superfetation," Illustrated, by Frank S. Aby, M. D., Chicago; "Iritis," by S. S. Kehr, M. D., Denver; 'Treatment of Muscular Disturbances of the Eye," by A. B. Norton, M. D., New York; "Third Stage of Labor," by R. N. Foster, M. D., Chicago; "Chapter from Obstetrical Practice Among the Poor," by Louise Z. Buckholz, M. D., New York, and "New Nasal Surgery," by Wm. S. Pearsall, M. D., New York, reported by J. Perry Seward, M. D.; "The Science of the Practice of Medicine," by J. D. Buck, M. D., Cincinnati; "Proper Method of Materia Medica Study," by A. L. Monroe, M. D., Louisville; and interesting correspondence from San Francisco, Montreal, Cleveland, Ohio, and Fort Edward, New York.

It will readily be seen from the foregoing list of excellent contributions that the September issues are certain to be exceedingly instructive and entertaining. The copy for the current number, representing several of the foregoing papers, was already in the printers hands, with table of contents made up, when the copy was received from London for the Congress number. We feel sure that home contributors will not hold it up against us that their articles have been held over a fortnight for the special issue.

Dr. H. W. Champlin, of Towanda, Pennsylvania, 11 Main street, writes us that there is a splendid opening for a good homeopathic physician in a town fourteen miles from Towanda. Dr. Champlin has himself a good business in that vicinity, and will gladly help a good man to get a start there. He also suggests that the field ought to be taken soon or some hungry allopath will have gobbled it up. The majority of the people in the community prefer homeopathy. According to Dr. Champlin's report here is the right thing for some of our younger lights who have not found a place to shine in as yet. Dr. Champlin will take pleasure in answering any communications addressed to him on this subject.

Editor's Table.

GENERAL NEWS, NOTES AND COMMENTS.

Dr. Phillip Rice of Marengo, Iowa, visited Chicago and the Medical Century recently.

Dr. Joseph P. Cobb, 3156 Indiana Avenue, Chicago, will be out of the city from August 20th to September 5th, inclusive.

The session of 1896-97 will open at the Southwestern Homeopathic Medical College, Louisville, on Tuesday, September 29th.

The faculty of the Kansas City Homeopathic College has recently been strengthened by the addition of Dr. C. F. Meninger, of Topeka, Kansas.

Dr. F. D. Worcester has recently moved from Keene, N. H., to Springfield, Vt., where he will take up the practice of the late Dr. H. H. Darling.

Dr. Chas. D. Rich, who has been in Arizona and California in the interests of his health for two or three years past has returned to Chicago in precarious health.

The thirty-seventh annual announcement of the Hahnemann Medical College and Hospital of Chicago, records the beginning of the next college term as September 15th, 1896.

Hering Medical College is happy over the erection of its new college building. The structure is being pushed to completion and will be ready for occupancy next month.

Dr. Wilson A. Smith, formerly of the Medical Current, now the Medical Era, has located at 4106 Drexel boulevard, Chicago, having disposed of his location and practice at Morgan Park.

Dr. E. H. Pratt will hold his tenth annual course of instruction in orificial surgery September 7 to 12, 1896, inclusive, at the Chicago Homeopathic Medical College, corner of Wood and York streets.

According to the 24th annual announcement and catalogue of the Boston University School of Medicine the session of 1896 and '97 will open Thursday, October 8, 1896, and conclude June 2d, 1897.

The forty-fifth semi-annual meeting of the New York State Homeopathic Medical Society will be held in the parlors of the Rochester Homeopathic Hospital, Rochester, N. Y., on the 22d and 23d of September next.

Drs. H. J. Suttle and W. M. Trowbridge, of Viroqua, Wisconsin, are the members of the United States pension board for that town. Dr. Trowbridge, formerly of Cook County Hospital, Chicago, is also health officer of Viroqua.

Dr. Alfred J. Maloy, late of Riverside, died recently at Laguna, California. Dr. Maloy was a graduate of Hahnemann Medical College, this city, and had built up an excellent practice in California, whither he went in pursuit of health.

The next meeting of the Missouri Valley Homeopathic Medical Association will be held at Omaha on the 1st, 2d and 3d of September. There should be a large attendance upon this growing and eminently useful society. It represents homeopathy in the mighty West and will eventually become to that section what the American Institute is to the United States. Go to Omaha, all who can.

The American Public Health Association will meet in Buffalo, N. Y., on September 15, 1896. The object of the association looks toward the promotion of better sanitary conditions all over America and representatives from Mexico and Canada as well as from all parts of the United States will be in attendance.

Dr. T. P. Wilson, of Cleveland, met with a serious accident on the 22d ultimo, being thrown from his wheel, striking upon his head and shoulder and receiving dangerous injuries, for a time he was rendered unconscious. He also suffered an intra-capsular fracture of the femur, and was otherwise seriously hurt. Paralysis ensued, but this has been overcome. Dr. Wilson will have the sympathy of the entire profession in his affliction.

The children's ward in the Rochester Homeopathic Hospital has been full to overflowing for the month of July. The Brothers' Cottage is also full. The Rochester Hospital proper is being equipped with an X ray apparatus. The month of July is reported as having been the busiest in its history. There were one hundred and twenty-nine operations performed. Of the surgical operations only two were classed as minor and forty-seven as capital.

At last a good use for the patent medicine almanac has been discovered. The board of health of New Mexico advises that they be used, because cheap and good for nothing else, we presume, by consumptives for the purpose of receiving the sputum they expectorate. That health board deserves a medal. It has made about the most sensible suggestion heard of as emanating from a source of this character for many, many moons.

The forty-sixth annual report of the London Homeopathic Hospital advertises the following financial wants: Two thousand pounds to pay off loans from bankers; donations for the endowment of beds and cots; two thousand pounds in new annual subscriptions to meet the increased annual expenditure; three thousand pounds to complete the new building fund. The Hospital has given so satisfactory an account of itself that all of its friends —and we hope it has no enemies—will wish to see the fulfillment of these financial needs.

At no time in the history of the Medical Century have there been enrolled as many unsolicited new subscribers as during the last three months, and at no time in its history have there been as many inquiries by advertisers for space and terms as now. For these evidences of continued confidence and approval the Medical Century is truly grateful. Its policy of attending strictly to its own business and allowing the "Miss Nancys" to do the fault-finding and hen-pecking seems to be meeting with the views of the profession as to what constitutes the proper method of conducting a medical journal for which they are called upon to pay, and will be followed in the future as in the past.

The staff of the London Homeopathic Hospital is made up of the following names: Consulting physicians, Drs. Dudgeon and Dyce Brown on the medical staff; for diseases of women, Dr. Carfrae. The physicians in charge are Drs. Blackley, Clarke, Moir and Epps. The assistant physicians are Drs. Marsh, Macnish, Molson and Goldsbrough. Mr.

Knox-Shaw is surgeon-in-chief to the hospital, and his aids are Mr. Dudley Wright and Mr. James Johnstone. Dr. Burford is the physician for diseases of women, and is assisted by Dr. Neatby. Dr. Roberson Day is the physician in charge of the pedological department. Mr. Knox-Shaw has the surgical part of the treatment of diseases of the eye and Mr. Dudley Wright discharges a similar function toward diseases of the eye, ear and nose. Mr. Johnstone is pathologist to the hospital. Dr. Day is the anesthetist, Dr. J. P. R. Lambert is the medical registrar, and Mr. J. O. Butcher is the surgeon-dentist. The resident medical officer is Dr. H. V. Munster, the assistant is Mr. C. J. Prime, and Miss Brew is the lady superintendent of nurses.

Dr. C. R. Mayer, Secretary of the Southern Homeopathic Medical Association, asks for an expression of opinion of members of that body as to the advisability of postponing the meeting of the Southern Association which was to have been held in Nashville until 1897, because of the fact that the Tennessee Centennial Exposition has been postponed until that year. To do this would necessitate the selecting of another place of meeting for 1896. The executive officers of the association concur with the suggestion from the Nashville physicians that it would be better not to meet in that city until the year of the exposition, but all members are requested to enroll their individual opinions with the secretary before a change is put into effect. Montgomery and Huntsville, Alabama, have been mentioned as suitable points for the next the 1896 meeting. We vote for Louisville.

Mrs. O. S. Runnels, Indianapolis, was elected president of the Meissen at Detroit, Miss Emily Paine continuing as secretary. The ladies having the Meissen in charge in the past have carried their politics to somewhat of an extreme, having determined as far as four years ahead who should occupy the presidency. As a result ladies not approving of this plan have not taken an abiding interest in the association and it has lagged. Twice in succession the president decided upon by the leaders has been absent. The election of Mrs. Runnels is a wise choice, and it is hoped that in departing from the program outlined far in advance the society will be given a stronger hold upon the affections of the ladies in attendance upon the meetings of the Institute from year to year. A lady who should have been honored in this relation ere this, but who was not at Detroit, is Mrs. Chester G. Higbee, of St. Paul. She is practically the mother of the Meissen.

Visiting physicians attendant upon the International Congress at London were treated to a very instructive and satisfactory program upon the part of the staff of the London Homeopathic Hospital, who labored zealously that their guests should be entertained by the best talent the London profession affords in the hospital work. On Tuesday August 4th, beginning promptly at nine A. M., Dr. Blackley gave a demonstration of medical cases at the hospital, while Mr. Dudley Wright held a surgical clinic at the same hour. At four thirty of that afternoon Mr. Knox-Shaw held a surgical clinic, Dr. Washington Epps giving a demonstration of medical cases. On Wednesday there was a demonstration of gynecological cases by Dr. Burford, medical cases by Dr. Moir, and children's diseases by Dr. Day. Dr. Burford did an abdominal section Thursday morning, and in the afternoon Dr. Blackley held a skin clinic, Dr. Goldsbrough a demonstration of medical cases and Dr. Neatby one of gynecological cases. On Friday Drs. Moir and Blackley held two separate demonstrations of medical cases and Dr. Epps held a skin clinic in the afternoon. On Saturday morning Dr. Burford wound up the week's work with a vaginal hysterectomy.

The death of the veteran literateur and physician of Philadelphia, Dr. Charles G. Raue, author of Raue's Special Pathology and Therapeutic Hints, is announced as having occurred at the ripe age of seventy-seven years. Dr. Raue was one of the four men who introduced homeopathy in Philadelphia, having been an associate of Hering, Lippe and Kitchen. He was born in Europe and came to America from Niedar-Cunnersdorf, Saxony, in 1848. He was in every sense beloved and respected by his colleagues and fellow citizens. For a great many years he labored efficiently to promote the best interests of his profession. He was one of the founders of the first homeopathic college in the world, and otherwise gave his influence and time and talents for the good of the cause, in which he took a deep and abiding interest. It is to be deplored that he did not live to see the new and greatly improved edition of his "Special Pathology and Diagnosis," now in print, before the profession.

Apropos of what Dr. D. Dyce Brown had to say during the International Congress of Dr. Fisher's Diseases of Children, the following from the New England Medical Gazette is interesting, as expressive of a certain unanimity of opinion in very different parts of the homeopathic world: "No time is wasted in getting to the matter in hand. A happy medium has been reached in presenting the subjects, the information being neither so diffuse as to weary the reader nor so condensed as to make the book dry and uninteresting. It is systematically arranged in sections, making reference easy. In description, symptomatology and diagnosis the work is evidently that of one thoroughly and practically familiar with his subject; but it is especially in the line of treatment that we welcome this addition to medical literature. The author believes in the homeopathic remedy, and after an experience of some twenty-five years is firm in his belief that there is nothing else to be compared to the homeopathic rule in the application of remedial agents to the diseases of children. And his instruction is so convincingly given that student and physician can readily seek success along the paths he has followed. We are glad to welcome so readable and instructive a book to the important department of pediatrics."

The management of the student's journal of Hahnemann Medical College, Chicago, "The Pulse," are making efforts to have the series of the coming fall and winter in every sense creditable to the classes and the college. Mr. C. G. Dwight, of the senior class, is making a pushing business manager, and has some pleasant surprises in store for his co-students of Hahnemann College as they come in for the season.

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Surgery.

SPHINCTERAL DILATATION AS A RESUSCITANT IN CHLOROFORM AND ETHER NARCOSIS AND ASPHYXIA NEONATORUM.

BY W. E. GREEN, M. D., LITTLE ROCK, ARKANSAS.

Anatomical Considerations. — In speaking upon this subject it is not my intention to in any way belittle or discredit this method of restoring to life a human being whose animation has been suspended through the lethal influence of any of the subtle agents used in the production of anesthesia. It shall be my endeavor from practical deductions to give it the standing it properly merits. That it is a means of resuscitation worthy of serious consideration I will frankly admit; but that it is the all necessary one or that it is superior to some others I must deny. As my friend Macdonald, of Washington, tersely stated: "It is a thing to remember but not to be wholly relied upon."

The sphincter ani is a voluntary muscle, receiving its nervous supply from the hemorrhoidal branch of the fourth sacral. The sacral nerves are five in number on each side; all the anterior ones communicate with the sacral ganglia of the sympathetic at their exit from the sacral foramina. The fourth, from which the sphincter ani is supplied, like its fellows, gives off a branch which joins these ganglia. These ganglia communicate freely with the pelvic or inferior hypogastric plexus; inosculating nerve filaments in abundance pass downwards from the epigastric to the pelvic plexus. The epigastric or solar plexus supplies all the abdominal viscera; the great splanchnic, which is formed by branches from the thoracic ganglia, terminates here in the semilunar ganglia. The sympathetic supply passes upwards along the cords on either side to the last cervical vertebra, when the inferior cardiac branches are given off which join the middle and superior cardiac to form the cardiac plexus; this plexus with its ramifications supplies all the thoracic viscera.

Physiological Considerations. — When we study this chain of sympathetic nerve distribution running up to the brain, and consider its physiological relation, it is easy to understand the philosophy of reflexes and to comprehend the multiple and far-reaching pathological manifestations of nerve-irritation. The effect of sphincteral stretching upon distant organs no longer rests upon speculative theory, but becomes a fact founded upon physiological principles. But what we want to know as surgeons is, to what extent does this physiological law hold good—to what extent can it be relied upon in actual practice. This, like all other agencies in the domain of medical uncertainties, can be demonstrated only by experimental research.

Experiments made by either enthusiasts or novices are not calculated to carry conviction to the minds of sincere and unbiased investigators. There are so many factors involved in establishing a truth which may be warped by enthusiasm or misconceived by want of experience that only the cold, calculating, non-sentimental plodder is capable of arriving at correct conclusions. Through the writings of enthusiasts and inexperienced operators we are persuaded that by the aid of the bivalve chloroform is shorn of its dangers, surgery thereby loses the major part of its terrors and the uninitiated can sally forth, scalpel in hand, to do battle with disease, not fearing disaster from this potent anesthetic agent.

While we think the advocates of this theory are sincere in what they state, and that the teaching, in a measure is true, it is possible that their data are wrong and the conclusions erroneous. Is it an anatomical fact, as they state, that all the involuntary functions of the human organism are governed solely by the sympathetic nervous system? Is not the cerebro-spinal the great governing power, the head center of all nervous force? All the orifices of the body are by nature endowed with more or less acute sensitiveness, and though they are more or less supplied by the sympathetic nervous system does this hypersensitive condition that arouses to action all the inanimate functions of the body belong exclusively to these nerves? As before stated, the sphincter ani receives a nerve supply from the fourth sacral; the uterus communicates directly with the cerebro-spinal through the third and fourth sacral; and the bladder, (sphincter vessicae), through the fourth sacral. These are sensory nerves, and it is these, when dilatation is practiced, that impress the vital forces to action.

Suppose the spinal cord is injured! What takes place? The functions governed entirely by the sympathetic ganglia continue, the circulation and nutrition, though impaired, go on, but not as with those dually supplied. All action and sensation below the point of injury cease, the sphincters fail to respond to dilatation, because the cerebro-spinal nerve force is gone and the sympathetic, from this loss, also works feebly.

Suppose a bullet is sent crashing through the brain and this great governing center is disabled! What follows? The whole nervous machinery stops, because the driving power has stopped. The facts are that though the brain may be so obtunded that cerebration is abolished it is yet the great center and creator of nerve-force and action. When the impressions here, from any cause whatever, are overpowering there is and can be no response from sphincteral irritation.

I have never from my own personal experience in a single instance seen any beneficial results from anal dilatation in chloroform or ether narcosis where the condition was profound and highly critical; and under my observation, where it was successfully practiced by others, there was usually no real danger—the cases were not such as would have excited my apprehension. I have time and again seen operators drop their instruments and a scene of excitement ensue when had there been a thoughtful, cool and experienced anesthetist in charge there need have been no interruption in the proceeding; and I have also seen operations abandoned through fear of evil results from the anesthetic when only a temporary suspension of respiration occurred. I grant that these cases would all have yielded to sphincteral dilatation. But let the influence, whether from injury, opium, ether, chloroform or any of the narcotics, be over-powering to the cerebro-spinal system, and there will be no response to this method.

Individual idiosyncrasies are important factors in the response given to anal dilatation. Some patients are so irritable about the anus that it requires profound anesthesia to destroy the sensibility, while others will tolerate extreme dilatation without resentment when not deeply under the influence of lethean vapors. Macdonald, who made extensive notes of the subject, estimated that fifteen per cent of all cases under ordinary anesthesia yield no response to dilatation.

Clinical Observations.—Case I.—In the summer of 1881, long before the discovery of this mode of resuscitation, I was anesthetizing a patient for the purpose of dilating the sphincters for the cure of a fissure of the anus of long standing. The patient, female, was so sensitive that it was impossible to make any examination of the parts. On this account I ordered the anesthesia carried to the point of stertorous breathing. Just as I was in the act of beginning the dilatation the patient ceased to breathe. I decided to complete the operation and resuscitate the patient afterwards. I therefore introduced both thumbs into the anus and thoroughly dilated the sphincters, but it made no impression whatever upon the breathing; she was placed in the vertical position, head down, and restored by artificial respiration. I have often called this case to mind since the agitation of anal dilatation.

Case II.—Female, aet. 42; while performing the Whitehead operation for the removal of hemorrhoids the patient, who had shown considerable cardiac weakness throughout the operation, suddenly ceased to breathe. The Pratt bivalve speculum was introduced and rhythmical dilatation of the sphincters practiced; there was no response whatever. Artificial respiration was resorted to, which soon resuscitated the patient. The operation was finished without further need of the anesthetic.

Case III.—Female, aet. 34; operation, amputation of cervix. Though the heart was acting fairly well the patient breathed badly and more or less cyanosis existed. Suddenly the respiration ceased entirely. Rhythmical dilatation of the sphincters was performed with the bivalve without any response whatever. Artificial respiration while in the horizontal position soon restored her.

Case IV.—Male, aet. 23; operation for varicocele and amputation of scrotum. Though the cardiac action was good the breathing was impeded. The anesthetist requested me to use the bivalve. I did so and the breathing stopped at once and the heart almost ceased to beat. The instrument was removed, strychnine administered, and operative measures suspended for a few minutes, when the patient rallied and the operation was concluded. I then attempted to dilate the anus, preparatory to removing some hemorrhoids, when the patient ceased to breathe and the heart again flagged. It was with the utmost caution that I could complete the rectal operation. I am perfectly convinced that an incautious or persistent dilatation would have killed this patient.

Case V.—Female, aet. 35; anesthetic administered for the purpose of making an examination of the pelvic viscera. The patient suddenly ceased to breathe and the pulse became imperceptible at the wrist. Anal dilatation elicited no response whatever. The patient was placed in the vertical position and artificial respiration resorted to, which soon restored her. The mixture (C. E.) that was being administered was changed to ether and the examination concluded.

Case VI.—Female, aet. 16; opium poisoning; drug taken with suicidal intent. I saw her four hours after it was taken. Pupils greatly contracted; breathing eight to ten per minute; pulse 40. Thorough anal dilatation with the thumbs was practiced, without any effect. The patient died at the expiration of six hours.

Case VII.—Asphyxia neonatorum. Natural labor; child weighed nine pounds, was plump and apparently healthy; cried as soon as born. Within a few minutes the breathing became impaired and soon dropped to three or four gasps a minute. After an half hour's attempt at resuscitation with but slight improvement anal dilatation with the finger was instituted without any effect whatever. Effort at artificial respiration was resumed, but the child died in six hours.

Case VIII.—Infant weighed eight and one-half pounds, well nourished; delivery with forceps under chloroform; child greatly cyanosed; gave one or two gasps and then ceased to breathe. After a few moments of ineffectual efforts at resuscitation anal dilatation was done with the finger without the slightest effect. The continual performance of artificial respiration restored it.

Case IX.—Infant, weighed five pounds; delivery with forceps under chloroform; child cried and breathed fairly well for a few moments, but was much cyanosed; it soon ceased to breathe entirely. Anal dilatation with the finger was performed without the slightest result. The child was placed upon an inclined plane, head down, and artificial respiration regularly performed for half an hour, eliciting only an occasional gasp; the heart continuing to beat feebly, finally success crowned the effort and the child still lives, now a fine little boy.

Case X.—Infant, weight ten and one-fourth pounds; plump and healthy looking; delivery with forceps under chloroform. Soon after it was handed to the nurse she directed my attention to the fact that it was not breathing. It was greatly cyanosed and the heart was beating slowly and very feebly. I immediately dilated the sphincter. A slight quiver passed over the child; there was no respiratory response, but the heart's action jumped up as though impelled by electricity, and continued to beat strongly. The child was placed on an incline, head down, and artificial respiration regularly performed for several minutes, when the little fellow began to gasp and finally cry vigorously.

This is the only case in the new-born infant where I have ever seen the slightest effect from sphincteral irritation, and to my surprise the response here came in the heart; and yet it is a fact that the heart is much less affected by dilatation than the respiratory functions.

Summary.—In summarizing I will state my conclusions as follows: Both the pulmonary and cardiac action are influenced in a certain number of cases by sphincteral irritation. The heart is less frequently acted upon than the lungs. The effect is much more pronounced in some subjects than in others, a good percentage yielding no response when only moderately under the influence of an anesthetic. A few are absolutely injured and I believe some patients can be killed by it. When patients go under the anesthetic slowly or badly, anal dilatation usually acts beneficially and promptly. The same result often follows the stimulus of beginning operations in other parts of the body, also when respiration ceases, when profound anesthesia does not exist. When the lethal action of the drug has developed, the great nerve centers being overpowered, a universal muscular relaxation existing, the eyes are open, the pupils widely dilated, the face pallid, the breathing has ceased and the heart beats slowly and feebly—a genuine case of chloroform narcosis—anal dilatation will fail; at least this is in accordance with my observation. In such cases strychnia should be administered hypodermically, the head and shoulders greatly depressed and regular and persistent artificial respiration performed.

I wish to say in closing this paper that I express my own convictions from personal experience. In doing so I claim the same right to think for myself and express my conclusions as I grant to others; and I desire to say, further, that I am making no personal attack upon any one's published or expressed views. I have spoken with the sole idea of throwing what light I can upon the subject.

The thirty-ninth annual announcement and catalogue of the Homeopathic Medical College of Missouri has been received. The next session will open October 1st, 1896, with Dr. Wm. C. Richardson as dean and Dr. L. C. McElwee as registrar.

TYPHLITIS.

BY M. R. BAKER, B. S., M. D., CHICAGO.

General Considerations.—It may seem presumptuous for one in this age of medical acumen to maintain that a disease still exists though shorn of its name and place among the diseases of mankind by the medical fraternity of our day. I refer to typhlitis. This disease exists as of yore, and should retain its name and place among the diseases of the human race. I am aware that all of the inflammations involving the cecum, terminal end of the ileum, and the appendix, without regard to their origin or the tissues involved, are called appendicitis. This is a misnomer and misleading.

Typhlitis is primarily and essentially a disease of the cecum. It originates in the mucous membrane of the cecum and from thence involves, more or less quickly, all of the other coats of this organ. This inflammation does not extend to the ileum or appendix in acute cases by reason of the continuation of tissue, except to a very small extent. The ileum is usually involved just in so far as it lies in contact with the diseased cecum. This inflammation, as I have stated, attacks the mucous membrane of the cecum, does not extend to the mucous membrane of the ileum or appendix, but extends to the peritoneal coat of the cecum and thence to that part of the peritoneal coat of the ileum which lies in contact with the diseased cecum. The appendix is also liable to the same extent. There is this difference, however, the ileum normally lies more or less in contact with the cecum, while the appendix only lies in contact therewith when abnormally placed.

In over fifty dissections of these organs I have never found the appendix in contact with the cecum, except, of course, at its origin. Normally it extends away from the cecum and is held away from it by its mesentery; hence the appendix is seldom involved in typhlitis, and when it is involved it is involved secondarily and in reverse order to the cecum, the peritoneal coat being involved first, instead of the mucous coat. This is a point of importance.

In typhlitis the mucous membrane of the cecum is attacked by a catarrhal inflammation which in a few hours throws off a watery exudate into the lumen of the cecum. If profuse this is discharged through the rectum, otherwise it may be absorbed. The appendix, if involved at all, is attacked through its peritoneal coat, and its mucous membrane, if attacked, is involved because it lies in close proximity to an inflamed membrane.

The inflammation that attacks the mucous membrane of the cecum is caused by the morbific agent, catarrh, a product of which form of inflammation is the watery exudate alluded to, it emanating from the mucous membrane attacked, no matter where that membrane may be located. The inflammation that attacks the mucous membrane of the appendix in these cases is either not catarrhal in its nature, being an inflammation induced by proximity to another inflamed membrane, or has lost its virulence to such an extent before reaching the mucous membrane of the appendix that it does not cause an exudation to take place into the lumen of the appendix, even though it be involved. Therefore there can be no danger of pus forming in the appendix, and that organ is of no more importance in such cases than so much tissue elsewhere which might be involved.

Symptoms.—The first of note is pain, more or less severe, and spasmodic in character, in or about the right iliac fossa. This pain increases in frequency and intensity for from twelve to twenty-four hours, after which time there is constant pain with frequent exacerbations. By this time if the case be severe the temperature has reached 103 or 105 degrees and the pulse registers from 120 to 140. The patient is restless, his features are drawn, his limbs flexed, and his abdominal muscles rigid. Vomiting has probably set up. There is much thirst, loss of appetite, and watery diarrhea usually sets in in from thirty-six to forty-eight hours. It takes about the same length of time for the formation of the regulation "tumor," and by a careful and persistent effort the rigid muscles may be made to relax sufficiently to permit of its examination. It will be found to occupy much of the space between the anterior superior spine of the ilium and umbilicus, and to extend a variable distance on either side of a line drawn between these points. It is irregular in outline, hard, unyielding and very tender to the touch. It is always superficial, lying immediately beneath the parietal walls, and as examined through these walls seems to occupy a large part of the right abdominal cavity.

Typhlitis is liable to recur either because of a fresh catarrhal attack, or may be induced by the adhesions which are the results of former attacks. These adhesions are often extensive and unyielding, and when so the normal movements of the organs involved are prevented, through being continually pulled upon by the attempted peristaltic action of the intestines, this producing an irritation, followed by an inflammatory process as severe as any that have preceded, though not catarrhal in nature. If these attacks grow less frequent and less severe, well and good. It is evidence that nature is breaking up the adhesions. But if they grow more frequent and more severe each time, operative measures are necessary to break up the adhesions and liberate the organs.

The operation must be done between attacks, never at the time of an attack. I will state here that twelve cases of this kind that have been operated upon, either in the midst of an attack or afterwards for the purpose of breaking up the adhesions, have come under my personal observation, and I am using these twelve cases, together with what I have gleaned from other sources, to form the basis of this paper.

Treatment.—These cases are always primarily medical, and if properly handled will seldom become surgical. I am a surgeon and would rather operate than do anything pertaining to my business; yet I cannot too strongly condemn the tendency that exists to operate upon these cases under the delusion that they are appendicitis. If the appendix could be removed with little or no inconvenience to the patient the operation would make little or no difference in the outcome. But we cannot make an abdominal section without adding to the already serious condition of the patient, and we have by operating deprived him of one of the most potent factors for the alleviation of pain in all the line of treatment, the poultice. There is no disease to which flesh is heir in which operative measures are less indicated than in acute typhlitis.

The medical treatment I have used has been very successful and I will give it briefly. In an adult I begin with a colonic flushing of three quarts of warm water, to which has been added one ounce of tincture of Hydrastis. The patient will experience a little pain when the water reaches the inflamed cecum. After the mucous membrane of the cecum has been well bathed the water is allowed to escape into a receptacle beside the bed. The effect of this flushing is often magical; the patient drops off to sleep after a short time with pain and temperature much reduced. I have known the fall in temperature to be as great as two degrees within an hour after this flushing. The flushing is followed by a hot linseed poultice, large enough to cover the abdomen, and to this is added enough turpentine to create a marked counter-irritation. The poultice may be kept warm in the following manner: Use a hot water bag filled with hot water, nearly boiling—but not quite, for boiling water would loosen the seams of the bag and cause leakage; wrap the bag in a woolen blanket with one end of the blanket so arranged that it can be opened into the bag: then place the bag upon a chair convenient to the sick-bed. Two medium-sized plates, as light as can be had, are now placed upon the water bag and the opening through the blanket to it is closed. When these plates are warm enough one of them is placed upon the poultice, and when cool is made to change places with the one upon the bag. In this way the change of plates is effected in one second. There is no running back and forth with hot and cold plates. The poultice is never allowed to get cold and the patient is never exposed. The hot water bag arranged in this way will retain sufficient heat for six hours. When the poultice becomes dry it is to be exchanged for a fresh one.

When there is much restlessness, pain, and high temperature, with thirst, Belladonna and Arsenicum are the sovereign remedies. When the symptoms become modified Bryonia and Mercurius corrosivus will terminate the case nicely. If Belladonna and Arsenicum fail to alleviate the pain within a reasonable time I am not averse to the administration of Morphine, one-eighth grain by the mouth. I have never seen any but good results follow. I am happy to add, however, that Morphine is seldom needed, and then only with children with whom the colonic flushing cannot be used so successfully as with adults, because of the nervousness and unrest superinduced by its administration.

The cases of which I speak above are typhlitis, and the application of the name appendicitis to them is misleading and wrong. It is misleading because the appendix is seldom involved, and when involved becomes so secondarily. It is wrong because the laity have been taught to believe that there is but one treatment for appendicitis—a surgical operation—so that when a physician is called to such a case, if he name it appendicitis but adds that it is not a case for operation, the patient and family become suspicious that the case is not to receive proper attention, a feeling which will remain with them until you have demonstrated that you are right by curing your patient.

Illustrative Cases.—I will refer briefly to three cases as samples of those operated upon under the diagnosis of appendicitis and one of typhlitis. There were ten such cases all told; the other two of the twelve being the only ones operated upon for the purpose of breaking up the adhesions. Some of these cases came under my observation while serving my term on the house staff of Cook County Hospital, the cases being in charge of different schools of medicine.

Case I. The patient had all the symptoms above recited. Diagnosis, appendicitis. Operated upon. Inflamed and adhered mass presented beneath the abdominal wall. After contemplating this mass for a few moments, and seeing the uselessness of proceeding, the abdominal wound was closed. At post-mortem—of course there was a post-mortem—the appendix was found in a normal condition except for about half an inch at its origin.

Case II. This was a case like the preceding, only the adhesions were not so extensive. In this subject the mesentery of the appendix was too short, the appendix was made to curve upon itself and a portion of it was brought in contact with the inflamed peritoneal coat of the ileum. To this extent and no more was the peritoneal coat of the appendix involved. The other coats were not involved. The appendix was removed and the patient recovered after a long and tedious illness.

Case III. Same symptoms as above. Adhesions very strong and numerous, it requiring a long time to break them up. At last the appendix was found and removed. It was in a normal condition except at its junction with the cecum, and there for only about half an inch. The patient died.

Out of the ten cases to which I have referred as operated upon five died. I believe all would have lived had they been properly treated medically.

Case IV. I was called on May 20th, 1896, to see a little girl twelve years old, suffering as above. Her temperature was 105 degrees, pulse 140 and she suffered intensely. The attack had commenced about eighteen hours before. I could at this time outline the tumor, though it was not completely formed. I learned from her parents that this was the fourth attack since Christmas. The physician they had employed for the previous attacks had diagnosed the trouble as menstrual colic. Of course this is hearsay. I told them it was an attack of so-called appendicitis, but not a form in which an operation was needed. I prescribed in accord with the line of treatment already suggested, except for the colon-flushing. The patient responded quickly, and in six days I discharged her. In just five days I was called again, however, the disease having recurred. I repeated my treatment, but the disease was much more stubborn than before, and for five days I could see no improvement. I was driven to the use of Morphine several times to control the pain and always with the happiest results. The tumor seemed to occupy fully two-thirds of the right side of the abdomen, and it also seemed as though the entire contents of the abdomen must be adherent. It was the most severe case I have ever seen. The family was very anxious, as this little one was the joy of the household. On the morning of the sixth day I could see a shade of change for the better and so informed the family. About noon I received word that the patient was worse and growing worse all the time. I immediately hastened to her—to find her better. The family said they hoped I was right. The next morning the patient was so much improved that it was plain to all. Then I found out the cause of the panic the day before.

The family had a friend. This friend had a physician, and the two had consulted concerning my patient, and I suppose as a result of this decided to visit the patient together. The doctor was not solicited by anyone else to see the case. After examining the patient he stated she had a temperature of 103 and that pus was present in the appendix. He and the friend then left and had another consultation in which he said an operation must be performed or the patient would surely die. This came back to the family as quickly as an anxious heart and a willing pair of legs could carry it. I forgot to mention that this physician makes a specialty of surgery and a special specialty of appendicitis and has his office in the Columbus Memorial Building. I have reluctantly withheld his name, but if ever again he interferes with a patient while under my care I will publish him in every way possible.

I have mentioned this circumstance to illustrate the point that the two diseases, appendicitis and typhlitis, are not always differentiated, even by those who claim to make a special study of surgery and to hold special knowledge of appendicitis. The man would have cut down in this case of typhlitis, as sick as it was, under the delusion that it was a case of appendicitis and that such procedure would relieve the trouble, when, in fact, such a course would have been nothing short of professional murder.

The patient recovered nicely, whereupon the alleged specialist, to whom the result was reported, replied that there had been pus in the appendix, that it was there when he saw the patient, and that the appendix had ruptured and the pus had been absorbed, consequently there was not now any need for an operation.

When the patient had become about as strong as before I told the parents that I thought in view of the fact that she had had so many recurrences of the trouble in so short a time we ought to operate and break up any adhesions that might have formed, and which, in my judgment, were the cause of the recurrences. This was assented to and Tuesday was set as the day for the operation. On Sunday morning, however, I was called to see the patient and found that an attack was coming on. I hastily summoned assistance and operated immediately. The adhesions were extensive and unyielding. The cecum was bound down completely on all sides, and the ileum was bound to the cecum for several inches. It required nearly an hour of painstaking effort to break up all the adhesions, gather up the bleeding points, and liberate the organs. The appendix was curled upon itself by reason of its unusually short mesentery until the ends lay side by side and in contact with the cecum. Both ends were involved, not to exceed half an inch. The free end was bound down by an inflammatory band about an eighteenth of an inch wide. This band was drawn so tightly that the appendix immediately under it was shut off from its blood-supply and a gangrenous ring of the width of the band extended all around the organ on the inner coats, the peritoneal coat not being affected. This band might, in time, have completely amputated the appendix at the point of constriction.

Dr. Rockwell assisted me in the operation, Dr. Flower, of the Chicago Homeopathic Hospital, administering the anesthetic. Both examined the appendix carefully and subscribe to what follows. The appendix in this case of typhlitis, the worst I ever saw, was absolutely normal except at its two ends where these were in contact with the diseased cecum, and at these points it was in no worse condition than the cecum, except for the gangrenous ring from the constricting band. This condition would probably not be again found in a thousand cases.

The patient recovered from the operation nicely. She did not have a rise in temperature from start to finish. There was primary union of the abdominal wound, which was dressed for the first time on the ninth day. The patient was discharged on the sixteenth day, and there have been no symptoms of recurrence of her disorder.

OXYCHLOROFORM ANESTHESIA.

BY THEO. NICHOLSON, M. R. C. S., LIVERPOOL, ENGLAND.

Before bringing forward the subject of Oxychloroform anesthesia, a few remarks by way of introduction are necessary. In the early months of the year 1891, after three successive accidents, I first directed special attention to the physiological effects of the inhalation of chloroform. I was led to take up this investigation by the fact that, after an experience of some thirty years, I continued, in spite of all possible precautions, to meet with cases of "accidental asphyxia," none of which, however, were fatal. My object in thus taking up the question was to arrive at a reasonable explanation of the occurrence of these untoward "accidents," and, if possible, to discover a method by which they could in future be averted. After much careful thought, it occurred to me that oxygen gas would meet the difficulty, and feeling confident that this was the correct thing I devised an apparatus by which the chloroform and oxygen could be administered together or separately, much or little, at the will of the operator. By way of practically testing the matter I submitted myself to experiment, one of my colleagues kindly consenting to administer the anesthetic, and to him I am indebted for the following notes taken during exhibition. I ought here to say that, in addition to being somewhat below par, I entered upon the experiment in an altogether impromptu manner and soon after a full meal, added to which violent muscular exertion in opening an eighty-foot cylinder of oxygen sufficiently accounts for the vomiting and eccentric pulse.

"Commenced with the inhalation of a few whiffs of oxygen, pulse varying from 84 to 90.

"In three minutes pulse rose to 108, but was softer; resp. 14.

"Commenced the chloroform. In ten minutes the pulse fell, and varied from 90 to 94. Vomiting for half a minute, preceded by a pulse fall to 70, afterwards returning to 96.

"In fourteen minutes vomiting again, preceded by a fall of pulse to 60.

"In twenty-one minutes vomited a third time.

"In thirty minutes pulse varied from 66 to 80.

"In thirty-three minutes stopped chloroform and gave oxygen only.

"In forty minutes conscious, but some further vomiting; oxygen continued for five minutes longer.

"Respiration throughout regular and full, 13 to 16.

"Took about three drams of chloroform."

On June 5th, 1891, I used it in an ovariotomy case in our hospital, and in the following amongst others:

September 26th, 1892.—Mrs. T—, aged 38. Rupture of perineum. Temperament nervous and bilious. Gave oxygen and chloroform together. Unconscious in about twelve minutes, respiration regular and full, pulse full and steady. Under for half an hour a little vomiting, but very slight headache.

October 13th, 1892.—W. D. W—, an anemic infant of six months. Enucleation of eyeball. Under four minutes.

October 20th, 1892.—Lena H—, aged 11. Removal of necrosed maxillary bone. Gave oxygen and chloroform. Unconscious in ten minutes, pulse regular and full, breathing ditto, though very deeply under.

October 27th, 1892.—Richard H—, aged 18. Incision of deep femoral abscess. Under in ten minutes with oxygen and chloroform. Pulse and respiration normal. Slight bilious vomiting, but no headache.

Same date. Eleanor A—, aged 19. Extracting eight stumps. Pulse and respiration good. Slight headache after, and some vomiting, which was worse next day, but was attributable to a generally disordered condition of system.

It is noticeable that the pulse and respiration are generally normal, and it has been further observed that in some cases the pulse is even better at the close of an operation than at the commencement.

My views upon this subject were first brought under the notice of the Southport Homeopathic Congress in September of the year 1892, and were reported with its proceedings in the Monthly Homeopathic Review of December of the same year. They were also referred to in the British Medical Journal of December 31st, 1892; in the Provincial Medical Journal of January 2nd, 1893; and in the Journal of the British Homeopathic Society of July, 1893, the latter containing a paper which I read in February before its Liverpool branch. Further, and by way mainly of recording the method, the principle was patented in the U. S. of America (after a careful search by the Patent Office) in May, 1893.

From an article in the New England Medical Gazette of September, 1895, I was interested to find that one of our American colleagues, Dr. Herbert L. Northrop, of Philadelphia, had hit upon the same method of obviating the perils of chloroformisation. From a reprint of an article of his contained in the Hahnemannian Monthly of February, 1895, which he has been good enough to forward to me, it is evident that his idea of the proceeding was formed wholly independently of me, though from the date he assigns to it, viz., "a year and a half ago," it would seem that the priority, quantum valeat, of both conception and publication was mine. My attention has, however, been recently called to a paragraph in the Clinique of April, 1896, to the following effect, which I quote en passant: "Dr. Northrop, of Philadelphia, says that the oxygen-chloroform method, attributed to him by his too kind friends, should be called the Mendorfer method." Be this as it may, it is gratifying to find that the advantages which I claim for the method are confirmed in no less than one hundred accurately tabulated cases by a gentleman of the professional eminence of Dr. H. L. Northrop.

I will now, with your permission, recapitulate some of the important points connected with the physiology of anesthesia, and these may be best expressed in the words of the Hyderabad Chloroform Commission: First, that chloroform has never, under any circumstances whatever, any direct action upon the human heart. Secondly, that the primary effect of chloroform is to gradually lower the blood-pressure, dilate the arterioles, and slow the circulation, both systemic and pulmonary. Thirdly, that after a certain stage the respiration is retarded, the slowing being in direct proportion to the fall in the blood-pressure. Such was the extent of our knowledge on this most important subject when I first gave attention to it. It must be understood that I do not profess to have added to our knowledge of the physiology of the process, but, accepting the conclusions of the Commissioners, I have arrived at what I conceive to be a rational explanation of the occurrence of asphyxia, and, what is more to the purpose, at a practical and safe method of obviating it.

I regard the asphyxia as dependent upon a two-fold cause. First, a lowered blood-pressure with its attendant slowing of the pulmonary circulation. Secondly, an interference with the normal process of aeration, this interference being likewise dependent on two things, (a) an actual slowing of the respiration (vide Hyderabad Chloroform Report), and (b) the continued inhalation of fresh doses of an active poison, which, by accumulation, interferes with the due elimination of the CO_2 of the system.

It was a consideration of this latter fact which led me to devise the method for the prevention of asphyxia which I have now to lay before you. It consists simply in the inhalation of a mixture, proportionate to the requirements of the case, of chloroform vapor and oxygen gas. The advantages claimed for the method, which has advanced far beyond the stage of experiment, are that oxygen, by maintaining perfect aeration throughout the whole process, ensures regular respiration, consequently escape from the danger attending languid circulation, irregular respiration, and imperfect aeration, viz. asphyxia. The dreaded sudden lowering of the blood-pressure with pallor, the indication of approaching asphyxia, cannot occur because stagnation in the systemic vessels is prevented by normal activity of circulation; moreover the nutrition of the heart is uninterfered with. Further, be the required dose of chloroform what it may, and it will vary in every case more or less, it may be said to be incapable of narcotising the vagus, because being carried more rapidly to the nerve centers, less is necessary, and its action is limited to the suspension of consciousness, which is all that we require. Again, a feeling of confidence and safety is imparted to operator and patient alike, unknown under the old system; recovery is greatly facilitated; and there is an entire absence of the deadly depression with which we are only too familiar. Last, but not least, the fortuitous element in chloroform anesthesia is eliminated, to the great advantage of all concerned.

It now only remains to say a word upon the subject of Inhalers. It is, I believe, generally conceded that safety depends not only upon who gives, but upon the mode of giving our anesthetic. But this, to be absolutely safe, must, whatever the form of inhaler, be in combination with pure oxygen, regulated and controlled after the manner carried out by Messrs. Arnold and Sons, of Giltspur Street, and 31, West Smithfield, London.

Obstetrics.

THIRD STAGE OF LABOR.

BY R. N. FOSTER, M. D., CHICAGO.

FIRST PAPER.

The following is extracted from "Gifford's Midwifery," a very old book, published in London in 1734. The work is not a systematic treatise on midwifery, but a detailed report of two hundred and twenty-five cases of obstetrics attended by the author, each case of which presented some deviation from the form of natural labor.

The most frequent difficulty reported is that of retained placenta, this occurring twenty-four times in the number of cases given.

In every case the cause of the retention is the ignorance of the midwife in charge.

This leads the honest doctor to indulge in the following reflections: "This is one among the many misfortunes that attend a man mid-wife, when he is sent for too late, proceeding from the negligence, supineness, ignorance, or self-sufficiency of the midwife; which last prevails in most of them, and is very often the occasion of the loss either of the mother or child, or sometimes both; which might have been prevented had a proper person been sent for in time."

Gifford had a theory as to the proper course of action in the third stage of labor which is now discredited, although the practice of it is not wholly abandoned. This theory may be well stated in his own language.

"This," a case of retained placenta, "proves that the immediate passing of the hand after the child is born, is of very great advantage; for then the Uterus, so lately extended for the protrusion of the child, is not so soon contracted as to hinder its passing; but if this is delayed for some time, both the os internum and uterus itself are generally so contracted that you cannot pass your hand without difficulty; and the placenta is so closely compressed that you cannot readily move your hand to take hold of it. **This, therefore, should be a just caution to** midwives, not to delay (if they cannot bring it) to send early for help; which would prevent many unhappy consequences, as great floodings, etc., which sometimes ensue from delays."

His doctrine respecting the management of adherent placenta also deserves a brief notice, chiefly as showing how far the science of midwifery has improved upon the method of a hundred and fifty years ago.

"I endeavored to take hold of the placenta with my fingers, but it tore as I pulled it towards me. I examined all round it with my fingers, to find where it adhered in order to separate it, but I could not bring it away, only by piecemeal, and was at length forced to leave some remnants; it adhered so closely to the bottom of the womb that had I endeavored to bring those remains away, I might very easily have hurt or torn the ends of the womb with my fingers; so that I thought it more advisable to leave it to nature; the remains generally coming away in the time of purgations, or when the woman endeavors to make water, or go to stool; yet nothing ought to be left in the uterus if it can possibly be avoided, because evil consequences may ensue; but, on the other side, by moving the hand too rudely in the womb there often arises inflammation and gangrene, and sometimes the woman dies."

The essential point to which attention is now invited, is the doctrine that the placenta is to be removed immediately after the expulsion of the child, before the womb has had opportunity to contract. Because then the removal of all the secundines is comparatively easy and is altogether certain. Losing this favoring moment, all of the dangers and difficulties of retained placenta, or of retained portions of placenta, are at once encountered.

The modus operandi is of the simplest. Make traction upon the cord, aided by one or more fingers of the other hand, or if necessary by the whole hand, in the vagina, or even in the uterus. Empty the uterus at once and completely as soon as possible after the expulsion of the fetus.

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So far Gifford. Now let us listen to Velpeau. I quote from the edition translated and published by Dr. Ch. D. Meigs, in Philadelphia, in 1831:

"Dr. La Motte, Deventer, Penn., and some modern authors are scarcely willing that we should wait for it (the placenta) for half an hour; according to them, if we do not act at once the orifice closes and may retain the after-birth, from whence accidents of greater or less severity may ensue. Levret and Smellie, Baudelocque, and almost all practitioners of the present day advise us, on the contrary, not to act until the placenta is completely detached, and presents itself spontaneously at the orifice of the womb. * * * I used to wait till pains came on before I proceeded to act, and I stopped as soon as I perceived the slightest resistance; and in the short space of six months I was obliged to wait, on one occasion ten hours, on a second twenty-four, on a third thirty-six, and on a fourth forty-eight hours, before the placenta was delivered, and in the last case was even obliged after all to introduce the hand in search of the placenta. Since that time I have never been obliged to wait more than one hour."

Velpeau then proceeds to describe minutely his mode of procedure in extracting the placenta. "Expression" of the placenta constitutes no part of his method. The funis is to be wrapped about the fingers of the right hand, while guided by it the fingers (two or three) of the left hand are carried to the fetal surface of the placenta, no matter how high up that may be situated, and while firm traction is made upon the cord with the right hand, the fingers of the left press the placenta in the axis of the pelvis until it is wholly withdrawn from the uterus.

"As soon as the after-birth appears at the vulva, the left hand is placed underneath it," while the right "rolls it four or five times round, drawing it moderately and slowly downwards. Without these rotary motions the membranes might separate from the placenta and remain within the female organs, while if twisted in this way they are collected together and resemble a rope and become easy to extract." "It is recommended that the after-birth should be examined as soon as it is delivered, to make sure that no part of it is left within the genital organs. It will be well to follow this advice, no doubt, whenever the delivery has been attended with some difficulty * * * ; but in other cases it would be puerile to trouble one's self about it, especially, considering that even should some small pieces of the placenta or shreds of membranes be left in the womb, we should not be authorized on that account to introduce the hand in search of them."

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Following the course of obstetrical history a little further, we come next to the once standard work of Dr. Wm. P. Dewees, written in the year 1826. From this work I make the following extract as being most relevant to the design of this paper.

"The placenta may be delivered, provided it be loose in the vagina, by tightening the cord with the left hand, and tracing it with the forefinger of the right to the placenta, which is to be hooked with the introduced finger, and gently drawn by the cord with the other hand, until it pass through the os externum—we should then grasp it with both hands, and give it several twirls, to twist the membranes, that they may be entirely withdrawn from the uterus. The advantages of this proceeding are we prevent a terrible stench, and occasionally, alarm; for we have known them, when about to escape from the vagina some days after delivery, to excite great terror in the patient and her friends, by their being mistaken for a falling down of the uterus."

It is certainly noteworthy here that the object of the above procedure is to "prevent a terrible stench and occasionally alarm." The obstetrician of today has more cogent reasons determining his conduct.

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However, the subject is one that has always possessed a very serious interest, as appears by these few quotations from earlier authors. From Ramsbotham, in his still most valuable work, "The Principles and Practice of Obstetric Medicine and Surgery," published in London in 1841, we obtain on this branch of midwifery a mass of historical and statistical information not to be found in any other works earlier or later. "The management of the placenta has at different ages been conducted on the most diametrically opposite principles. From the writings of Hippocrates we gather that it was not the custom to use any means but the most gentle for the purpose of extracting it (the placenta); but Celsus plainly counsels us to introduce the right hand into the uterus, and remove the secundines, quoties infans protractus est."

This last expression seems to have been variously interpreted, by some as applied to all cases of labor, and by others as referring to cases of delayed labor only. Denman, acording to Ramsbotham, adopted the former view; but Ramsbotham the latter.

Aetius recommends that the placenta, when retained, should be removed by the introduction of the left hand. Also that "relaxing means" should be employed, if the os uteri be shut. But he advises that all such efforts must be confined to the first and second day after delivery. If the removal is not accomplished within that period, "the mass will putrify and come away in a dissolved state." Pare recommended the removal of the placenta immediately after the birth of the child; but recommended that it be done" in the gentlest and softest manner" —first by traction with the funis, and if that did not succeed, by the introduction of the hand into the uterus. "Pare's advice was but partially followed; the practice inculcated was implicitly adhered to for many years, while the excellent cautions by which it was enveloped were entirely forgotten; and hence the most disastrous effects resulted. The hand was rudely thrust into the uterus on all occasions, and the placenta as rudely torn away."

Ramsbotham says that the "mischievous custom" was taught by Chapman, Manningham, and Smellie. Hunter was the first to oppose it in England, which he did heroically and successfully; while some years before Ruysch, of Amsterdam, took strong ground against the practice, and actually forbade the extraction of the placenta in any case. Hunter, indeed, at first adopted the same principle, even in hospital practice. But the occurrence of several cases of death as a consequence finally induced him to modify the principle, so as to remove the placenta by hand in case of flooding, and in all cases to remove within four hours after the birth of the child.

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This teaching from the older authors, which might be indefinitely multiplied, exhausts the possibilities, from the immediate and forcible removal of the placenta to the most absolute non-interference. If the meddlesome midwifery was bad, the neglectful midwifery was no better.

In my next paper I shall call attention to the more modern aspect of the subject. I hope to show in the course of these papers that the third stage of labor is replete with dangers and difficulties more numerous and serious than those which beset the two preceding stages.

SUPERFETATION VS. SUPERFECUNDATION.

Report of a Case.

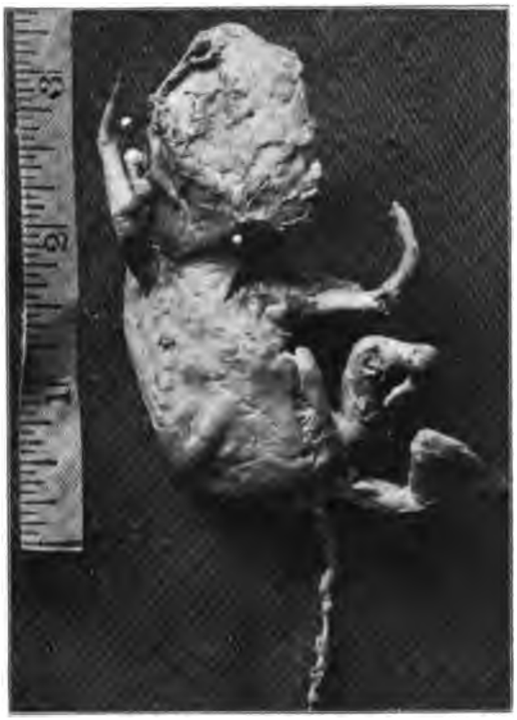
BY FRANK S. ABY, B. S., M. D., CHICAGO.

Report of Case.—Mrs. ———, age 25, was confined July 4 and 5, 1896, at full term. This was her third confinement. I saw the patient on the afternoon of July 4. The pains were then slow, and labor was in the first stage. The case was in the hands of Dr. J. D. Dickinson, of Galva, Ill.

On the afternoon of July 5th, after a labor of about thirty-six hours, Mrs. ——— was delivered of a well-formed living boy. The placenta and membranes came away more easily than usual. After delivery Dr. Dickinson examined the amniotic sac and was surprised to find, lying free in the sac, a small fetus. It was very much flattened from pressure, and bloodless. Dr. Dickinson very kindly gave this fetus to me within three hours of its delivery, and he and I examined it carefully at that time. I immediately preserved it in alcohol. The accompanying illustration is a reproduction from a photograph taken a few days later.

Description.—When I first saw the fetus, less than three hours after delivery, it was flattened as if by pressure against the walls of the parturient canal. The head could be distinguished, but the arms and legs were compressed against the body. It was three inches in length, one and a half inches in width, and about half an inch in thickness. The head was quite flattened from the sides.

The arms and legs were liberated from the body during the examination, showing all the digits, quite well formed. The umbilical cord could be traced. The sex could not be determined. The eyes, ears, external nose and mouth were well formed. No nails were on the fingers or toes. From all the evidence, it was a three months fetus. Making every allowance for atrophy and mummification, it could not be more advanced than a four months fetus. It bore no evidence of putrefactive changes, nor was it macerated or softened, but rather firm.



The photograph shows quite plainly the laminated appearance of the hands and feet, due to pressure. It also shows the costal cartillages. The head and body, as well as the limbs, were very much flattened and leathery.

Discussion.—I. Multiple or Plural Pregnancy is the term used when the body of one human female contains, at a given time, more than one fertilized ovum. We cannot restrict this by employing the words "uterus of one human female," because ectopic gestation may occur pari-passu with uterine pregnancy. Two cases of this kind are recorded in Wood's Text-book of Gynecology, 1894, page 774.

II. Superfecundation is one of the many varieties of multiple pregnancy. Superfecundation means the fertilization of two or more ova during the same period of ovulation, by two or more different males. Outside the human race this is said to occur under these circumstances:—A mare may be covered by a stallion and by an ass at about the same date, and be delivered of a foal and a mule. (Text-book of Physiology, Landois and Stirling, Fourth Edition, 1892, page 1079.) A case in point is recorded in the American Lancet for October, 1895, page 314.

III. Superfetation is another variety of multiple pregnancy. Superfetation means that in a female already pregnant ovulation may occur, and these ova may be fertilized. This phenomenon is said to occur frequently in the hare.

That there are cases of true superfetation under this definition is stoutly maintained by many writers. I have carefully studied the reports of many cases brought forward in evidence of superfetation, and have arranged them in three classes.

A. In the first class of cases it is reported that two embryos are expelled from the uterus within a few hours, both alive, one being obviously full-term, the other apparently lacking several months of maturity. To this class belongs a case reported by Prof. L. C. Grosvenor, in the Medical Century, February 1, 1896, page 53, Case II.

B. In a second class of cases we have the history of a confinement and delivery of a full-term child, and a subsequent confinement several months later with delivery of a second full-term child. To this class belong Case I. and Case III. of Prof. Grosvenor's paper.

C. In a third class of cases it is reported that a child is born at full term, and a second fetus, living or dead, and apparently three, four or five months advanced, is expelled at the same time. This class is very closely allied to the first class. A case of this kind is reported by H. C. Morrow, M. D., in Homeopathic Journal of Obstetrics, Gynecology and Pedology, January, 1896, page 74, under the title "Multiple Pregnancy." The case reported by Dr. Morrow and my own case would be seized upon by the enthusiastic advocates of superfetation in support of that hypothesis.

Summary of this Case.—The case which I report began as a simple case of twin pregnancy, both embryos starting from one ovum, because both were in the same chorion.

After about three, possibly four months, of growth, for some unknown and unknowable reason, one fetus died, the other growing to a glorious maturity. The blighted fetus remained in the amniotic sac five or six months without decomposing, simple mummification taking place.

To my mind the idea of superfetation in this case will not bear investigation; yet it is just such cases that are reported as being cases of superfetation. To quote from the article by Prof. Grosvenor above referred to: "Most cases of supposed superfetation can be explained as twin pregnancies; but in cases like my Case I., where the interval is between four and five months we must admit not only the possibility but also the probability of superfetation."

Gynecology.

SALPINGO-OOPHORECTOMY.

BY O. S. RUNNELS, A. M., M. D., INDIANAPOLIS.

Etiology.—The etiology of pelvic and intra-peritoneal inflammations has been stripped of its vagueness in recent years by the light thrown upon it by abdominal surgery. Aside from traumatism, surgical sepsis, typhoid perforations and the devitalization of intestinal tissue incident to locked and paralyzed bowels, there is but one way in the male and two ways in the female to account for peritonitis. These two ways are the appendix vermiformis and the Fallopian tubes. Since there are exceptions to all rules there may be exceptions to this one, but are believed to be very rare. The sepsis conveyed into the peritoneal cavity through the canals before mentioned, will account for at least ninety per cent. of the non-surgical peritonitis with which we have to contend.

Idiopathic abdominal inflammations in the male are dependent almost invariably upon a patulous and feces-retaining cecal appendage. Carried to its true analysis the primal causation of the inflammation will be found to have been sepsis of the appendix. While the same condition holds for the female we have two other approaches of danger in the Fallopian tubes, either one of which or the two together may pour into the cavity disease-producing elements.

Idiopathic pelvic inflammations originate in the endometrium and proceed with marked uniformity by extension through the tubes to the ovaries and adjacent tissues. The inflammation passes by direct contact and adhesion from uterus to tube and from tube to ovary, peritoneum and broad ligament. Pozzi contends that such a thing as ovaritis without salpingitis, or salpingitis without accompanying ovaritis, is an anomaly, and that, either, alone or combined, without an endometrium of rank sepsis and primal inflammation, is a well-nigh conceded impossibility. And observation on all hands is leading rapidly to the acceptation of the claim.

The march of the gonococcus, congestive or inflammatory endometritis, putrid secundines in utero or a lacerated and pus-bathed cervix may lead to a conflagration or a smouldering fire which may involve the tubes and any and all of the tissues at their distal extremities. The progression may be rapid, everything being ablaze within a few hours, or slow and intermittent, lasting through months and years. There is usually a history of repeated attacks, the recurrence again and again of the familiar "spell," leading each time to further extensions and more marked degenerations. There is a record of invalidism more or less pronounced and ordinarily a painful or hemorrhagic menstruation. The initial lesion of the endometrium may be relatively unimportant, too slight to make conscious impress or claim the attention of the sufferer, but still sufficient in its ignition to fire the train in the deeper structures.

No more marked evidence of progress in gynecology can be cited than this accession of light upon the etiology of peritoneal inflammation. To realize it fully one has but to revert for a moment to the old doctrine that somehow, in some way, known to nobody, the affection arose de novo at the point of most violent expression. There was no communication with the outside, it was contended, but the disease just came, sui generis, and without apparent and adequate cause. The hot contentions of the authors with all their conflicting nomenclatures, from Bennett down to the present decade, were proof that their knowledge concerning pelvic inflammation was fragmentary and unscientific. The same can be said concerning the erroneous opinions even to this day about inflammation of the upper peritoneum. The all-embracing term "inflammation of the bowels" expressed the confusion in which the profession floundered.

Approaching a peritonitis, however, with the certainty of bacterial causation, one is alert from the very beginning, and time is not lost in vague surmise and helpless procrastination.

By which avenue has the invasion been made, is the question first to be decided. The proper answer to this will determine the course to be pursued. If it be a question of appendix-infection one line of initial treatment will be plainly indicated; if it be a question of tubal infection another line of initial treatment will be indicated. But both will have abatement of the cause in view and may lead to the employment of the same remedy as a last resort—I mean ablation of the offending organ.

Treatment.—It is not my purpose to go into the discussion of the medicinal and palliative treatment of appendicitis on the one hand or salpingitis on the other, inasmuch as time and space forbid, and inasmuch too, as much has been said hitherto on this branch of the subject. It is sufficient to instance the similarity of the disease-propagation in the two disorders, and by the mere statement of the conditions to fix the attention upon the true nature of the problem. Any course of treatment which can best avert the calamitous termination toward which each inevitably tends should be commended and adopted. There can be no division of opinion concerning the necessity and supreme importance of the proper expectant treatment of peritonitis during its early and non-fulminating stages, and the persistence of the measures employed to the limit of advisability. Where that limit is, the indications that shall determine it, should be the sought-for information.

The question is, to what extent shall medicinal and palliative measures be pursued? In a given case, acute or chronic, when, in the interest of the patient, shall medicinal treatment become secondary to surgical treatment? How long shall one be justified in advising a non-surgical policy? And at what point in such history does the opponent of surgical procedure cease to be conservative? Inasmuch as indicated surgery is always the true conservator, it becomes of the greatest importance that we know when the line of demarcation is reached and surgical operation is called for.

The ablation of the tubes and ovaries under certain circumstances is an operation no longer on the defensive. Its right to a place among the legitimate and necessary surgical procedures can no longer be challenged. It is now only a question of definition or fixation of boundaries—the determination of the scope and extent of its supervision. It is yet, however, a large question and is likely to be under discussion for a long time. For while—as in the case of a half-explored country—some landmarks are boldly fixed and easily recognized, others are indistinct or still beyond the discoverer.

Cardinal Propositions.—In this discussion there are two cardinal propositions which should receive universal acceptance:

1. No organ of the economy should be sacrificed whose power of exercise is still present, or regainable if lost, and whose presence is not inimical to the life of its possessor.

2. Any organ of the sexual system should be condemned and removed which is organically and hopelessly diseased, and whose progressive degeneration will destroy the life or insure the irremediable invalidism of its possessor.

During the reproductive period, particularly, no effort should be spared to preserve the functional life of the sexual organs and every advantage of time and promising remedy should be had in the attainment of that object; but the duty of removal is plain during the menopause or when function has been sacrificed already by disease, if by such intervention death or fixed invalidism may be averted. These broad claims have been incontestably proven by the voluminous experiences of surgery in recent years, and progress demands that further contest over them shall cease.

While the ultimate and radical demand may require the employment of the operation under consideration it must not be for a moment forgotten that the true surgeon is as anxious to evade such an alternative as the patient herself, and is frequently able to preserve a part when the whole is apparently condemned. The judgment of the abdominal surgeon in particular, is forever subservient to the findings of the operative moment. For however astute the diagnosis, however clear and definite the understanding of what the intra-abdominal condition may be, the experiences of thousands of surgeons have proven that no man can pre-determine exactly what he shall find, and that every abdominal entrance is in some sense an exploration. Because of this the line of action during abdominal section must be subject to more or less change, the surgeon finding in his exploration that relief may be afforded frequently by an evacuation of fluid collections, the thorough liberation of adhesions or the partial ablation only, of the organ involved.

Surgery's Opportunity and Protest.—In every case of indicated pelvic surgery it is not a question of choice either for the patient or her adviser. The day for the exercise of free-will in the matter is past, and all concerned are confronted with the stern necessity of surgical action. It may be that the day of hope and probability of success is already far spent, the life margin a very narrow one, and the whole a question of emergency; or it may be a problem involving longer time—a progressive degeneration with the possibility of sudden development of hopeless complications—also with the opportunity for fatal delay of which so many are prone to avail themselves. Unfortunately the case, surgically speaking, is rarely an ideal one; the golden time in which the operation should have been performed was not utilized, and complications and dangers manifold are usually present which ought to have been evaded, and which would have been evaded if the correct advice had been given and followed at the proper time. The ardent prayer of surgery is that the patient may seek its advantages at the very moment when the physician has proven his inability to advance the cure by the exhibition of medicines or other adjuvants, that months and years of continuous degeneration may not be allowed to go on before its beneficent help is sought, and that it may be called in, not at the last moment, when death has already dated the certificate, but at the very inception of that organic degeneration whose end is the grave. Surgery stands ready to share its modicum of blame for all ill result that is rightly chargeable to it; but it modestly protests against the unnecessary requirement so frequently laid upon it—the demand that miracles shall be wrought and the already moribund brought to life again. It is always willing and anxious to do its utmost to save a life even under such forbidding circumstances, but it believes that criticism should be tempered with Christian consideration if the attempt should fail.

It will be impossible to outline in this brief paper all the conditions and phases of embarrassed sexual function which may call for surgical intervention; or to trace with any degree of minuteness the changes following long continued deviations from the health standard which may demand radical treatment of the operative kind here under consideration. From what has been said of the etiology, however, it may be stated broadly as a condition consequent upon an inflammatory process. There has been an inflammation more or less pronounced in the uterine portion of the genital canal which has made extension to the Fallopian tubes. This has resulted in closure of the tubal extremities, distension and sacculation of the tube with pus (pyosalpinx), which may later clarify into serum (hydro-salpinx), or, as blood vessels are ruptured in tne course of the development and pour their contents into the cyst-cavity, it may be transformed into hematocele (hemato-salpinx). It will be a happy circumstance if the distal or fimbrial orifice of the tube be sealed by the inflammation and the proximal or uterine orifice be left patulous, thus insuring drainage into the normal exit on the one hand and the prevention of drainage into a closed cavity—the peritoneum—on the other.

Unfortunately this order is very frequently reversed; the proximal orifice is closed while the distal is left gaping; or both being closed, the distal being the weaker is first to yield to the pressure incident to the distension, and the tubal content is discharged upon the delicate peritoneum. This may happen suddenly, a large quantity comparatively being poured into the cavity at once, or there may be an oozing by drops, slowly but continuously, through prolonged time. In either event the inflammatory element has been liberated upon the peritoneum and conflagration is the sure result. This destruction may be so intense and wide-spread as to lead to quick extinction of life, or may be to such extent only as to permit nature for a time to enter a more or less successful protest. In the latter event adhesions are formed, a wall of protection is made, and nature has hedged for the time being against the invasion. This can be only temporary, inasmuch as degeneration must progress and broken-down tissue, transformed into pus, the volume ever increasing, must inevitably make excavation more wide-spread. Usually this escape from the surcharged tube occurs while the tube is comparatively small. It is unusual for tubes to attain dimensions in excess of a medium sized banana, though I have encountered them twice or thrice that size. In one rare instance the abdomen was enlarged irregularly as by a multilocular cyst, or multiple pregnancy, with a tube on the left side which had become distended so as to reach above the umbilicus and far over the mesial line, where it was met by the tube on the right side which had also attained about one half that distension—the first containing a half-gallon of pus and the second a quart.

Recurrent attacks of pelvic inflammation are pathognomonic of all such cases and careful physical examination will conclude the testimony necessary to a correct decision. Thousands of cases of salpingitis end in complete resolution by the unaided efforts of nature or by the supplemental medicinal or palliative efforts of the physician; but such result is attainable only when drainage by the natural channel is possible. Whenever the uterine orifice of the tube is hopelessly sealed, necessitating evacuation at the fimbriae, the necessity for surgical intervention will be unavoidable. Unaided nature may still be able to conserve the life after protracted invalidism by evacuating the pent-up fluid into bladder or rectum, but the antediluvian policy of anticipating such a result and waiting for it to happen is hazardous in the extreme. The great destruction of tissue incident to such a morbid process, and the continuance of a fistulous opening with its persistent discharge, is condemnatory of all health and confirmatory of an invalidism to which death itself would be preferable.

Whenever homeopathic medication, supplemented by absolute rest and the adjuvant benefits of heat, and possibly electricity, have failed in due time to subdue and banish the malady; whenever recurrent attacks of febrile pelvic disorder are encountered with development of tumidity in the tissues adjacent to the uterus, accompanied or not by dysmenorrhea or menorrhagia; or whenever the indications, local or reflex, are sufficient to prove fixed embarrassment and degeneration of the uterine appendages, the time has come for surgical exploration.

Nothing then can be gained by delay. From the very nature of the case there must be from that time progression from bad to worse. It is the continuance of the journey into ever increasing danger, with uncertainty as to when the boundary of recovery may be passed. The attempt to menstruate under such embarrassment is in itself sufficient to provoke a re-extension of the disease area to indefinite limits. The same can be said of marital indulgences or requirements, usually one-sided, and to the wife loathsome under such circumstances. Every such patient is resting upon the crater of a more or less active volcano which may erupt extensively at any moment.

Much experience has proven that surgical intervention is the only rational procedure under such conditions; that it is uniformly successful when employed at the opportune time; and that the percentage of fatality incident thereto is almost wholly referable to delayed and last-resort cases, which have become complicated to the utmost degree. Considering the great number of unpromising cases with which the surgeon is forced to wrestle the wonder is great that his losses are comparatively so small.

Errors in Diagnosis.—I desire to emphasize the fact that the acute stages of inflammation of the uterine appendages are frequently overlooked or tabulated as colic, inflammation of the bowels or more or less illy defined pelvic ailments. In the majority of instances the initial stages of the morbid process have passed unheeded, and it is not till tubal embarrassment has become established, and until exacerbations or relapses have announced themselves with extensions to wider limits and more complex manifestations that intelligent measures for relief are brought to bear. Even then the proper therapeutic and regiminal treatment may succeed in effecting resolution. The inflammatory process may be put under arrest, destruction of tissue may be for the time being averted, and the cure may be attained so completely as not to subject the patient to a recurrence of the malady.

While this is the attainment in a vast number of cases the reverse experience is encountered very frequently. The product of the inflammatory breakdown is pent up in tube or adjacent tissue; the recurrence of menstrual and copulative excitations serves to prolong or re-ignite the congestion and inflammation and repetitions and extensions are the established order. From this time on it is a question of defense against the encroachments of the ever-increasing volume of sepsis. Nature is driven from one line of earth-works to another, from one area of adhesions to another—and it is only a question of time until the cyst contents shall have perforated an exit into vagina, bladder or bowel, or there shall have been a cloud-burst or cyst-burst upon the plane of the peritoneum and the quick capitulation in a general peritonitis.

So long as nature can successfully hedge against the septic invasions and re-extensions the life is spared even at the cost of health; but the danger during all this time is pre-eminent. It is a question of suspended sentence with final certainty of execution. The woman with an invalid-record of years standing; with continuous pelvic tenderness and with repeated attacks of pelvic congestion or inflammation; with irregular or menorrhagic menstruation and all the accompanying evidences of neurasthenia and functional inability, should be subjected to most rigid inquisition. Such patients have already made the rounds of the doctors, have grown discouraged with all kinds of treatment and usually make another appeal for help with little hope of lasting benefit.

In every such case, I adjure you, make no medicinal prescription until you have satisfied yourself by physical examination of the exact status of the uterine, tubal and ovarian conditions, or until sanction has been gained for the early acquirement of that knowledge. By thus making a demand at the very start for all the testimony in the case, the physician will gain the satisfaction of a correct diagnosis, will be enabled to advise intelligently and thus perhaps save the life of the patient. He will at any rate establish his reputation for clearness of vision and thorough understanding of the case which are the first pre-requisites of success.

Testimony of Pathology. — I have here a few pathological speciments which I wish to use briefly in a clinical way as proof of the correctness of my statements. These trophies were parts of the diseased anatomies of long-time, irremediable invalids. Since these removals, all the people to whom they belonged have been wholly and entirely well.

Case I. Mrs. A, about 30 years old. Her married life had been a drag. She abhorred the thought of copulation, the divorce court had been talked of, and she was most miserable in body as well as mind. In addition to her dyspareunia and morbidly sensitive pelvic conditions she menstruated over half the time—a veritable menorrhagia. Bi-manual examination revealed a tumor at the site of the left ovary about the size of an average navel orange and satisfied me of the presence of degenerative process. She acquiesced in my purpose and I made a celiotomy, finding the tube sacculated, and coiled down around a hematocele. This had burrowed in the broad ligament and contained a half-pound or more of dark clotted blood. The whole was turned out and removed with an ideal result—quick recovery, domestic happiness and the best of health.

Case II. This is the tube and ovary of Mrs. B. with a history similar to the foregoing. It was a sacculated tube containing two or three gills of the vilest of pus, the retention-wall being thinned to the bursting point. The delay of the laparotomy, even for a very brief period, would have ended, fatally, without doubt, in fulminating peritonitis.

Case III. This is a remnant of diseased process from Mrs. C. For a year or more she has been failing in spite of the efforts of the best physicians. Her sister had come under my care the year before and was found to have incurable tuberculous peritonitis. The exploratory incision in the sister's case revealed a peritoneal cavity filled with pus which continued to discharge from the exploratory secture to the end of her life. The tuberculosis had already leaped the boundaries of the peritoneum, had become generalized, and she lasted but two months longer. This second case in the same family was duplicating the experience of the first. Her emaciation was progressive; her natural buoyancy and elasticity were gone. The diurnal fever and sweats together with decline of flesh and a tender and enlarging abdomen proved to my mind that she was also in the first stages of tubercular peritonitis. Surgical interference was agreed upon.

Opening the peritoneal cavity I found the left ovary in a state of degeneration, the neighboring tube sacculated into a cyst containing a gill or more of greenish pus, while the peritoneal tissue everywhere in its lower extent was studded with the gray deposit of tuberculosis. That was two years ago. She is well and happy today, weighs more than she ever did and is the regular organist in one of our churches.

Case IV. I have before me a myomatous uterus with what is left of its appendages—the left ovary and tube being apparently normal while the right is only a fragment, together with a portion of the broad ligament, the remnant of a hematocele larger than my fist. These belonged to a servant who had been dragging along for two or three years. Each menstruation amounted to a hemorrhage of the most alarming character. It was a question finally of complete prostration—almost exsanguination. Being called into the case at this particular crisis I had her removed to my hospital where, although it was at a time when the winter temperature was twenty degrees below zero, I laparotomized her, obtaining these morbid products. Considering the great unfavorableness of the conditions under which the work was undertaken, I was very apprehensive about the outcome. But this was unfortunate. She made a quick and full recovery and has been earning wages again for over two years.

Case V. The case of Mrs. D. is also of special interest. I removed the Fallopian tube of the right side which contained more than a quart of pus; and her tube of the left side was more than twice as capacious as the right, containing fully a half-gallon of the same septic fluid. Macroscopically one was led to think of twin pregnancy, so pronounced were the tumors on either side, with the deep sulcus between, and so marked was her enlargement. She had been a great invalid for five years, but for the last five months had been confined to her bed with "chills and fever," which a quinine doctor had failed to "break." The thermic range had been from 102½ to 105 degrees for the last six weeks. She was wasted in flesh and nearly exhausted in strength. In this condition she was brought on a cot to my hospital, a distance of over a hundred miles. After a day's rest and preparation I performed celiotomy without flooding the peritoneal cavity in the extraction of these immense pus-tubes. She made an ideal recovery in every respect.

To show how near the portals of the future this woman was before the surgical was undertaken, I desire to draw attention to portions of the cyst-walls, which were thinned down to the most attenuated continuity of tissue possible, showing that her last days of grace had arrived, and but for the abdominal section the cysts would have burst spontaneously. This, they in fact, did, while I was making the removal, and but for my care in walling-off all exposure of peritoneal surface with pads of aseptic gauze would have flooded the abdominal cavity.

Before concluding this clinique, however, I wish to note that this case of mammoth pus-tubes has no parallel in literature. It is a rare occurrence for a pus-tube to gain greater size than a bologna sausage, although a few cases of somewhat greater distension have been recorded. But I have been able to find no instance where unruptured tubes have reached the enormous distension here detailed.

It does not require much meditation to reach the conclusion that this woman, but for surgical intervention, would have been swept away in a brief space by fulminating peritonitis resultant from the Noachian deluge of pus impending; and that not a single individual in the series here introduced would have been alive today but for the cure wrought by surgery.

Conclusions.—In view of all this I am fully of the opinion that the time is past when any believer in the efficacy of drug action can be justified in hazarding the lives of women by further dependence upon medication alone under such perilous circumstances as have been outlined. Such claims made in our open meetings or in our literature are sufficient to assign the makers to obscurity. Certainly they are not commendatory of professional insight or ability, to say the least.

I wish now to add that the range of the utility of salpingo-oophorectomy is being extended as experience grows. Indications for its employment are found not alone in the inflammatory collections of pus, serum or blood, that may sacculate the tubes and invade the broad ligaments, but in tubal pregnancy, tumors of the ovaries, occasional cases of intractable dysmenorrhea and rare instances of fibromyomata. In addition to these, sanction is further frequently demanded in cases of inveterate ovarian prolapse—the prolapsed ovary being always a diseased ovary.

In my opinion salpingo-oophorectomy is contraindicated for uterine fibroids and myomata as at first advised by Tait, Battey and others, the appendages themselves being sound. Extirpation of the uterus is the indication in such instances, with or without inclusion of the appendages, as the morbid extensions may dictate. Ablation of ovaries and tubes under such circumstances should be resorted to only when myomectomy or hysterectomy are contra-indicated or impossible.

I shall have gained my object in the writing of this paper if I shall have succeeded in helping to the better discovery and more correct treatment of these cases.

Practice of Medicine.

PATHOLOGICAL PRESCRIBING.

Can we Prescribe Homeopathically with Greater Success by Taking Strict Account of the Pathological Condition in Our Patients?

BY J. MONTFORT SCHLEY, M. D., NEW YORK.

We are gathered together here as a sect, a minority branch of the great medical profession; and our main object in thus coming together, it seems to me, is to give in, first, our unabated allegiance to the law in medicine promulgated by Hahnemann; and secondly, to bring in with full strength and vigor our own contributions to uphold this law where it is tenable and unassailable, or where defects exist —for they certainly do exist—to try and rectify them, or at least try and suggest a laudable betterment. We are all anxious to perfect this model, and our own appreciable ostracism is due to our admiration of this almost perfected model. Some followers of Hahnemann accept his statements almost without restriction, and follow his law in (almost) all cases of disease. These are in the great minority, and it is a mooted question among us in the New World whether it is well that this is so. If we examine carefully into our daily prescribing I am afraid we shall find much to shock the Hahnemannian or exclusive homeopath. We seem to have reached a stage of broad eclecticism in the use of drugs, and I feel that this state has been found necessary by the majority on account of the limitations of our medicines. There are many of us who from personal clinical experience have found a limitation or want of response on the part of our patient to the administration of one or more remedies; there are others who see no such limitations, and claim that all disease succumbs to the simile drug. But can this simile always be found? And just here is where the great contention arises; and as to the question of the size of a dose, and the relative superiority of one over the other, I have no pretensions, and this is hardly the occasion to pronounce judgment upon it. Can this simile be reached by symptomatic statements alone? Can and does the totality of the symptoms invariably, or nearly invariably, give us a true picture or guide to go by? Do we do our patients justice in thus being guided by a half-picture to a prescription? Some claim that accurate symptom-prescribing regardless of the pathological condition must lead to a cure of our client. This doctrine is openly taught. No one would wish it were true more than I, and then the practice of medicine would be a delight and a joy forever. Results tell us daily that the totality of the symptoms does not suffice, for if it did all the patients that consulted a Hahnemann, a Hering, a Dunham or Allen, would have glorified these men. We leave aside here all hygienic, dietetic conditions, etc. We presume they have been consulted. And why is it now that time and time again our recipes fail?

Leaving aside the matter of diagnosis, which we presume most homeopathic physicians are able to make, we must pursue along narrow limits the cause of our failures to cure or relieve sick people. A homeopath by conviction, I have observed as I worked; I have reasoned as I ran. I have compared my own unsatisfactory and incomplete results with those more competent to prescribe, having made medicine a life work and study, and after mature thought I can find only the one cause of failure, and that is the total disregard of the pathological condition of our client. And I venture to say just here that the fundamental principles broadly accepted by modern medicine can be ascribed to two characteristic conditions.

In the first place, symptoms which a hundred years ago, perhaps, were considered in an abstract manner, and, to a certain extent, apart from our organism, are today intimately associated with it, and seriously considered; and, according to Bichat's precept, the seat of the malady (or the organ or organs producing such symptoms) must be sought for. The pathological changes should receive our first and direct attention. The inflexible logic of Broussais forced him to proclaim that he knew of no derangement of function (symptoms) without a corresponding lesion of an organ (tissue change); symptoms, then, are in reality nothing but the cry from suffering organs, but this cry must be correctly interpreted if we desire to cure. Broussais and Bichat were contemporaries of Samuel Hahnemann.

In the second place, it was possible for them at that time to consider disease as a thing independent of the organism, as a sort of parasite clinging to the economy; while today—and again we owe it to Broussais' wonderful conceptions, who asserted new principles—it is a disturbance of the inherent properties of our organs. It is here no question concerning the appearance of new laws, but only of the perversion or derangement of pre-existing ones. Requin says: "The day when science shall have attained a complete knowledge of normal man, to the very depths and inmost parts of his organization, and into the most secret mysteries of life; the day when science shall have unveiled all the secrets of the pathological condition, and understood every modification that external agents can produce in the economy—that day science (medical) will be completed." And I would add that homeopathic therapeutics will be perfected and simplified.

Of course, an intimate acquaintance with pathology and diagnosis must be necessary accompaniments to reach a pathological drug—if I may use such a term. The younger men and teachers in our school, and many of the older ones, claim that it is this regard of blood and other changes in the human economy—which we pass over—which often gives us the final clue to a happy recipe. There certainly exist some drugs whose counterparts are found in morbid states. We have but to mention Arsenicum album, Mercury, and Phosphorus. The malarial cachexia of the first with its blood changes, Mercury in certain syphilitic changes, and Phosphorus in croupous pneumonia, are samples of almost specific medication. In the healthy they produce pathological changes which macro- and microscopically can hardly be distinguished from disease as met with in our daily work. I have seen the marvelous and peculiar action of phosphorus exemplified time and again in the late Dr. Hausmann's laboratory in Buda Pesth. Rabbits were exposed in a cage to the fumes of phosphorus, and made to fast to such an extent that they would gnaw the phosphorus sticks lying on the floor. After careful observation of their excreta, temperature, etc., they were killed after the fourth, fifth, or sixth day, and in their lungs there was always uni- or bilateral involvement, which involvement could not be distinguished macro- or microscopically from an ordinary croupous pneumonia in the second stage. It was always this second stage that was found, the engouement of the unaffected lung did not seem sufficient to represent the first stage of pneumonitis, or that it was likely that it ever would. Physical examination revealed the process that was going on. If the animal's cage was exchanged for more healthy surroundings he made a tedious recovery, the lung only slowly returning to a normal state. Abscess was never found even in the worst cases, the animal dying before reaching this stage. Occasionally foci of incomplete resolution were found. From the laboratory we convened to a neighboring hospital to see phosphorus save patients' lives ill with inflammation of the lung. What a beautiful simile! What a straight, narrow line to follow! and what beautiful results do we not witness in our practice in just such cases! I rarely treat pneumonia without administering phosphorus during some part of its course.

It is this striking illustration of a mystical working that converted me to a study of homeopathy; and I believe that it is along such lines, carried out broadly but thoroughly, that a new awakening in our materia medica must come. I believe it will come not today or tomorrow, but in the coming century. Why in some cases of orchitis does Pulsatilla fail us entirely, when Clematis erecta will relieve? I do not think it due to a diversity of subjective symptoms alone, but to the character of the inflammation and the tissues involved.

If we are to utilize pathogenetic symptoms as a guide, it seems to us we should group them around morbid pathological conditions, and study their (pathogenetic) effects in reference thereto, so that "the knowledge of the entire action of any medicine should be left as the ultimate result of a completed study of pathological phenomena." Dr. Hering would have us learn to know our medicines (symptomatically) as a forester comes to know every tree within his range. This may be taken in a comparative relation. Dr. Dunham would have us keep before our eyes a physiological analysis—knowing each drug as well as we would the names of our children. These two propositions of Drs. Hering and Dunham would seem well enough for the student, but when he comes to fight diseases he should seek the pathological relations, as suggested by Dr. Henry Madden in an address before the Birmingham Congress of 1870.

Any one looking for light in the direction I am thinking of,will find much in Dr. Hughes's Pharmacodynamics to corroborate my views. It seems to us that Dr. Hughes places great weight throughout his writings upon the morbid conditions a drug will produce. The pathogenetic action of a drug is a little vague; and a morbid state, an unhealthy, unnatural, diseased condition, one incompatible with health, leaves no uncertain character. If I do the doctor an injustice in this matter, i. e., if he prefers the pathological state as a primary guide, and then groups around this the totality of symptoms, and I infer this is his method, I withdraw it. From his writings I should not think he relies in toto on the subjective symptoms, losing sight, momentarily, of the morbid condition. However this may be, there is an increasing number of thinking men whose gaze is steadfastly fixed upon this important division. They are seeking a cause for their failure (in curing disease).

Thus, it would seem that a teacher of materia medica should map out for his listeners, first the field of morbid changes (pathogenetic phenomena) which characterise prominently each drug, in one word, the sphere of action; "every medicine, even though it be one of those great polychrests, as Arsenicum, which seem to embrace nearly the whole organism within the circle of their influence, has one or more centers of action. What these centers are we learn sometimes from the pathogenic, sometimes from the clinical side." Mind you, nothing is mentioned here in this quotation of the symptoms produced, which, according to some, should alone show us the way.

Perhaps I may present my ideas on this vital subject by citing one or more cases.

During my first year's term as visiting physician to the Hahnemann Hospital in New York City, a case, in the usual rotation, fell to my lot. It was a young man of about 30. He had been in the institution several weeks. He had steadily grown worse. He had a large, deep ulceration on the posterior wall of the pharynx. Deglutition was so painful that starvation seemed imminent. Many diagnoses had been made before and after his entrance to the hospital. He had received practically no local treatment, and his case had been followed up symptomatically most scrupulously. After a careful physical examination the diagnosis of syphilis by exclusion was made. The patient had an astringent gargle prescribed, and under the use of mercury was cured of his ulcerative pharyngitis in three weeks entirely. His constitutional treatment was followed up for several months, and some years afterwards I learned from the house physician that he had remained well. One may claim that no proper diagnosis was made, and had a fitting one been applied the proper remedy would have suggested itself. I know not how this is, but it was a fact that our best diagnosticians and the best homeopathic prescribers had on alternate months preceded me in the case. The more accurately his symptoms were followed, losing sight of his pathology, the farther they moved away from a cure.

Another case more interesting than this occurred in a child four years old. It had contracted intermittent fever the year before, along the banks of the Hudson. The child had just returned from Europe apparently in good health, save some pallor. It was taken in October with what seemed a severe influenza and bronchitis with high fever. The onset was sharp and severe. The next day the temperature was only 99 degrees in mouth; the coryza was much improved, and the rales had almost entirely disappeared from both lungs. I was surprised, and his mother noticed it. The next day fever, a marked filling up of the bronchial tubes with mucus, but no return of the coryza occurred. His mother laughingly said: "We are going to have another three weeks of this trouble unless you can cut it short, for in Belgium a homeopathic physician of standing could not understand the trouble or relive it. A change of air, when he was able to travel, did what medicine seemed unable to accomplish." He treated this child symptomatically, and with what result? The next day the child was nearly well again—practically no fever, an improvement in cough, appetite, demeanor, etc., was marked.

The next day, his fever, cough, filling up of bronchial tubes were just as marked as on the first day. I had prescribed to the best of my ability, and, as you see, with no result. What was this peculiar complex of symptoms we had to deal with, marked by an aggravation every other day, with high fever, 103 degrees to 104 degrees F., rapid pulse, thirst, no appetite, great headache, severe cough, and rales over both lungs? It was evidently a malarial poisoning presenting itself in a roundabout and unusual fashion. He had no chills or sweats. The diagnosis of intermittent malarial bronchitis was made. A diagnosis, I admit, I had never seen or heard of before.

Chininum sulphuricum, followed up by Arsenicum, cured my little client in twenty-four hours, for he had no return of the fever, etc., and has remained well these past five years. All that remained of his illness was an unusual pallor that persisted for many months. Here I maintain that a probably long sickness was checked by the recognition of the causa morbis. Tolle causam where it is possible, and you have a person restored to his usual vigor. I could cite many other cases which have interested me deeply, and would doubtless excite your interest, but I will not weary you.

I hope from this latter case that I make my proposition clear, and I am thoroughly convinced that unless we look at a patient's morbid state in a broad catholic spirit we must often fail, whereas a little reasoning will crown our efforts with brilliant and lasting results.

I admit one danger in my logic, and that is the possibility of a man's putting pathology before all things and neglecting his totality of symptoms. If he be judicious, however, and join these two handmaids irrevocably, letting them be interdependent, giving neither the one nor the other a preference, his success in curing disease must perforce increase, and the great consolation of restoring a fellow-being to health bring him a peace of mind that is not easily attained by other means.

How many morbid conditions truly prove to us the limitations of our efforts and the action of drugs? Who among us has cured a myxedema, a carcinoma, a locomotor ataxia, while adhering strictly to Hahnemann's law? But though our efforts seem narrow and useless along this path now, I believe that pathology and drug action, going inseparably hand in hand, will sweep us along in the direction of that great mountain of indubitable success in the permanent cure of disease, upon which we would all like to stand.

Dermatology.

CUTANEOUS "HORNS"—THE ACTION OF CAUSTICUM.

BY DR. SAMUEL VAN DEN BERGHE, BRUSSELS, BELGIUM.

The rarity of the complaint which forms the subject of this short paper is my excuse in venturing to bring before your notice certain general considerations relating to cutaneous "horns."

They present themselves under the form of excrescences of a grayish, yellowish, or brownish color. Their dimensions are variable. Some are small, in shape and size resembling a cock's comb; but as a rule their dimensions are more considerable, and they sometimes attain the length of 20 to 25 centimeters, and have a breadth at their base of 4 or 5 centimeters. They nearly always occur singly, though there have been cases where seval have been found in the same person. Sometimes they lie in a straight line; sometimes, on the other hand, they curve round and form an almost exact circle like a ring; sometimes, again, they assume a spiral form, describing a series of parallel circles. The top of these "horns" is usually single and conical, but cases of bifurcation are on record. They have a more or less firm consistence, though this is generally less noticeable at the base than at the top. Sometimes they have adhesions which fix them firmly, while at other times they are more or less movable. Provided that the base of the horn or its surroundings is not the seat of inflammation, pressure applied for the purpose of ascertaining its mobility causes no pain.

As to the histological composition of these excrescences, they are almost exclusively composed of epidermic scales, and are the result of regressive degeneration of the epidermis. The cutaneous papillae which lie at their base show a remarkable development.

We meet with these horns on the forehead, scalp, thigh, and trunk, sometimes on the penis, and also in the interior of certain dermoid cysts; but it is on the head that we most frequently find them. They develop slowly as a rule, and generally without apparent cause. They may follow a burn or a contusion; and it is on the scars resulting from these lesions that such tumors of an epithelial nature are developed. Cases are recorded where warts have been the origin of cutaneous horns. The horns are most often observed on aged persons, but have also been undeniably found on the young. We have no reason to suppose that the female sex is more frequently affected with this complaint than the male. In the female the disease dclares itself nearly always after the climacteric.

I have been led to present these few considerations on cutaneous horns because I have quite recently had the opportunity of observing a case. On the 5th of April, 1895, I visited a certain L. D—, aged seventy years; he showed me a horned excrescence on the left cheek between the eye and the ear, at the level of the zygomatic apophysis. For twenty years there had been a wart at this spot, but for the last year this wart had developed considerably and very rapidly, which, as was perfectly natural, had frightened the patient, and had decided him to have recourse to medical aid.

This horn at the time of examination was very hard and firm throughout. It was of a brownish color, and had a length of 3 or 4 centimeters and a circumference of some 8 centimeters at its base. Of a conical shape, it showed signs of incipient bifurcation and was slightly curved, the concavity looking in the direction of the eye. It was imbedded in the flesh, which formed a hard thick swelling raised about a centimeter, and acting as a sheath to the lower part of the horn. It was perfectly immovable, which may be explained by the thinness of the tissue which separates the skin from the periosteum on the level of the zygomatic apophysis. The base of the horn was at times the seat of a slight pruritus. It never occasioned any pain per se, nor did the pressure applied to it to ascertain its degree of mobility give the patient the slightest uneasiness.

Causticum is suitable to old, hard and horny warts, and to the seat of the affection here. The obvious analogy of warts to cutaneous horns, and the fact that a wart is sometimes the origin of these excrescences—as in the case in question, determined me to give Causticum 30th dilution, twenty globules in four days.

The result was extraordinary, especially as regards the rapidity with which the action took place. After the third day pain as felt in the flesh surrounding the base of the horn, and in the base itself. On the 12th of April the soft parts in which the horn was implanted became inflamed and the seat of a slight suppuration.

On the 21st the horn, little by little, became detached, and the inflammation and suppuration extended themselves all round it over a centimeter of healthy skin; there was but little pain. On the 28th the patient brought, like a relic, the horn, which had become detached the day before. It measured 3 centimeters in length, and had an oval base measuring 2 centimeters by 2½. The ulcer which the horn had left after its removal was circular, and in consequence of the subsidence of its edges a little larger than the base of the horn. No pain was experienced in it or suppuration visible; it was covered by a dry brown crust. The medicine was not repeated the whole time of the treatment. I saw the patient again on the 5th and on the 12th of May. The ulcer had not contracted, but its edges were thicker, especially on the posterior and upper sides. The ulcer had suppurated a little that week, and was covered by a thick crust.

On the 26th of May I observed less induration of the edges, and a greater degree of mobility. I again saw the patient on the 2nd and on the 9th of June, after which I lost sight of him. The cicatrisation was far from being done with, and I infinitely regret not having had the opportunity of following his case longer. In spite of this misfortune I have thought that the details of the case, such as it is, would be interesting. The gap in the conclusion of the case throws no reflection on the action of the Causticum.

Correspondence.

NEWS-LETTER FROM INDIANA AND OHIO.

Politics has had a very telling effect upon the homeopathic profession of Ohio and Indiana. Upon no other trip have I ever heard so many complaints on this score. In this district the doctor's connection with politics is direct and commercial, as his business depends upon the farmers and the farmers depend upon the crops and the prices of crops depend upon the politics of the country, among other things. At the prices that farmers at present command for their products the doctors stand a very poor show of collecting money for services that have been rendered. What the outcome will be 'tis hard to say. All are trying to wait patiently for the seating of a new president. I am happy to be able to say that the profession in this neck of the woods think well of the Hon. Major McKinley as the man who can be counted upon to inspire confidence in the people if given the presidential chair. Meantime, from town to town as I move along it is the same old song, "Business good but no money for what we do."

Dr. C. W. Jordan, late of Bucyrus, Ohio, and Indianapolis, has left Indianapolis for a smaller Indiana town. Dr. H. A. Adams, one of our Chicago college graduates, is the only man of the homeopathic school who devotes his exclusive attention to the eye, ear, nose and throat in the flourishing city of Indianapolis.

The Drs. George have fitted up an excellent suite of rooms in the Baldwin Block, Indianapolis.

Among other prosperous members of the homeopathic profession of Indianapolis Drs. Stewart, Stewart & Stewart are enjoying a successful practice, as are also Dr. Rebecca W. Rogers, Dr. Theo W. Helming and the Drs. Runnels.

Dr. Malpas, of Indianapolis, has returned from a wedding trip to Niagara Falls.

Dr. J. S. Martin, of Muncie, Indiana, is doing grand work for homeopathy in his busy and growing city.

Dr. Hastings, of Van Wert, Ohio, has returned form a tour of the lakes. It keeps the doctor and his jovial partner, Dr. Ellis, busy in looking after their large practice.

Dr. C. S. Ames, of Ada, Ohio, recently struck oil on his property—he will have plenty to burn this winter.

Dr. Reddish, of Sidney, Ohio, has moved into very cosy new offices.

Dr. H. E. Beebe, of Sidney, Ohio, is an always busy man. Such workers as Dr. Beebe are a credit to the homeopathic profession.

Dr. King, formerly at Ashland, Ohio, has moved to Youngstown, same state.

Dr. W. P. Williamson, of Tippecanoe, Ohio, died at Piqua, July 1st, after a very short illness. The doctor's ailment was that fatal malady, angina pectoris. We lose a very valuable man in his death and his hosts of friends and patients will miss and mourn him greatly.

Dr. J. M. Wine, who located at Troy, Ohio, not long since, has pulled up stakes at that point and is now at Tippecanoe, Ohio.

Dr. W. S. Rosenberger, of Covington, Ohio, has a very lucrative practice in that town. By the way, the doctor can't see where the new Ohio law is doing anything to restrict the traveling fake doctors—at least not in his city. They still come, especially from Columbus, where they are turned out by a so-called Medical Institute. Would it not be a good thing for the new board to look after these people who never saw the inside of a medical college? A tax of five dollars from each legitimate practitioner of Ohio should certainly constitute a fund upon which to draw for the prosecution of such impostors.

Dr. J. C. Fahnestock, of Piqua, Ohio, is meeting with grand success in his vaginal hysterectomy operations. The patient in his most recent operation, a very difficult case, was up and about in seventeen days after the operation. It was a great surprise to the other members of the profession in their community. The doctor will report full particulars of the case at his leisure.

Dr. J. W. Means, of Troy, Ohio, the genially caustic homeopathician, is doing good work with the single remedy.

Dr. H. C. Houston, of Urbana, Ohio, member of the Sailors' and Orphans' Home, Xenia, Ohio, has a very large business and says that homeopathy is doing good work for him.

Dr. Hewitt, of Woodstock, Ohio, has returned from a trip abroad.

Dr. E. M. Hall, a very successful homeopath of Delaware, Ohio, reports his city as rather unusually healthy just now.

For the benefit of the homeopathic profession at large I should like to say a few words with reference to the manufacture of homeopathic medicines. Several homeopathic trade journals harp on the cry that theirs and theirs only are the best goods to be had. Now the physician must depend upon the honesty and integrity of the manufacturing pharmacist, and he can be but be confused and skeptical in the midst of so much disparagement of others and so much vaunting of self. We have in the United States some twelve to fifteen homeopathic houses all claiming to be the best. Are they all the best? They are. They manufacture their goods from the very best of materials, employ expert drug men in their laboratories and furnish to the profession goods that are reliable, effective and made according to the pharmacopeia. The truth, if known, is that no one of these twelve or fifteen houses can afford to place any but the best goods in the hands of the profession. This is attested by the physicians I meet in my travels everywhere, who say that they have equally good results with the preparations of almost any of these houses. To those houses who conduct no trade journals of their own this proper recognition of their goods is gratifying.

Quite a few physicians are at sea regarding the question of homeopathic alcohol. Homeopathic alcohol is strictly pure alcohol, 95 per cent, redistilled until all fused oil has been removed from it. Eighty-seven per cent is the strength Hahnemann directs to be used in the potentization of remedies. The idea that homeopathic pharmacies redistill their alcohol is erroneous. The distilleries do that for all homeopathic houses.

A few words regarding mother tinctures as a test: Take any tincture that is made from a fresh plant drug; if it is made honestly it should have the characteristic odor of the fresh plant; if the alcohol odor predominates discard it, for it has been made from fluid extract or the dried plant, and will not give the bedside results of the fresh plant.

A. E. Frankland.

Chicago.

NEWS-LETTER FROM MONTREAL.

Despite the changeable weather, or maybe in consequence thereof, the principal occupation of Montreal physicians now is making preparation for their sojourn at the seaside resorts. The city is terribly healthy although the doctor's patron saint (new calendar) (St. Swithin) was very much in evdence on the anniversary of his birth and bids fair to lengthen his visit to the full forty days. Probably the good his visitations might do to the doctor is more than offset by the harm he does as a volunteer scavenger and sanitarian.

This being a very hilly city affords an excellent opportunity for free street cleaning on Nature's part. On the whole it is better at this time, when so many tourists are visiting us, that the natural beauties of Montreal are set forth in all their pristine cleanliness.

Among the visitors to the Canadian metropolis this season have been many of the homeopathic profession and laity, prominent among them being Dr. H. Kerch and wife of Dundee, Ill., who passed through on their wedding trip to the White Mountains and Eastern cities. Another pleasant visit was that of Dr. Copeland of the University of Michigan, Ann Arbor, on his way to England, where he will combine pleasure and study until the opening of the college session in October. Mrs. Copeland accompanies him. We do our best to keep any members of the homeopathic profession with us always, as at the rate the cause is growing in this city we are in need of help. So far this year we have not been very successful, they slip through our fingers somehow and generally steal away in the night.

Dr. Wm. McHarrie is enjoying a well earned rest from August's heat in Little Metis, about four hundred miles below this city on the Gulf of St. Lawrence, where the bracing sea breezes, hard bicycle roads and seductive tennis courts will doubtless go far to giving him the conventional tan and sunburn of "the toiler by the sea."

Dr. H. M. Patton and family are spending August at Mataune, some thirty miles below Metis, whither the doctor has gone for rest and to be away from "the madding crowd." As Mataune is about as civilized as Anticosti he will doubtless get a liberal dose of quasi Weir-Mitchell treatment.

Dr. A. R. Griffith will spend the latter part of August and beginning of September at his former home in Grand Forks, North Dakota.

Dr. Laura Mueller, having completed a post-graduate course at the Boston University School of Medicine and having added that degree to her Hahnemann (Chicago) one, has returned to this city and has arranged to commence practice at 213 Stanley street.

Dr. Mary Fyfe, a recent graduate of Bishop's College here, is taking a course in homeopathic materia medica under one of our professors in order to fit herself for her coming examination in September, before the examining board of the Montreal College of Homeopathic Physicians and Surgeons.

Another visitor to our city and hospital was Dr. Cornelia S. Stettler, of Chicago, who sailed per steamship "Labrador" for England, on a two months' tour of Great Britain and the continent, taking in the International Congress at London on her way.

Arthur D. Patton, M. D.

Montreal, Canada.

The Department of Health for the City of Chicago reports for the month of July, 1896, fifty-four deaths from diphtheria; fifty-eight from typhoid fever; twenty-eight from whooping cough; five hundred and thirty-nine from diarrheal diseases; one hundred and eighty-four from consumption; one hundred and seventy-four from diseases of the respiratory system other than consumption—ninety-five of which were from pneumonia; one hundred and fifty-four from enteritis, and one hundred and fifty-one from gastro-enteritis. There were 2,457 deaths all told, from the above causes and other diseases not detailed. Besides the deaths from the ravages of disease there were one hundred and twenty-two deaths from violent causes, twelve of which were laid to the railroads, eight to street cars and seventy-two by other modes.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - EDITOR

New York and Chicago, September 1, 1896.

Editorial.

THE MICHIGAN SITUATION.

The Supreme Court of the State of Michigan has handed down its decision in the case of the homeopathic college at Ann Arbor and the action of the legislature in ordering it removed to Detroit, it being adverse to removal. The court holds that the constitution of the State places the management of the University absolutely in the hands of the regents, that body being provided for in the state constitution as is the legislature provided for. Both bodies are elective, and the court holds that the legislature has not the power to instruct the regents what to do in the exercise of their functions as regents no more than the regents would have the power to instruct the legislature what it shall do. The regents are the only body provided for in the constitution other than the legislature. All other boards of control of public institutions are provided for by the legislature and laws of the state, and are, therefore, subject to the orders and wishes of the creative body. Not so with the regents. They are especially elected under the constitution, direct from the people, and are responsible to the people and not to the legislature. Hence the decision of the court that the legislature exceeded its authority in instructing the regents to move the homeopathic college from the campus at Ann Arbor to the better clinical field at Detroit.

It is not likely that this will end this contest. The regents are dependent upon the legislature, after all, for appropriations whereby to sustain the various departments of the University. If it chooses that body can attach a rider to its appropriation bill which will provide for its support only if located at this or that point in the state, and it is hinted that the homeopathic profession, or at least that portion of it that favors the removal of the college, will work upon the legislature and secure such a rider to the University appropriation bill as shall compel the regents to accede to the wishes of the profession whose college this is. This is an affair of the Michigan profession, and we do not feel disposed to discuss it, further than to offer the suggestion that might does not make right, and that it is never permissible for good citizens, no matter what the interests involved, to undertake to so stretch a state constitution as to make it serve their purpose. The precedent is a bad one, a dangerous one. If the people of Michigan willed in their constitution that the University in all its parts and appointments should be located at a given point there it should be allowed to remain until the constitution can be changed.

In a general way there can be no doubt but that the college would do better at Detroit than at Ann Arbor. The field is a larger one, the clinical facilities better, and, especially, the removal of our department from the allopathic atmosphere which has all but smothered it in the past would be to its betterment. But, the fact remains, nevertheless, that we have a right on the campus, that we have sustained our school there for a long time, that the clinical advantages during all these years have been advertised to be excellent and have been so proven, and all this, too, in spite of the most unnecessary and disgraceful family quarrels and broils among men paid by the state of Michigan to serve as a faculty for our college. If the regents can secure a faculty free from uncongenial and disturbing spirits the college will succeed at Ann Arbor until such time as the constitution can be so amended as to lawfully provide for its removal.

The late faculty had a number of most excellent members, now arrayed against the continuance of the school at Ann Arbor. But it should be remembered that they were not so arrayed while members of the faculty. It should also be remembered that these professors were wretchedly handicapped by the presence of two men on the faculty who fairly put the Kilkenny cats to shame by their bickerings and strife, and whose chief object in life seems to be to spend their energies in throwing mud at others and in creating disturbances. The internecine war at Ann Arbor was what brought our trouble upon us. It was unnecessary and cannot be too frankly discussed nor too severely condemned. The new faculty, so far as known, have no such disgruntled spirits among them as the offending members of the late corps, consequently the school ought to do well and doubtless will do well. Meanwhile the profession can keep up its efforts toward securing removal in a legitimate way, provided, of course, the profession of the state is anywhere near a unit in desiring removal.

The profession throughout the country will keep watch of the further progress of this matter with interest, and we feel sure we but voice the sentiments of the friends of the college all over the country when we counsel moderation and the most careful weighing of every step to be taken in the future.

AS OTHERS SEE US.

The place the physician occupies in the mind of his patient is an exalted one; the place physicians as a class occupy in the minds of the laity as a whole is in some respects not altogether enviable. The patient trusts his doctor—the one doctor in the world for him—implicitly, swallows what he is told to swallow, and lets his life lie unflinchingly in the hollow of his doctor's right hand. The laity, en masse, look askance at doctors, with a few mental reservations, and have a pretty firm conviction that most physicians could heal their patients quicker if they wanted to, and that they don't want to for the money there is in the delay.

We have heard this sentiment voiced by a very well-informed woman only recently. She related the circumstances of a slight illness she at one time experienced when the physician in charge "kept her sick for a week," until she finally drank a cup of strong tea and cured herself. "Now," she said, "why couldn't he have told me to try that tea? Because," she said, with emphasis on the "cause," "he wanted his week's fees." Again, a man told us the other day of how he was being benefited by drinking hot water before breakfast, receiving more benefit, he said, than he had ever got from all the doctors he had ever tried. The query in his mind was why, if the doctors had wanted him to get well, had they not prescribed hot water. The same old answer came—they wanted to "get rich off of him." The majority of the people, washed and unwashed, when they fall in with some domestic remedy which proves beneficial, at once grow suspicious of the physician who has prescribed many other remedies but not just that one.

It is not at all an uncommon thing, either, to run across the most sweeping and scathing denunciations of our surgical tendencies. We are often accused, by people who have education enough and ought to have sense enough to appreciate libelous utterances on other scores, of taking lives in our hands and knifing them for the experience and savor faire which may accrue therefrom, just as no hesitation is felt in charging up to our door the most criminal procrastination in the healing of the sick, and that for the basest of motives. Yet we are supposed to be a noble and fellow-creature loving profession!

The question arises as to just how much of such slanderous gossip is actually believed by the laity who promulgate it and just how much of it is idle talk. The fact that in the individual case the patient gives a very loyal fealty to his doctor seems to suggest that the unfavorable opinion is only skin-deep; yet it is, to say the least, unfortunate that we should as a profession be under the suspicion of our clienteles. It will, however, be no easy task to uproot the suspicion until all the clinging superstition through which the laity see medicine and the medicine-man is done away with.

There seems to be no comfortable, sensible, middle ground for the doctor to occupy toward his patient. He is either made an idol of and kept keyed to an unbearable effort to live up to his advertised infallibility, or he is denounced as an impostor who fattens on other men's diseases and the prolongation of their miseries. Perhaps when the millenium comes and all other things are lovely the people will be enabled to see the doctors and the science of the doctors for what they are, not angels or demons, only erring men and women who do the best they can and would be glad to do better if they could.

Editor's Table.

GENERAL NEWS-NOTES AND COMMENTS.

Dr. H. C. Harknes has removed to Mainesburg, Pennsylvania.

Dr. L. E. Wait, Alexandria, Minnesota, died on the 25th of July, 1896.

Dr. J. B. Walters, 114 Nassau Avenue, Brooklyn, New York, died recently.

Dr. Chas. L. Gangloff has recently opened an office at Washington, Pennsylvania.

Dr. F. C. Titzell has been elected professor of Minor Surgery in Hering Medical College.

The Chicago Homeopathic Medical College will open for the winter term on September 15th.

Dr. and Mrs. J. R. Kippax, Chicago, have returned to the city from their summer vacation.

Drs. J. H. Yeagley and J. W. Dehoff, of York, Pennsylvania, are off on their respective vacations.

Dr. J. J. Oatman, formerly at Altoona, Pa., but recently in Philadelphia, has returned to his former location.

Dr. J. H. Low, 2450 Indiana Avenue, has returned to the city from a vacation in Wisconsin and Kentucky.

Dr. W. D. Hall, Altoona, Pennsylvania, has returned to his work after a two months' needed vacation at Atlantic City.

Dr. J. S. Mitchell, president of the Chicago Homeopathic Medical College, has returned from his summer vacation at Nantucket.

The Clinique for August 15th contained a very readable report of the International Congress from the pen of Dr. Cornelia B. Stettler.

The Chicago Times-Herald for September 2d contained a cut of the proposed Hahnemann Monument, with descriptions of the same.

Dr. J. W. MacLachlan, 57th and Lake Avenue, Chicago, has been called to the state of Washington to see a relative who is seriously ill.

The Hahnemann Medical College, Chicago, will institute its winter course with an introductory lecture by Prof. Chislett on September 15th.

Dr. H. C. Chisholm, of Huntingdon, Pennsylvania, is the republican candidate for the state senate, his election being practically assured.

The National Homeopathic College, Chicago, will begin its winter course on September 28th, with an introductory address by Prof. R. C. Newell.

Prof. J. P. Cobb, registrar of Hahnemann Medical College, Chicago, spent a pleasant vacation at Sault Ste. Marie, indulging in piscatorial sports.

Dr. T. L. Macdonald, chairman of the bureau of Surgery of the American Institute of Homeopathy, has appointed Dr. Geo. F. Roberts, New York, as his secretary.

Hering Medical College, Chicago, will begin work in its new college building on Rhodes avenue near Thirty-ninth street on October 1st. Several important additions to the faculty are announced.

During his absence in Europe Dr. J. Richey Horner's practice in Pittsburg is being well cared for by Dr. H. Edwin Ramsey. Dr. Horner expects to remain in London and abroad until next spring.

Dr. A. K. Crawford, Chicago, who spent the summer in France and other European countries, and who afterwards vacationed on the coast of Maine, with his family, has returned and resumed his professional and college duties.

The oldest homeopathic publishing house in Germany, Carl Gruner's in Dresden, has just passed into the possession of W. Steinmetz, of Leipsic, and has been removed to the last named city. The house was established in 1833.

Dr. E. T. Allen, formerly secretary of Nebraska's state examining board, is now registrar of Dunham Medical College. It is understood that a good sized war is going on among the faithful in the new institution. How could it be otherwise?

Dr. Wilson A. Smith, formerly editor of the Medical Current, now dubbed the Medical Era, has been elected professor of Dietetics and Practice of Medicine in Hering Medical College. Dr. Smith is located at No. 4106 Drexel boulevard.

Dr. John A. Shiwer, York, Pennsylvania, located in that city a year ago, is reported to be doing an excellent practice. He feels like encouraging others to seek locations in the vicinity, as there are many good Pennsylvania towns needing homeopathic practitioners.

The Cleveland University of Medicine, of which Dr. W. A. Phillips is dean, has recently received the sum of ten thousand dollars as bequeathed by the late Mrs. Bradley, whose will has just been probated, and who had previously given thirteen thousand dollars to the college.

The preparation of serum-therapy is authorized by law in the following French institutions: Pasteur Institute, Bordeaux Laboratory, Laboratory of Marseilles, and Montpelier Laboratory. Each laboratory is commissioned with a particular serum, as, at Pasteur the anti-tetanic; at Bordeaux the anti-diphtheritic; at Marseilles the anti-diphtheritic, and at Montpelier the anti-diphtheritic. The authorization is made temporary and revocable, and all the institutions are subject to the inspection prescribed by law.

Lea Bros. & Company, Philadelphia, announce a new and greatly improved edition of Gray's Anatomy in press, to be ready for college purposes this fall. Gray is one of the necessary text-books in all medical colleges. It is promised that the forthcomng edition will excel all previously issued.

Dr. E. H. Pratt's next class in orificial surgery will meet at the Chicago Homeopathic Medical College on September 7th. This class brings to the city annually an hundred or more doctors who desire to learn from Prof. Pratt and his clinics the latest methods in orificialism. The class promises to be unusually large this year.

Dr. H. F. Fisher, late of Nashville, has located in Kansas City with offices in the Deardorf Building, and has accepted the professorship of ophthalmology, otology and laryngology in the new medical school connected with the Kansas City University. Dr. Fisher is a brother of the editor of the Medical Century.

The secretary of the Missouri Valley Homeopathic Medical Association issued an unusually neat and attractive programme for the third annual session of that society, in session today, tomorrow and Thursday. The list of papers was comprehensive, the list of authors embracing many of the best known men of homeopathy throughout the West.

Mr. A. E. Frankland, traveling representative of Halsey Bros. Company, Chicago, reports that there are many good towns in Western Pennsylvania without homeopathic physicians, towns of from eight hundred to five thousand inhabitants. From Altoona to Huntingdon, a distance of more than an hundred miles, there is not a single member of our profession, according to this correspondent.

Hahnemann Medical College, Chicago, announces in the Clinique for August that its faculty does not consist of "a lot of boys." Wonder what's the matter with Cobb, Bruce, Halbert, Gurnee Fellows, Chislett, Halphide, Dunn, Swan, and a few others who might be mentioned—as—as—as Ludlam, for instance? The "boys" are all right in these days. What is needed is that they have good horse sense coupled with their medical and surgical attainments.

The forty-ninth annual session of the Hahnemann Medical College, Philadelphia, the mother of homeopathic colleges, will begin on Monday, October 5th and continue until May of next year. Just think of it! The forty-ninth annual session! Next year this grand institution will celebrate the semi-centennial of her existence. Her alumni number 2,267, and are scattered over every portion of the habitable globe. Her record is an extremely proud and satisfactory one. We will all try to be with her when her semi-centennial celebration is held.

A number of very acceptable works are on our table awaiting review. The issue for September 15th will contain several practical reviews written with reference to the requirements of the readers of this journal. Publishers submitting their works to us will always be treated with courtesy in these columns, but we reserve the right, vouchsafed to all book-reviewers, of discussing new books with the view of imparting to our readers the merits of each volume reviewed. We do not, however, consider it an essential part of a book-reviewer's duty to hunt flaws from which to condemn really meritorious works. It is our intention to be just to publisher and prospective purchaser alike.

The semi-annual meeting of the New York Homeopathic Medical Society will be held at Rochester on the 22d and 23d of this month. This is the annual feast set by this association, the winter meeting being largely given over to business and medico-political matters. The Rochester profession is doing its utmost to give to the profession an unusually satisfactory meeting, and it is not doubted that they will succeed to the last degree. It may safely be predicted that the Rochester session of the New York Society will be one of the best the association has ever held.

The International Congress of Dermatology and Syphilography was held last month in London. A great number of interesting clinics were held during the Congress, and some unusual cases exhibited. The subjects that came up for papers and discussion covered almost the entire realm of skin disorders; tumors of the skin, tuberculosis of the skin, acne, lichen, prurigo, pemphigus, pityriasis, rubra pilaire, indurated erythema, parasitic maladies, syphilis, hydroa, etc. Skin diseases which are the reflexes of nervous troubles received their share of attention also, as syringo-myelia, sclerodermie and leprosy. A good collection of photographs was on exhibition, as well as many patients illustrative of articles read and discussed.

Rochester's homeopathic hospital has been equipped with an X-ray apparatus, the gift of Mr. James S. Watson, and Mrs. George W. Eastman has added to the value of Mr. Watson's donation by presenting the hospital with a first-class camera and developing apparatus. These new gifts will be found very useful in making diagnoses and prognoses in difficult cases. As before remarked, Rochester is bounteously supplied with people who love to do good unto their fellow beings. Would that all cities were populated as is Rochester. Its popular Homeopathic Hospital was even full during the month of July, the rolls covering a list of ninety names, this being the capacity of the institution.

The sixth annual meeting of the American Electro-Therapeutic Association will be held on Tuesday and Wednesday, September 29th and 30th, and Thursday, October 1st, 1896, in Boston, Massachusetts, with headquarters at the Brunswick Hotel and the hall of meeting in the Studio Building. Professor A. E. Dolbear, Tuffts' College, Massachusetts, is chairman of the committee on arrangements, and Dr. Frederick H. Morse, Melrose Massachusetts, is chairman of the committee on exhibition. A large attendance is promised for this meeting and a good programme has been prepared which will cover discussions of importance in electro-therapeutics. The X-ray will also be given a demonstration, and electric principles in the treatment of disease will receive practical attention.

The editor of the Medical Counselor has sent out a circular request to homeopathic physicians asking for data on the subject of their various experiences with diphtheria, as covered by answers to the following questions: Number of cases? Number of Deaths? Was the diagnosis made by clinical evidence or by bacteriological examination? Number of each method? Ages of patients, and number dying at each age? Number of cases in which the membrane was situated respectively upon the tonsils, nose, pharynx or larynx, and results in each class of cases, especially the laryngeal? Was intubation or tracheotomy performed and result from each operation? In how many cases were sepsis, nephritis, broncho-pneumonia or paralysis present and how many fatal cases of each? Treatment and remedies used?

Three issues of the Medical Century, from August 10th to September 10th, and the issuance of two new books, "Washburne's Manual of Pathology" and Rev. Dr. Fisher's "The Gun and The Gospel," in the same period, isn't very slow work for dull times, after all. This is what will have been accomplished from this office, and we are now at work on other volumes, soon to follow. Will the croakers please make a note of it?

The delays in the prompt issuance of the two last numbers of this journal have arisen from a change in printers. Our new printing house, the W. B. Conkey Company, Chicago, are so thoroughly equipped and so close at hand that there will be no delays from this cause after the issue of the 15th of this month. Once thrown out of time by circumstances of this character it requires a little time to catch up. We will be able to issue with our usual promptitude after the number for the 15th of September.

"The Present Status of Pediatrics" is the title of a little volume prepared under the editorship of Dr. B. F. Bailey, Lincoln, Nebraska, and Dr. Allison Clokey, Louisville, Kentucky, chairman and secretary, respectively, of the pedological section of the American Institute of Homeopathy, last season. It contains a series of well written papers by prominent writers in pediatry, who contributed to the work of the section at Detroit. The plan of issuing the papers presented to the Institute in this section in a separate little volume was a novel one and required the expenditure of no little time and money by the editors. But they had the work of their section at heart, and the result is a very acceptable series of essays which afford good reading and in which are spoken many practical thoughts. Through the enterprise of Drs. Bailey and Clokey the members of the Institute have been supplied gratis with the brochure.

Drs. C. B. Currier, James W. Ward, Wm. Boericke and George H. Martin, four of the hardest working directors of the Hahnemann Hospital College of San Francisco, have resigned their positions in connection with the management of the college. Dr. George H. Palmer, president of the board, and his co-workers, have taken up in earnest the question of the future management and welfare of the institution. The result will be watched with interest and anxiety by the friends of homeopathy on the Pacific Coast. It is earnestly hoped that the San Francisco college will survive the difficulties which threaten it and come out in better shape than ever before. The resigning directors have long been the great balance wheel, the power behind the college, and it is feared it will be difficult to get along without them. They became discouraged because of the effects of the enforcement of the four years rule adopted by the Intercollegiate Committee of the American Institute of Homeopathy as a requisite of college work in all our colleges. This rule means well, but it is certain to bring disaster upon more than one of our colleges in mission fields.

Homeopathy is to have another homeopathic college. This time Kansas City doubles up. The Kansas City University, composed heretofore of Mather College, the College of Theology, the College of Music, the Kansas City Academy and the College of Physicians and Surgeons, has added the College of Homeopathic Medicine and Surgery. Dr. W. H. Jenny is dean and Dr. Frank Elliott is secretary of the new faculty, which is composed of these gentlemen and Drs. W. A. Forster, J. T. Coombs, H. F. Fisher, C. S. Elliott, Henry Croskey, J. H. Holland, S. C. Elliott, E. S. Northrup, T. H. Hudson, E. H. Merwin, C. H. St. John, H. W. Miller and other homeopathic physicians of Kansas City, Missouri and Kansas City, Kansas. The announcement for this year is a part of the general catalogue of the Kansas City University. The faculty of the homeopathic school embraces the names of some of the ablest and best known men of the two Kansas Citys, the general curriculum seems to be good, and the surface appearances are that the new college is started upon a good basis.

"The Gun and the Gospel" is the title of a three hundred and twenty page book just issued by the Kenwood Press, Chicago, by the father of the editor of this journal, Rev. H. D. Fisher, D. D., Topeka, Kansas, reviewing his life-work and presenting notable historic incidents connected with early Kansas days and life among the Mormons and in the Rocky Mountains. It is replete with thrilling incidents, its most interesting chapters, to the general reader, being those dealing with John Brown, Jim Lane, The Relation of Kansas to Freedom, Quantrell's Massacre at Lawrence and the author's marvellous escape through the heroism of his wife, and his experiences among the Mormons. To the churchman the chapters dealing with the author's life as a circuit-rider in the early days in Ohio and Pennsylvania, and afterwards as a vidette in territorial and early state days in Kansas, will prove most entertaining and satisfying. The reverend author has well earned the sobriquet of the "Fighting Chaplain," by which title he was best known on the frontier and in the army campaigns of the southwest.

"Washburne's Manual of Pathology," Number Two of the Medical Century's series of manuals for practitioners and medical students, is now in press and will be ready for delivery within ten days. It is a concise presentation of the subject of general pathology, not aiming to supplant large text-books but encompassing the essentials of pathology and outlining in a lucid manner those basic facts which every student must acquire and which stand every practitioner in good need. The question and answer form of compend has not been followed in the preparation of this brochure, but at the close of each chapter a practical "Quiz" has been given. This will prove especially satisfactory to the students at colleges, and we freely predict that the manual will be greedily sought after once its merits become known. This manual has already been listed as a student's text-book at the Chicago Homeopathic Medical College, and will be at others as soon as it is on the market. It comes at a most opportune time. The book is freely illustrated, its text is unusually clear, its mechanical construction excellent.

ENGLISH NEWS-NOTES AND ITEMS.

At the annual meeting of the subscribers to the Hastings Homeopathic Hospital, held on Monday, February 3rd, at the dispensary in Cambridge Road, it was reported that during the year 1,350 patients had received the benefits of the dispensary and that the staff had made 5,311 attendances and this despite the fact that the borough had rarely seen such a universally healthy year. Mr. J. B. Liddiard, who was in the chair, took occasion to say that he hoped the institution would ultimately have its own home. Upon his suggestion the motion was put and carried that the sense of the meeting was favorable to the consolidation of all the homeopathic institutions of Hastings under one management.

A meeting of the Birmingham and Midland Homeopathic Hospital and Dispensary was held at the Council House, Birmingham, on March 5th, the mayor of the city presiding. Comparative statistics were instituted between the figures of this year and last as follows: In-patients, children 44 against 50; adults 198 against 197; total 242 against 247; out-patients 2,467 against 2,992; attendances 14,032 against 15,981; home-patients 410 against 405; visits made by house surgeon, 1,244 against 1,612. The report also contained a recommendation that the hospital be affiliated with the Royal National Pension Fund for Nurses and that its doors should be thrown open to accident cases. The financial situation of the hospital was pointed out and it was urged that a special effort be made to keep up the annual subscription, which had been of late years steadily declining, only a very meagre surplus being left on hand. The mayor, in moving the adoption of the report, recorded himself as pleased and surprised by the work done and dwelt especially upon the benefits which had arisen from the ensample of good nursing which had been afforded by the hospital. When it is taken into consideration that the total expenditure of the hospital was £1400 for the year the extent of the work accomplished was highly satisfactory.

The statistics covering the year's work at the Sussex Homeopathic Dispensary show that during that period there were 1,450 cases treated and that the number of consultations amounted to 9,342. Eight hundred and eight new cases were reported upon in the visiting department and 5,543 visits had been paid. The number of deaths was 36 as against 35 and 43 in the two previous years. Comparatively speaking, the figures of this year show in all departments an increased success over any other year in the dispensary's history. This fact was best exemplified in the figures for the total number of cases in both departments, these summing 2,268, a great increase over the past, while the number of deaths had only increased by one. The institution has also been able to take up a part of the mortgage which has been a drain upon its building fund and whose reduction will mean a lighter burden in the way of annual carrying expenses.

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Surgery.

APPENDICITIS.

BY M. R. BARKER, B. S., M. D., CHICAGO.

A New Sphincter.—In order to fully understand the nature and treatment of appendicitis it is necessary to know something of certain anatomical structures which are not mentioned in any anatomical work or by any writer upon this subject, so far as I know. The structures to which I refer are those guarding the appendical orifice, chief of which is a sphincter muscle performing an important function in our economy—none other being more important—and which, I believe, should be properly named and described in every anatomical work and thus be brought to the attention of every student of medicine. Being the first to give this structure special study and to describe, locate and give its function, I claim the privilege of naming it, and as it is the last sphincter thus described and named I will call it the Omega Sphincter.

Appendical Anatomy.—The Appendix has a body and a mouth. The body terminates about a half an inch before the cecum is reached. At this point the mouth begins by a dilatation of the appendix and terminates in a funnel shape upon the walls of the cecum. The lumen of the mouth at its junction with the body of the appendix is about one-eighth of an inch in diameter, but at its junction with the cecum it is about one-half an inch in diameter. To examine this mouth the mucous membrane must be amputated about three-fourths of an inch from the lumen of the appendix on the wall of the cecum and carefully dissected from the muscular coat until the lumen of the appendix is reached, when the funnel-shaped mouth will be seen. The mucous membrane which lines the mouth, and which has now been dissected off, is placed normally in folds, some of which lie horizontally, others longitudinally. The omega sphincter lies beneath this mucous membrane. This sphincter is composed of an aggregation of the muscular fibres of the muscular coat and extends horizontally about the mouth of the appendix. It is about three-eighths of an inch wide and is made up of several bands of fibres joined together at their margins, the band situated at the small end of the mouth being much better developed than those at the large end. The omega sphincter varies in its development in different subjects. In over fifty cases examined by me it has always been present; in ten it was so well marked that I dissected it out completely. The positive pole of a battery applied to this sphincter contracts it if in the recent state, bringing the folds of the mucous membrane together in such a manner that one fold fits another, thus hermetically closing the appendical orifice.

The omega sphincter is controlled by nerve filaments from the mesenteric plexus of the sympathetic. We know this for several reasons, chief among which are these: All of the intestines are controlled by the sympathetic; why should this part be an exception? We know that the cerebro-spinal nerve sleeps under an anesthetic; if this sphincter were controlled by this nerve it would be ineffectual under anesthesia, and the appendix would be filled with fecal matter if any were passing into the cecum, some of which would be shut in upon the return of function to the sphincter. As there has never been a case reported of appendical trouble following an anesthetic we conclude that the appendical orifice is guarded by the ever-faithful sympathetic.

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From my study of this sphincter I have also reached a conclusion as to its mode of operation, though I cannot demonstrate it as clearly as I should like, man being the only animal having an appendix and as a rule rather preferring not to have his omega sphincter studied experimentally while he is alive. So I have had to do the best I could with dead subjects. My conclusions are these: Some of the bands of the omega sphincter are controlled by two sets of terminal nerve fibres. Take, for instance, the band situated at the small end of the mouth of the appendix; it is controlled by nerve filaments which penetrate the mucous membrane lying in contact with itself, that is at the small end of the mouth. It is also controlled by a set of nerve fibres which penetrate the mucous membrane in contact with the large end of the mouth of the appendix. Some such arrangement exists with the other bands. To illustrate: A substance of any kind approaches the large end of the mouth of the appendix. It comes in contact with the terminal fibres controlling the band of the omega sphincter at the other end of the mouth, causing it to contract. The other bands contract in their turn, thus closing the mouth of the appendix from the small end to the large end, and thus squeezing the entire appendical contents out into the cecum. From this description we may see how difficult it is for anything to enter the lumen of the appendix. We also know how seldom it is that anything does enter it.

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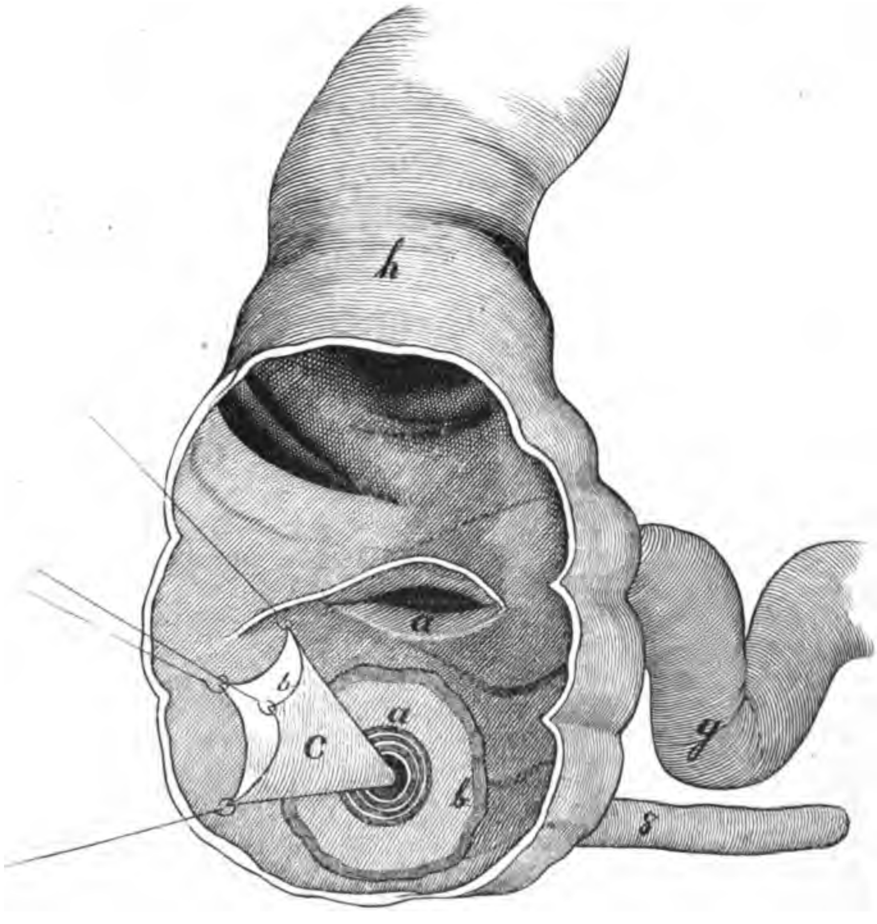
If we study the anatomy of these parts a little further, however, we can readily see how it is possible for solid substances to gain an entrance into the lumen of the appendix. A way exists if the substance but finds it out. The opening of the ileum into the cecum lies about an inch from and directly above the appendical orifice. Fecal matter in passing through this opening is in solution if soluble, but an insoluble substance, like a grape seed, for instance, after passing through the above opening may drop directly into the embrace of the lower or shorter band of the omega sphincter, and when the sphincter contracts, be forced into the lumen of the appendix, instead of out into the cecum. When a substance has once entered the lumen of the appendix it is as difficult for it to get out as it was to get in. Every time it comes in contact with the terminal nerve fibres controlling the omega sphincter the sphincter closes the orifice and it cannot escape, no matter how hard the peristaltic action of the appendix may try to force it through, unless indeed the sphincter be so weak that this action of the appendix is sufficiently strong to overcome the sphincter, or unless the sphincter be prevented from performing its function by some mechanical obstruction, as in a case which I will recite later.

SECTION OF CECUM SHOWING OMEGA SPHINCTER, ORIFICE OF ILEUM AND ILEO-CECAL VALVE.



a. Omega Sphincter.
b. Point of Amputation of Mucous Membrane.
b. Edge of Mucous Membrane Hooked Back.
c. Mucous Membrane Dissected Up and Hooked Back.
d. Orifice of Ileum and Ileo-cecal Valve.
f. Appendix.
g. Terminal End of Ileum.
h. Ascending Colon.

The inability of a substance to escape from the appendix when it has once been forced in is well illustrated by the case reported in the June 15th number of the Medical Century, by Dr. Monroe Manges. A shot had entered the lumen of the appendix; the mucous membrane of this organ from end to end showed the track of the shot as it had traveled back and forth. Why did not the shot pass out into the cecum? After a time the shot caused an inflammation of the mucous membrane of the appendix. The omega sphincter had contracted by reason of this inflammation. Doing just as the sympathetic nerve will do anywhere and everywhere when hurt, it shut down and closed the appendical orifice. In his case the inflammation continued so long that the mucous membrane became adherent and occluded the opening, so that when the Doctor tried to force the shot through into the cecum he could not do it. I will state here that this is what happens every time the mucous membrane of the appendix becomes inflamed. The omega sphincter, controlled by the sympathetic, pinches down and closes the appendical orifice.

Varieties of Appendicitis.—With the above prefatory study of the anatomy of the organs about the mouth of the appendix we are now ready to enter upon an intelligible discussion of appendicitis. Appendicitis is primarily and essentially a disease of the appendix. There are two prominent forms of the disease, one of which admits of a second subdivision. These two forms-in-chief I term fulminating and ulcerative. Because of a varying etiology, however, the fulminating variety is subdivided into two forms, the two being much alike except for their etiology.

In the first form of the fulminating variety the mucous membrane of the appendix is attacked by what we will call a catarrhal inflammation, though the term is open to objection as being too mild a name for the inflammation. This inflammation, however, soon attacks all the other coats of the appendix and in a short time a watery exudation takes place into the lumen of the appendix. This cannot escape into the cecum by reason of the closing of the appendical orifice by the omega sphincter. Nor can it be carried off by absorption by reason of this function having been interfered with by the disease. It becomes purulent in a few days, the lumen of the appendix is distended, sometimes enormously, its walls become thin and if allowed to go on will rupture and the pus be poured out into the peritoneal cavity, a fatal peritonitis usually ensuing.

In the second form of the fulminating variety a foreign body becomes located in the appendix and nature proceeds to do her own operating here, as she does elsewhere and many a time. In order to throw off this substance an active inflammation is set up around it. In short, suppuration takes place, pus gathers in the lumen of the appendix. This suppurative process finally destroys the walls of the appendix, and the pus is liberated. This form is not so active in its course, neither is there so much pus formed as in the first variety, but the symptoms of the two are the same. Possibly the patient is not in as much danger in the second form as in the first, yet it would be out of the question to differentially diagnose these forms of the disease, and as needless as difficult.

The ulcerative form is also caused by a foreign body in the appendix. In these cases, however, the foreign body becomes encysted. It locates at a certain place and is tolerated by nature; at least nature takes no active measures to throw it off. After a time, for some reason, the circulation in the walls of the appendix at the point where the body is located becomes interfered with, the part is not supplied with nutrition and an ulcer forms. This may become gangrenous and the process continue until the walls of the appendix are perforated, when a more or less general peritonitis follows.

Symptoms—Fulminating Form.—Pain, spasmodic in character, is the first symptom. This pain may be located about the umbilicus, McBurney's point, or in the epigastrium. The pains are liable to change their position. They are seldom in all of these places at the same time, the tendency being to locate at McBurney's point. The above refers especially to the first few days of the attack. The patient may even go about his business, the pain not being sufficiently severe to cause him to stop work, though this is of seldom occurrence. After a few days of this, an excruciating pain attacks the patient suddenly. It is located at McBurney's point. There is no question now about the location of the pain. It is so severe in character the patient can hardly contain himself. In a few more hours all pain ceases, all the symptoms improve. Patient and friends congratulate each other. In still a few more hours the patient is dead.

What has been going on? The appendix is a small organ. The inflammatory process that goes on in it does not necessarily disturb the general system very much. It becomes gradually distended, causing more or less pain. The sharp sudden attack at McBurney's point comes when the walls of the appendix begin to rupture, and continues until this process is finished. The pain then ceases. The temperature drops to normal. Septic peritonitis follows in which there is a little pain, and often no temperature—the temperature may be below normal. In fulminating appendicitis, if the enlarged appendix can be outlined at all through the abdominal walls, it will be found deeply located. Cannot be distinctly outlined. Is not excessively tender to touch. Is doughy to the feel. This form of appendicitis seldom occurs. It does its work once for all. The appendix is either removed by an operation, or ruptures and kills the patient.

Of course there are exceptions to every rule. When we have a recurrent disease located in the right iliac region, accompanied by severe pain, vomiting, rigid abdominal muscles, high temperature, large tumor, superficially located and easily outlined, hard and unyielding to touch, we may set it down as a fact that the trouble is not appendicitis, but typhlitis.

Symptoms—Ulcerative Form.—This form of appendicitis is usually slow in its course. It frequently recurs. The patient will have pain, perhaps severe, for a few hours. There is much of the time a soreness at McBurney's point. If the patient takes cold it settles here and causes pain. The appendix at times becomes inflamed, but in a short time this passes away, leaving the same old sore place. After a time it becomes inflamed again and again passes away, leaving the patient as usual. I believe this form may go on for years with no other results than these recurrent attacks, yet the patient is always in danger. There is no tumor in these cases; the abdominal walls are not rigid even at the times when the appendix is inflamed and the patient suffering.

Treatment.—It is impossible to tell for the first few hours (if it is the first attack the patient has had) whether we are dealing with appendicitis or typhlitis. The pain and temperature may point to either one or the other, but we cannot decide upon such evidence alone. Wait before deciding until there has been plenty of time for the tumor of typhlitis to form. It will form within seventy-two hours if the trouble is typhlitis.

I am now speaking of cases where we are called at first, when the pain is first felt, and not of those cases where the pain has been going on for several days before we have seen the case, until it has finally become excruciating and located at McBurney's point. In such a case I would not wait for anything except an assistant, and as quickly as I could get him would operate. But in case I was called at the beginning of the attack I would use the treatment indicated in my paper upon typhlitis, and would continue this until I was satisfied that the trouble was not typhlitis.

The treatment then for appendicitis is surgical. Especially is this true of the fulminating variety; there is no other treatment for it. While it is possible that some cases may recover after a quantity of pus has been poured into the peritoneal cavity, the chances are greater for them to die because of this than from an operation before this has happened. So operate. Just as quickly as the fulminating form of appendicitis can be diagnosed, operate. There is only one way to cure the ulcerative form and that is by operation. These cases, however, are not so urgent.

A Case in Point. — I wish now to briefly allude to a very interesting case. The patient had had frequent attacks of pain in the right iliac region for thirteen years. There was no time, place or condition that in any way affected these attacks. They would come at any time, sometimes as often as once a week, and again not coming for several months. When I first saw the case the symptoms were typical of an appendical inflammation. I told the patient this, whereupon he gave me the above clinical history. My opinion was that the case was an ulcerative one; yet when the patient was through with an attack he was well. There was no soreness, although an attack always lasted about twenty-four hours. During the year that followed my first visit to him the patient had seven or eight attacks. I did not see him in all of them. He was accustomed to quiet the pain with morphine and always did so. However, the disease and the morphine together had so wrought upon him that he was losing his grip upon life, and determined to have an operation.

Suffice it to say we operated, found the cecum, ileum and appendix absolutely normal, so far as any outward examination of them could discover. I was surprised. However, I amputated the appendix one-half inch from the cecum, and opened its body.

There was nothing in it!

The mucous membrane was thickened a good deal, showing it had many times been the seat of an inflammatory process. I introduced into the lumen of the stump a long, slim pair of forceps for the purpose of dilating it, so that I could easily turn its walls outside in. After this is done the stump projects into the cecum and the serous membrane of the stump is in contact over its whole surface, a purse-string stitch being then applied. While attempting to do this I found in the grasp of the omega sphincter a polypus about the size of a small navy bean. I applied a pair of forceps, pulled it out, and finished up the work. The patient made an uneventful recovery and has had no trouble since. This polypus was not pedunculated.

My idea of this case is this: The omega sphincter was prevented from tightly closing the mouth of the appendix by this polypus, hence foreign substances frequently gained access to the appendix; an inflammatory process was set up; the peristaltic action of the appendix increased, the substance was forced from the appendix into the cecum, and the trouble was over for that time. This process was repeated as frequently as anything entered the appendix. The case tends to prove, in my judgment, my ideas of the modus operandi of the omega sphincter.

SURGICAL SELECTIONS.

Abscess Evacuation. — Mr. C. Knox Shaw, Surgeon to the London Homeopathic Hospital, details a good method for the surgical treatment of tuberculous abscesses in the August number of the Monthly Homeopathic Review. He suggests that the usual aseptic and antiseptic precautions be taken as in any other operation with regard to operating room, instruments, hands and dressings. The operation proper consists of a free incision from one end of the abscess to the other, the evacuation of pus, and, after carefully exploring the cavity with the finger, the breaking down of any bands or septa which there may be. The whole of the surface of the abscess is removed by a thorough curettage by Volkmann's spoons, the finger being of use in guiding the spoon to the soft spots. The accompanying hemorrhage soon stops, when the granulation-tissue is taken away. After removing the surface of the abscess, a small sterilized gauze sponge, wound around the end of a pair of forceps, is dipped into a solution of iodic hydrarg, 1-1000, and the whole of the surface is wiped over until the sponge can be brought out free from shreds of granulation-tissue. The cavity is next douched with hot sterile water, and then the glass nozzle of the tube is introduced into every part of it. Kneading all the parts in the neighborhood of the abscess helps effectually to flush it out. After the douche has been continued until the water returns but slightly discolored, by pressure and by turning the patient the sac is emptied of all fluid and the wound is closed by deep silk-worm gut sutures.

Mr. Shaw thinks that the Treve's method of gaining access to a psoas abscess necessitates the very careful use of the spoon, for fear of perforating the cavity, and he prefers the sterile sponge for wiping and rubbing off the granulations. Where there is a good deal of oozing, the drainage tube may be left in for a few days to advantage.

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Removal of the Middle Turbinate. — Mr. Dudley Wright, of the London Homeopathic Hospital, in discussing cysts of the nasal passages, reports a case of an elderly lady who complained of nasal obstruction and in whom he found the right nostril blocked with nasal polypi. These he removed, when on the left side he encountered what seemed to be a large solitary polypus, whose density and fixity on probing led him to a closer investigation. Doubts as to its diagnosis still remained, until a stout wire snare was passed around the growth and it was removed. As the snare cut through it there was the sound as of cutting through a bony case. After its removal, Mr. Wright found that he had taken away the whole of the middle turbinate, which had expanded into a monolocular cyst, as large as a Brazil nut. He believes the formation of such cysts is owing to a defect in the development in the middle turbinate, whereby a piece of mucous membrane becomes included between the lamellae of the developing bone, the accumulation of mucus thus formed gradually extending the bone and forming a cyst. Or, where some other part of the outer wall of the meatus is the starting point of the growth he thinks it may be accounted for by the distension of one of the ethmoid cells which had become shut off from its neighbors.

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Secondary Hemorrhagic Danger.– Dr. E. A. Neatby, of the London Homeopathic Hospital, reports a case of death from hemorrhage after an abdominal section for the removal of the uterus and appendages, where the operation itself had been accompanied with no unusual difficulties, but where the attendants had overlooked the signs of hemorrhage until the patient was so far gone that she could not rally from the shock. The operation was performed in the morning, between ten and eleven o'clock. When the patient was seen at four o'clock in the afternoon she was flushed, sighing, restless, perspiring and semi-collapsed. The dressings were found stained with bright blood. The abdomen was at once re-opened and the pedicles examined, the ligatures being found in place. The liquid blood and clots were cleaned from the abdomen, and the remains of the broad ligaments were at once inspected. There was a rupture on the proximal side, behind the ligature. A pair of forceps was put on and left, but the subsequent washing, stimulants and medicine failed to rally the patient. [Would not this have been a good case for the use of intra-venous saline solution?—Ed. Medical Century.]

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Tolerance of the Peritoneum toward Clean Traumatism. — In an operation for a large cyst of the left ovary, where there were very few adhesions, the peritoneal cavity was washed out with warm sterile water and a drainage tube was used. When this tube was removed, the patient gave a violent start, and a piece of omentum prolapsed through the opening. This was at once dried, sprinkled with iodoform and returned. The patient made an uninterrupted recovery, strikingly illustrating the advantage of strict asepsis. One can hardly imagine an accident of this kind in the old days not being followed by a systematic disturbance.

In another case where the patient made some unusual movement and experienced pain in the wound the dressings were removed and a piece of bowel was found prolapsed. It was returned and a stitch was inserted to keep it in place. No untoward result followed this mishap.—Dr. Neatby, Monthly Homeopathic Review.

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Benefit Resulting from Exploratory Operation. An operation was begun for supposed deposit around and disease of the uterine appendages. The abdomen was opened by a central incision. The left broad ligament was found enlarged and filled by an inflamed, bulging mass, as large as an orange. The shelling out of this would have involved danger to the ureter, as it was non-pedunculated, and it would have taken a long time to get it out. It was decided, therefore, to leave it and, if necessary, open later from the vagina. The patient made a good recovery and was soon able to get about with comfort. She had no more attacks of her former excessive pain. On examination the swelling, which had been in the left broad ligament, was found to be greatly lessened in size.—Monthly Homeopathic Review.

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Treatment of Some Cystic Difficulties. — An abdominal incision was made in the middle line for the removal of a cyst on the right side, about the size of a cocoanut, and located in the broad ligament. After it was tapped, the peritoneal capsule was opened and peeled off. A difficulty was experienced on account of the closeness of the adhesions, some of the fibrous tissue of the cyst-wall coming off in the peeling. To obviate this, the cyst-wall was separated and removed and the capsule was stitched to the wound. A cyst in the left side was then brought up into the incision, but as its walls were too dense to separate into layers, the upper part was cut off, the cystic contents evacuated, and its opening stitched to the abdominal incision. In this way the communication between the cyst and the abdominal cavity was cut off. Iodoform gauze was used to pack the cyst. The uterus was stitched anteriorly to the abdominal wall, the drainage tube was put down into Douglas tube, the peritoneum was washed out and the incision closed. It was just fourteen days from the operation until the patient was discharged, with the sinus closing nicely.

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Value of Immediate Microscopic Examinations.— It would be an excellent thing if the details of microscopy could be perfected to such an extent that it would be possible for the microscopist to make an examination of tumor-fibre just as soon as the tumor was had out of the abdomen. If it were possible to get his report before the abdominal wound was closed, a great deal of malignant tissue which is left in the abdomen as supposedly innocent, would be taken out and recurrences of the growth prevented.

In one of Dr. Neatby's cases in the London Homeopathic Hospital, upon the opening of the abdomen for the removal of the tumor, very extensive matting and adhesion were found, the upper extremity of the growth extending upward into the right flank. The operation was a lengthy one, and the adhesions were so great that it seemed impossible to cut out the whole growth. It was, therefore, cut off at a narrow part and dropped back into the abdomen like a pedicle. A good pedicle was also formed below and stitched into the abdominal wall. There was a large cyst in the front part of the tumor which contained one hundred and forty ounces of fluid. It was necessary to have recourse to the gauze drain and glass drainage tube, which were kept in place until the third and fourth day. Oxygen was used for the shock, of which there was a good deal. The pedicle was slow in separating and there were frequent hemorrhages while dressing the sinus. The patient made a good recovery, but the microscope showed the disaster that was to follow the leaving of a part of the growth in the abdomen. The tumor was a sarcoma of oval and spindle-shaped cells. Of course a relapse, or a continuance of the growth from the portion that was left, has taken place. The growth has spread across the abdomen and a large cyst has formed.

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A Case of Ectopic Gestation.—In this case the abdomen was tumid and very tender, the knees drawn up and the face pallid and anxious. Just left of the middle line there was considerable resistance and in the iliac region was a scattered swelling. There was also a diffuse resistant swelling in the pouch of Douglas, the well-marked tumor rising out of the pelvis to the left of the uterus, and displacing the uterus to the right. The diagnosis was peritonitis following internal hemorrhage, due to a ruptured tubal pregnancy. Upon opening the abdomen, the intestines were found matted together and the abdomen was full of fluid and clotted blood. Quite a deal of manipulation was necessary to isolate the swelling, and while this was in progress, a three-months' fetus was extruded from the gestation sac. The sac was ligatured without much difficulty and with a loss of very little blood. Shock carried the patient off in about thirty-six hours.

Dr. Neatby, in considering the question of waiting to operate until the shock of hemorrhage had passed, thinks that while it is sometimes advantageous to wait, there are cases where such delay only ensures a fatal result. The issue in the above case was doubtful from the first, as the nature of the trouble should have been recognized about two or three weeks earlier, before the patient had suffered from so much pain, hemorrhage and peritonitis that her rallying powers were exhausted.

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Exploration in Doubtful Malignant Disease.—The history of this case is somewhat to the point and interesting. The patient was fifty-eight, married, had had two children and one miscarriage. Her chief primary symptom was difficulty of defecation. A physician who was called in told her that her womb was displaced, and she says he passed an instrument into the rectum and replaced it. For a time thereafter she was almost free from pain and her bowels acted more freely. But for the past two months she has had almost continuous pain in the lumbo-sacral region, with pain on defecation, and a sensation of something in the rectum causing a constant desire for stool. The symptoms of the present condition are as follows: Stout, sallow, tongue furred, poor appetite, heart-rhythm regular, systolic murmur at apex, healthy lungs, uterus forward. A hard mass could be felt in front of the right side of the rectum. It was slightly movable and a little tender. When the abdomen was opened the omentum was found adherent to the parietes and had to be cut through to get into the peritoneal cavity. The uterus was anterior to the tumor and was not enlarged, but filling up Douglas' pouch was a hard mass, slightly movable and intimately connected with the rectum, which felt and looked something like a second uterus. Removal was out of the question on account of the intimacy of the connection, so the abdominal incision was closed again with silkworm gut, after the peritoneum had been washed out, and iodoform dressings were applied. The patient was discharged from the hospital in twenty-three days, as soon as the incision was healed. In May she reported again as suffering from constipation, but she was eating well and had lost the sacral pain and the desire for stool. She was given Lycopodium and Sulphur, and continued to improve up to the latter part of June. This is another case where an exploratory incision seems to have done good in its enigmatic way.—Monthly Homeopathic Review.

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An Abdominal Tumor.—The patient was fifty-nine years old and was operated on eighteen months previously for aneurism of abdomen. Examination revealed cystocele and procidentia. The tumor could be felt between the umbilicus and the edge of the right ribs, in the region of the gall bladder. It was hard and nodular and moved downward when the patient sat up. An incision was made in the median line. It was at first thought that the tumor was of ovarian origin, because the usual broad uterine pedicle could not be found; but on further examination the pedicle was found to consist of the two broad ligaments, with a thin, central, cord-like body. This latter was the attenuated and elongated cervix and was not larger than a small fourth finger. The whole formed a broad ribbon-like pedicle, which was tied off in segments, the uterine arteries being ligatured separately, as was also the cervix. A fine continuous suture was then used to stitch the peritoneum over the raw edge of the pedicle. In about seventeen days suppuration occurred along the track of the drainage tube which was used. This sent the temperature up for a day or two, otherwise no drawback took place.—Monthly Homeopathic Review.

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Case of Large Uterine Fibroid with Ovarian Cyst.—Patient aged fifty-one, had had no children, one miscarriage, menstruation, which commenced at twelve, ceased five years ago. It had always been regular, rather profuse, with no pain. It had increased in quantity during the last fifteen years, but was always painless. Her present symptoms were backache, increased upon sitting up, diminished when lying down, and frequent micturition. Specific gravity of urine, 1066, it was acid, with no albumin. She has mental depression with vertigo. Her abdomen began to enlarge about nineteen years ago. Three years before that she had found out that she had a tumor, upon being taken ill with an attack of severe pain. It was the size of a walnut, so her physician told her. In twelve months it had grown to be the size of an orange. Two years ago her abdominal girth diminished five and one-half inches in a few months. A physical examination made in October, 1894, showed a large, irregular fibroid, especially to the right. To the left of the fibroid was an ovoid elastic swelling, an ovarian tumor. The patient has rheumatoid arthritis.

Dr. George F. Washburne, Chicago, has issued a reprint of an article recently appearing from his pen in a local journal on "Anti-Toxin—Some Practical Remarks in Regard to Its Use." It contains approving illustrative cases. Dr. Washburne is a member of the local health office's corps of sanitary inspectors and has been watching the development of antitoxin treatment with interest. He is a thorough advocate of its efficacy.

Practice of Medicine.

ELECTRICITY IN MEDICINE AND A PLEA FOR ITS MORE GENERAL USE.

BY J. C. DAILY, M. D., FORT SMITH, ARKANSAS.

A paper read before a medical society on Electro-Therapeutics receives about the same consideration that would be given an essay on free silver by a convention of Wall Street bankers. The author is called a crank and the subject is dismissed (at least by many) as a vagary unworthy of serious consideration. As a result, few papers are read before the American Institute of Homeopathy on this subject, and its devotees have been forced, in self-defense, to organize an Electro-Therapeutic Society where their papers will reach willing ears and strike responsive chords. This attitude of agnosticism toward electricity was well taken twenty or thirty years ago, when its use was based on empiricism and its application left in the hands of charlatans and quacks; but today it has progressed far enough on scientific ground to demand a respectful hearing of medical men. In recent years we have seen electricity in the industrial arts emerge from a similar state of empiricism until it has revolutionized chemistry, physics, and many of the industries and trades of the world; and when its laws in relation to the human body are as well understood, we will have a new system of electro-therapy that will revolutionize the practice of medicine.

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The obstacles to the use of electricity in the past as well as the present are twofold. First a lack of knowledge of the exact pathological condition of the disease to be treated, and, therefore, an uncertainty as to the character of electricity to use and of the form of electric energy necessary to effect a cure; second, an erroneous idea, too prevalent among physicians, as to what electricity really is.

Electricity is too often regarded merely as electricity, without any discriminating attention directed to the very marked distinctions as to the different effects it is capable of exerting. It is not a simple single remedy, acting the same way under all conditions, but a veritable Pandora's box, out of which spring many different forms of energy, some of which are recognized with scientific exactness, while others are as yet unknown. Our knowledge is fairly well developed as regards, for instance, its electrolytic or chemical action, its excitatory action upon the protoplasmic elements of nerve tissue, its circulatory and vaso-motor effects, cataphoretic possibilities, etc., while in regard to others we are still densely ignorant, and have to fall back on past experience with but indifferent results. But day by day our knowledge increases and day by day the electro-therapeutist applies his current with clearer ideas as to the effect desired and with more accurate knowledge of the force he uses. So that if we continue in the future as we have in the recent past we will soon use electricity with the same definite precision with which the surgeon handles his knife.

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The opposition to electricity as a remedial agent comes principally from three sources:

First, from the man of blood—the surgeon, who is so enamored with his marvelous success with the knife that he has not the time, or will not take it, to study any other method, and, therefore, condemns electricity without a trial. Nearly all the recent works on gynecology refuse to recognize it as an agent of merit. Witness, as an example, the American Text-Book of Gynecology, article on Electrical Treatment of Endometritis. It condemns it without measure. It is very plain that its author has had no practical experience with the method he refuses consideration. Playfair, an authority of equal weight, has been broad enough to prove all things and hold fast to that which is good. He says: "In the treatment of certain morbid conditions of the endometrium, especially chronic endometritis, uterine catarrh, and membranous dysmenorrhea, I have found that the application of the negative current, through the insulated intra-uterine sound, produces far more uniformly good results than any other form of intra-uterine medication with which I am acquainted. I am satisfied that there is nothing to be compared with this, in very troublesome cases, many of which have lasted for years and resisted every other kind of treatment previously used."

But even to the surgeon it may prove helpful at times. Phlegmonous inflammations of deep structures, beyond the reach of the knife, are due to anerobic microbes. These microbes are destroyed and rendered harmless by the presence of oxygen. D'Arsonval has experimentally established the fact that a sinusoidal current of low frequency of alternation increases the consumption of oxygen fifty per cent. May it not be possible by this method to introduce sufficient oxygen to the tissues to destroy these anerobic microbes, and thereby cut short the inflammation?

The second class of objectors are those who have attempted its use with defective apparatus and equally defective knowledge. It is they who attempt the dilatation of the cervix with faradism and cure stricture with the positive pole. They naturally meet with failure and blame the remedy instead of themselves.

The third class is that large body of general practitioners who never use it until they have exhausted every other means—mechanical, surgical, and medicinal—and then they invoke its aid and are disappointed because it does not cure.

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My personal experience with this agent has been confined chiefly to its gynecological and orificial use. At the Denver meeting I had the pleasure of reading to the Institute a paper on electricity in gynecology in which I attempted to point out some of the diseases of women amenable to cure by the method under consideration. Among others I enumerated uterine hyperplasia, sub-involution, chronic ovarian inflammation, chronic pelvic inflammation with exudation; all forms of uterine hemorrhage; certain forms of amenorrhea; endometritis; prolapsus and version, when due to relaxation of tissue; dysmenorrhea, obscure pelvic pains; occlusion of the os; stenosis of the cervical canal; and all forms of hystero-neurosis and disorders of menstruation.

Two more years of experience have further confirmed the opinion then expressed, that electricity, properly administered in suitable cases, is the most valuable remedy at the command of the gynecologist. Diseases of women offer a peculiarly favorable field for the use of this agent. The unipolar application, the lack of sensibility to current of the vagina and uterus, the low resistance of these parts, from 400 to 600 ohms, and the consequent high amperage that can be given without pain, thereby enabling us to get the chemical effects so necessary at times, coupled with the fact that the diagnosis is comparatively easy, account for the great strides it has made in this specialty.

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Endometritis. — Simple endometritis can be, and is cured by electricity. Those who claim the contrary have either not tried it, or else do not understand its application. Under its use the menstrual anomalies are regulated, the dysmenorrhea is relieved and the leucorrhea ceases. I do not mean to claim that it will cure all cases, but the great majority, where there is a fungoid condition of the endometrium. It is better to first use the curette and follow it up with the galvanic current. I would not advise this agent for septic or gonorrheal endometritis. These cases are best treated by curettage and packing.

In treating endometritis I am guided in the selection of the active pole by the character and the disposition of the uterus. Where the uterus is irritable, bleeds on the least handling, is tender and sensitive, with profuse menstruation, I use the positive pole for its sedative and hemostatic effect. When it is sluggish and sleepy, standing any amount of handling and rough usage without reaction, the negative pole is indicated.

For the negative pole I use a set of Pratt's sounds with a hole bored in the end for conducting cord and properly insulated within two and a half to three inches of the distal end by rubber tubing. Before turning on the current I dilate the uterus as far as possible and use the sound as an electrode, the largest sound that will enter, the aim being to bring the electrode in contact with the whole endometrium and to leave a patulous cervix for the escape of debris, the result of electrolysis. Massey says that this is unnecessary, but I have had better results since using this method.

For the positive electrode I use block tin.

The application should be made two or three times a week and with a milliamperage ranging from ten to one hundred milliamperes, as judgment dictates.

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Prolapsus Uteri. — For prolapsus uteri, from relaxation of tissue, the action of electricity is sometimes marvelous. Two years ago I had a patient with complete prolapsus. The womb had been so long exposed to the air that its surface had become hard and rough, like integument. The case looked as if it were beyond the reach of any treatment short of hysterectomy. She gave her consent to the operation and all arrangements were made for the removal of the uterus. At the last moment her courage failed her and she backed out and begged me to try electricity, as I had at first suggested. Accordingly the womb was replaced and coarse wire faradism applied with slow interruptions by means of a bipolar vaginal electrode, after which a tampon of boro-glyceride was introduced. Four months of treatment, with an average of three treatments a week, resulted in a perfect cure. I examined her recently and found her uterus in normal position. Such a cure is worth a dozen successful hysterectomies, as she is comparatively a young woman, capable of motherhood.

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Dysmenorrhea—Illustrative Case.—I had not intended in this article to report any cases, but the day before I left home a lady called to thank me for what she was pleased to call her miraculous recovery, and the case is of sufficient interest to report.

Mrs. G., aet. 28, menstruated first at thirteen. When but fifteen she began to suffer with painful menstruation. The suffering increased each month until she was sixteen, when she began to have convulsions with the onset of menstruation. At that time a physician dilated and curetted the uterus without relief. From the age of sixteen until she came under my care she had spent every menstrual period in bed under the influence of morphia, and at times, when morphia failed to relieve the A. C. E., mixture was used. Her husband had learned to use a hypodermic and administer an anesthetic, and always had to resort to one or the other. She married at seventeen. At nineteen the uterus was dilated and curetted and again at twenty-two, without any apparent benefit. At twenty-four she entered Dr. Maury's private hospital at Memphis. He incised the cervix, curetted and introduced a glass stem, which she wore for weeks. She was worse after this treatment than before. Maury then advised the removal of the appendages, assuring her that nothing short of this would bring her relief. She has consulted many physicians, all of whom have advised Battey's operation. I quote from a letter by Dr. Green, of Little Rock, written last November: "Replying to your letter in regard to Mrs. G., I would state I never made an examination of her case, although she and her husband frequently talked to me on the subject and on two or three occasions made an arrangement to go to the hospital and place her under my care; but she had been treated so much, ineffectually, and so dreaded the thought of a laparotomy, which she had been told would have to be done, that she never quite made up her mind to submit to treatment. Never having made an examination I am unable to state just the nature of her trouble. Judging from the severity of her dysmenorrheal symptoms I judge there is a large neurotic element in the disease, and that the ovaries must be largely at fault. A laparotomy by bringing about an artificial menopause may stop the periodical attacks of pain, but it will not remove the neurotic element. I hope you can cure her with electricity, but if it, like all other things that have been tried, fails, then a radical operation is in order."

The only thing that kept her from submitting to the operation was the fact that she was childless and greatly desired a family. I began electrical treatment the ninth of last November. I found on examination, in spite of all the surgical work that had been done, that the uterus was small and undeveloped and the cervix so narrow that I could not introduce the smallest sound. The region of the left tube and ovary was so exquisitely tender she could not stand the slightest pressure. Bi-polar faradism of the vagina, current of tension, was first used for several treatments, until all sensitiveness to pressure was relieved, then negative intra-uterine galvanism, using larger sound with each treatment until I reached No. 16 English. The ovary and tube were then treated by applying the clay-bell electrode against these parts through the vagina with the indifferent pole on the back and abdomen.

The first menstruation after beginning treatment was attended by less pain, and the improvement has continued with each period until this month, when she menstruated absolutely without pain, the first time in fourteen years.

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Chronic Constipation. I have had a large experience with this agent in the treatment of chronic constipation, with many cures and but few failures. The method of application I reported at the last meeting of the Southern Association at St. Louis.

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Catarrh of Sigmoid. — Catarrh of the sigmoid is another disease in which the action of electricity is very beneficial. A large pad is placed over the colon externally and attached to the positive pole. A Cole's sigmoid irrigator is introduced and the sigmoid is filled with a warm solution of salt water. Then the negative pole is attached to the irrigator and from ten to twenty milliamperes are passed for five minutes, winding up the application by a few interruptions, for the purpose of producing contractions of the gut.

Electricity, like homeopathy, is here to stay. It has its own sphere in the practice of the healing art, and can no more be ridiculed out of existence by those who have not given it an honest trial than can the law of similia. It can and does relieve and cure disease, and will amply repay any physician for the time, trouble and expense necessary for the mastery of its principles.

Gynecology.

CANCER OF THE UTERUS.

BY W. LOUIS HARTMAN, M. D., CLYDE, NEW YORK.

One of the most perplexing things that the gynecologist has to deal with is cancer of the uterus, since it usually comes to him in the last stages of the disease, when the vagina has become involved, or when it is perhaps still further advanced than this. The symptoms are usually so blind that the medical adviser is not consulted until after there have been hemorrhages and, of course, the stage of ulceration has set in.

In the past year I have been studying this disease very closely, and I have found an early symptom in this malady which has not been mentioned in our text-book, in so far as I can find; namely, vesical irritation. In the last cases I have observed this symptom has been verified, and has preceded the hemorrhage by about six months, sometimes not quite so long.

I examined a case a short time ago where the only symptom present was vesical irritation. The uterus was curetted and upon examination by the pathologist the condition proved to be sarcoma. There was one condition present in this case which, when found, even our best authorities claim we need not look for a cancerous state; that is, so long as there is a tenacious discharge from the cervical canal. In the case just mentioned this symptom was present, as it was also in three others where the diagnoses were confirmed by the pathologist.

In the first case mentioned, where sarcoma was found, the following history was obtained:

Mrs. V., aged fifty-two, married, three children, had passed the climacteric about four years with no inconvenience, and, until about three months previous to examination, enjoyed usual good health. At that time she experienced a sensation of weight above the pubes and, following this, vesical irritation, with some burning while urinating. Upon examination with the speculum the cervix was found somewhat enlarged, and tenacious mucus coming from the cervical canal. Not being satisfied with what was discovered, I proceeded to curette, had the specimen examined, and it was found to be sarcoma.

This case is one of five with similar symptoms which I have examined and operated, all of which were malignant.

In three other cases I have found this vesical irritation to have been one of the early symptoms, the growth having broken down at the time of my first examination.

The above mentioned cases have come under observation within the past ten months.

I found one case of pronounced adenoid carcinoma in a lady only twenty-four years old, which had shown none of the usual symptoms. There had been no hemorrhage and the discharge was not of a thin nature, but very thick and tenacious.

The gynecologist cannot proceed with too much caution in making examination of the female generative organs, as ofttimes we may be able to make early discovery of a disease which at that time will be amenable to treatment, but after three or four months will have reached a stage where only palliation is possible.

Do not understand me as holding that every case of vesical irritation found in women is due to malignant troubles. I do not want to be put on record in such light. But a physician who has cases of that character which do not improve under ordinary medical treatment is not doing justice to his patient if he does not demand a local examination. In this class the uterus should be curetted and the tissues submitted to a pathologist. Sometimes the curette alone will not reveal the trouble, but a small piece clipped from the wall or cervix will.

A great many of our most worthy and conservative men usually want to try local treatment in cases of suspected cancer and see if it will not prove to be nothing but a simple case of erosion, follicular hypertrophy, or perhaps ulceration. Now in such cases, how long will it take one to curette a small portion and submit such scraping to a pathologist, allowing him to determine at once the nature of the disease, and not defer until it has extended perhaps to the vagina and broad ligament? When the lesion is in that state, only one verdict can be given, and it will be unnecessary for me to speak of that at this time, as we all know too well what it is.

When we think of the danger attending delays in cases of such gravity, and that we are dealing with a disease which will surely carry off our patient in a very short time, we must also consider that possibly if we had discovered and thoroughly handled this malady in its infancy, she might have had some form of treatment whereby her life might have been saved.

The operative treatment in such cases, in the hands of a competent operator, is not of a very serious character. Considering the chances of non-surgical treatment and those she would take by submitting to the knife, it would be quite absurd to make a comparison, as at the present time, the mortality from vaginal hysterectomy is so small that the idea of non-operative treatment is not to be considered.

Institutes of Medicine.

THE PHYSIOGNOMY OF DISEASE.

BY E. W. BOARDMAN, M. D., PARSONS, KANSAS.

It has been said that the homeopathic physician pays too little attention to diagnosis. Whether this allegation is true or not would certainly admit of debate; but it is assuredly unscientific and unsatisfactory for any physician, homeopathic or otherwise, to treat patients whose maladies he is unable to describe and classify. Correct diagnosis is not the ultimate object in the examination of a patient, however, nor is it necessary in establishing a correct diagnosis to lose sight of that important Hahnemannian principle: "The totality of the symptoms." On the contrary, the totality of the symptoms should lead to a correct diagnosis of the case at the same time that it leads to the successful adaptation of a remedy.

If it has been alleged with any degree of truth that the followers of Hahnemann are poor diagnosticians, let us remove this stigma from our school, and while becoming superior therapeutists, let us also acquire superiority in the recognition of pathological conditions. It is not the intention in this paper, however, to deal with pathological and microscopical anatomy, nor to differentiate the myriad forms known to bacteriology, but to call the attention of the reader to a practical part or branch of diagnosis which is perhaps too often slighted and unnoticed.

By the "physiognomy of disease" it is intended to include any and all of the various manifestations of disease which may be gleaned from a careful inspection of the patient, whether evinced in the face or body, the posture during sleep or while awake, gestures, the information flashed out through the "windows of the soul," as the eyes have been poetically styled, the various moods and tenses of the mind, more or less diseased, which may be gathered from the manner of the patient; in short, whatever may be learned merely by observation, without the aid of physical diagnosis or of interrogation. It will readily be seen that such a topic would far exceed the limits of a magazine article, which can at the most be but suggestive of the line of study that each may follow out for himself.

Inspection. — Though often looked upon as one of the minor aids to diagnosis, inspection may be made a most valuable assistant to the general practitioner. The human mind is quickly won by the mysterious, as evidenced by the eager following after those who pretend to name and treat disease in a miraculous or supernatural manner, generally to the great financial advantage of the wonder-workers.

The regular practitioner of medicine, while not deceiving the public with such fallacies, may, by a legitimate study of facial expression, posture and other objective symptoms, arrive at a facility for diagnosis, in many diseases, that would seem almost marvelous to the uninstructed. Doubtless this becomes almost instinctive, or, at least, is performed almost without thought of how to arrive at a diagnosis, by those natural diagnosticians whose admirers credit them with the ability to recognize a disease as soon as they enter the room, or who will recount the symptoms to a patient before asking any questions. Like Nebuchadnezzar, many patients not only demand the name of their affliction, but desire the physician to state his opinion without inquiries as to the subjective symptoms, in short, to "tell the dream and the interpretation thereof."

While some have the faculty of observation largely developed by nature, much improvement may be made by any one who will take the pains to study along this line. A few of the most pathognomonic symptoms can scarcely escape the eye of the tyro, such as the Hippocratic countenance which often portends impending death, or the posture assumed by the sufferer from peritonitis.

But the more minute indications to be read in the face and body are only detected by the closest observer, though they may be as unerring in their signification as those which are patent to all.

Posture. — The first step toward diagnosis, though paradoxical this may sound, should be made with the eyes. If an office patient enters, carefully observe his gait as he comes into the room, and note any peculiarity in his actions—how he carries his body and head and handles his limbs; observe if there be any irregularity of motion or any tendency to favor any portion of the body. Observe his posture in sitting, whether it be one of complete relaxation and exhaustion, often seen in the incipient stages of protracted fevers, or a position indicative of pain in the head, or any portion of the body. Pain in the back may be evidenced by the patient "sitting on the back of his neck," or rather, by sitting very far forward on his chair, putting the back upon the stretch.

Expression. — The face will frequently give at once some indication of the location of the disease and the cause of the suffering. A drawn and anxious expression about the mouth usually accompanies abdominal pain and lesions. Corrugated eyebrows and wrinkled forehead point often to headache or brain disease.

Puffiness of the eyelids with a pale, waxy complexion would direct the attention of the physician to the kidneys. The yellow skin and conjunctiva of hepatic disease; the muddiness of enlarged spleen; the greenish, waxy complexion of chlorosis; the corpse-like paleness of anemia; the bronze color of Addison's disease; the sallow and characteristic face of the cancerous cachexia; the shrivelled, muddy, sallow and leathery features of the protracted and combined ague and quinine victim; the beautiful pearly white conjunctiva, thin skin and blue veins of the consumptive; the pinched and Hippocratic face of cholera and cholera morbus; the one-sided blankness of Bell's paralysis with inability to close the eye—these are a very few among the many pathognomonic signboards that will almost unerringly point the earnest seeker to his diagnosis.

Sick Room Observations.—In visiting a patient sick in bed, the physician may, upon entering the room, engage in conversation of a somewhat general character, while at the same time he closely watches the patient, noting the mental state, whether of stupor or excitability, or neither, the posture of lying, the complaints, groans or manifestations of pain, if any, odors emanating from the patient, whether he be restless and constantly changing position of the limbs and body, or lying perfectly quiet. If the latter, distinguish between the perfect quietude caused by fear of pain, as in acute inflammatory rheumatism, where the patient is extremely watchful for fear of being touched, and the inactivity of perfect prostration and helplessness of malignant typhoid; or the listlessness and freedom from pain denoted by the perfect restfulness of the convalescent, the only feeling being one of weakness; or the appearance of the absolute quiet of death, as seen in the paralyzed limb or body.

Observe carefully the frequency, character and posture assumed in breathing. Dyspnea to the degree of orthopnea may indicate asthma or organic cardiac and aortic lesions; but it may not be combined with frequency. On the other hand, the extremely quick and rapid breathing of pneumonia may evidence no perceptible dyspnea. Then, again, you may find the cautious, shallow, quick respiration of pleurisy, which tells of the fear of pain from a deep inhalation.

The relative duration of inspiration and expiration sometimes gives an almost infallible hint of approaching danger. Normally, a complete respiration consists of three parts or acts: first, a somewhat prolonged process of filling the lungs with air, called inspiration; second, a quick expulsion of the air, called expiration, occupying not more than one-fourth of the time of an inspiration; third, an interval of rest, somewhat longer in duration than the act of expiration. An almost certain sign of impending death in any disease is a reversal of the normal processes of respiration so that the inspiration is executed very quickly and forcibly, and the expiration and interval of rest are greatly prolonged.

In the position of the patient may often be discovered a cue as to the location and character of the pain and disease. How differently do the sufferers from colic and peritonitis appear, though both are tortured with abdominal anguish! The former may lie prone, with the abdomen pressing hard against the bed, or doubled over the footboard, while the victim of peritonitis rests anxiously upon the back, with knees drawn up, and in great terror of anything touching the inflamed parts, scarcely daring to breathe for fear of pain.

Then the gestures used in describing pain are often very suggestive of the kind as well as the place of suffering. The open hand will be passed flatly above the inflamed joint of synovitis, without touching it, while the pain of odontalgia is recognized by the firm grasp of the jaw with the open hand. A sharp, shooting pain will be located by a quick motion of the index finger towards the afflicted part, and a boring or throbbing pain will be told of with appropriate accompanying gestures.

Merely a suggestion of the great field for study has been offered in this paper, but painstaking work and attention along this line cannot fail to reward the student. Whatever will assist in a speedy and accurate diagnosis, will be eagerly acquired by the practical physician who is always on the alert for indications alike of disease and remedy.

Climatology.

THE CLIMATE OF PHOENIX.

BY W. LAWRENCE WOODRUFF, M. D., PHOENIX, ARIZONA.

The month of June, 1896, will be celebrated as having the highest range of temperature, and for the greatest number of consecutive days ever known in the Salt River Valley, if not in the United States.

The following table shows the actual heat as marked by the reading of the dry bulb thermometer, the so-called sensible temperature, as indicated by the wet bulb, and the relative humidity or percentage of saturation, according to the observations of the United States Weather Bureau, at Phoenix, Arizona:

Date	Actual	Sensible	Rel. Hum'ty
Date.	Degrees.	Degrees.	Per cent.
1	97.1	65.6	16
2	95.9	64.0	12
3	94.0	61.0	11
4	91.0	60.8	14
5	93.8	61.0	12
6	94.8	63.8	15
7	97.0	64.5	13
8	100.8	65.4	12
9	104.8	64.8	8
10	107.0	67.0	9
11	109.0	67.8	7
12	109.5	68.8	10
13	114.8	72.0	13
14	114.5	73.0	11
15	114.0	71.5	10
16	114.0	73.0	12
17	112.5	70.3	10
18	108.0	73.0	17
19	102.0	66.5	12
20	103.5	64.0	7
21	105.0	67.0	10
22	104.2	64.8	8
23	107.0	74.0	20
24	99.2	63.8	11
25	102.0	68.5	16
26	98.4	69.4	21
27	102.2	70.2	19
28	102.8	65.3	13
29	103.2	66.3	11
30	104.0	68.0	13

From June 9th to 18th inclusive was the longest continuous period of extremely hot weather within the memory of the oldest inhabitant. From the

13th to the 17th, the best accredited thermometers (set nearer the ground than the government instrument), registered from 3 degrees to 5 degrees higher and indicated from 118 degrees to 120 degrees Fahrenheit. It will be noted that the difference between the actual and sensible temperatures (indicated by the readings of the dry and wet bulb respectively) was from 30 degrees to 43 degrees, depending principally upon the percentage of humidity. On only seven days did the relative humidity go above 13 per cent. This is a fair index of the dryness of the summer air in the Salt River Valley

With this record of intense heat, extending over one-third of the month, should be coupled that of the wonderful exemption from disease during the same period. Nowhere else in the known world were the inhabitants so healthy as in Phoenix and its vicinity. There was practically no acute sickness.

The following table of deaths for June, 1896, in that portion of the Salt River Valley north of the Salt river, west of the "Rio Verde" and east of the "Agua Fria," containing a population of 16,000 and including the city of Phoenix, is a fair index of our ordinary summer healthfulness:

Cause of Death.	No. Cases	Age.	Remarks.
Puerperal fever	1	27	
Typhoid pneumonia	2	-8-7	
Bowel disease	1	2	
Typhoid fever and chronic alcoholism	1	79	
Chronic alcoholism and heat prostration	1	64	Tramp.
Old age	2	85-86	
Brain fever	1	24	
Consumption	4		All transients.

In all, thirteen deaths. If the five cases of transients be deducted there are left eight deaths in a population of 16,000 during the hottest month in the history of the community.

During the months of May, June, July, August and September, 1895, there was but one death each month from bowel trouble among children in the territory named.

During the five summer months of the past four years the total death rate was as follows:

1892, one-fourth of one per cent.
1893, two-fifths of one per cent.
1894, one-third of one per cent.
1895, one-fourth of one per cent.

An average of two and 85-100 in 1,000 inhabitants. This is the season, in all other parts of the world, of greatest fatality from gastro-enteric diseases.

Were it possible, the world ought to know, not only that the Salt River Valley during the summer time is the healthiest spot on earth, but that the healthy individual and the health-seeker can live here in comfort and with pleasure during the heated term. We feel better, brighter, stronger and have better appetites than in the winter season. As soon as the weather begins to "warm up" aches, pains and discomforts vanish. Life is not only liveable, but we live more of life as nature intended we should live it.

We live in the open air. The lawn is parlor, sleeping apartment and often diningroom. The diet is largely fruit in abundance and of great variety. The foliage of quick-growing trees forms a grateful shield from the perpetual sunshine of the day, and at night the beauty of the moonlight is unsurpassed. It is the luxury of life to live in the open air throughout the dewless night, dressed in the lightest garments, and without a fear of taking cold. There could be no nobler canopy than Arizona's clear blue starlit sky. There is rarely a night so warm as to interfere with sleep.

The days are hot and the air is dry. One needs to drink water frequently and copiously. This natural appetite can be fully gratified without risk. The effect is a profuse perspiration, "flushing" out with it all effete material from the system. As soon as this perspiration reaches the surface it is evaporated, and the heat of the body thereby reduced. This process of refrigeration and elimination is kept up without interruption for months at a time, and is the explanation of our unparalleled healthfulness.

This is the period when the invalid makes his greatest improvement. To get the most benefit from this climate, he must come during the spring and summer, rather than in the fall or winter. This is so with the great majority of cases, the contrary is the exception. It is perfectly safe for our people from any part of the country to come to the Salt River Valley during the summer. Our hot, dry air is stimulating and not in the least debilitating. We usually find (when there is sufficient vitality left to expect any benefit at all) a gain in weight and strength so long as the hot weather lasts. A summer spent here with its unloading of poisonous, effete, broken-down tissues, prepares an invalid to get the greatest benefit from our genial winters.

Associations.

CHAPTER FROM OBSTETRICAL PRACTICE: NEW NASAL SURGERY—HOMEOPATHIC MEDICAL SOCIETY OF NEW YORK COUNTY.

REPORTED BY J. PERRY SEWARD, M. D., NEW YORK.

Obstetrics. Dr. Louise Z. Buchholz read "A Chapter from My Obstetrical Practice," in which she related her observations on the treatment of one hundred and twenty-five midwifery dispensary cases, among the poorest classes in the city. Pointing out the adverse conditions resulting from the squalid habits and surroundings of her patients, Dr. Buchholz dwelt upon the comparative absence of sepsis. There were only two instances of fever, both moderate. The douche was only used in eight cases. Carbolic acid was rarely used, other antiseptics never. Such cleanliness as the facilities of the house afforded in the way of soap and water was alone secured. She had had no laceration requiring attention.

Discussion. — Dr. F. W. Hamlin said that sanitary deficiencies do not cause sepsis, but the introduction of germs by the hand of the physician. The disinfection of the examining hand is the most important point. If this has been neglected, the doctor has had a very remarkable escape. In the freedom from laceration the doctor has been also fortunate, for it is quite a frequent occurrence in his practice. He suggested the possibility of internal lacerations, which are only discoverable upon careful examination, and which do more harm to the pelvic floor than the more conspicuous external ones.

Dr. Buchholz remarked that she never uses an antiseptic for the hands, but only the soap and water furnished by the patient. She uses any lubricant at hand. Before labor examinations are frequent and harmless, on account of the lack of raw absorbing surfaces. After labor she makes none at all.

New Nasal Surgery.—Under the title of "The Removal of Septal Growths without Destruction of the Mucous Membrane," Dr. William S. Pearsall described an initial step he has taken toward the use of modern surgical methods in nasal surgery. The present manner of removing superfluous tissue includes the destruction of the mucous membrane and the loss of its various functions. Dr. Pearsall believes that such surgery is similar to the ancient amputations without flaps, and should be relegated to the past. In the anterior nares, and particularly for growths or deformities of the septum, better methods are possible. Dr. Pearsall has therefore inaugurated the sub-mucous removal of spurs and ridges in these cases. After an incision over the spur flaps of mucous membrane are made, exposing the growth. This is removed, the flaps are replaced, approximated, sutured, and a dressing of iodoform and collodion and bi-chloride gauze is applied. The operation takes more time, is more difficult, and the field is limited. But the method is more consistent with modern surgery, the membrane is preserved, and improved technique is to be expected.

Discussion.—Dr. S. H. Vehslage said that the paper showed a step in the right direction. Difficulties to be overcome are probably not insuperable. First, there is the difficult preservation of the mucous membrane flaps from injury by contact with the instrument which removes the spur. Hemorrhage hides the parts and adds to this difficulty. Suturing in the contracted quarters, particularly if there is more than one incision, is hard to do. Lastly, there is the requirement of a compress

Dr. J. B. Garrison approved the operation, considering it a long stride toward the best surgery. He has had no recent cases amenable to this treatment, but will adopt it whenever possible.

Dr. Pearsall admitted that care of the mucous membrane precludes the removal of as much of a spur with a saw as could otherwise be done. But the lack of a scar, and the intact mucous membrane which is not covered with secretions, makes the smaller lumen less objectionable. In a short incision collodion carefully applied will draw the mucous membrane in close enough apposition, for it attaches very closely to a secreting membrane.

New Members.—Drs. Clinton S. Bagg, of No. 67 West 45th St., Hugh Kidder, of No. 351 West 42nd St., and George T. Seward, of Metropolitan Hospital, were elected to memberships. Dr. Frank H. Bonn, of Stamford, Con., was nominated for corresponding member.

The Medical Century was the recipient of a call a few days since from Dr. Osmon Royal, of Portland, Oregon, an always welcome visitor.

ACADEMY OF PATHOLOGICAL SCIENCE.—NEW YORK.

Fibroma Molluscum.—Dr. H. M. Dearborn showed an old man of sixty years, a patient of ten years' standing, at the Metropolitan Hospital, whose skin was covered thickly with growths of various sizes, a typical case of fibroma molluscum. They were soft, elastic, painless excrescences, one of them below the left breast large and pendulous. Dr. Dearborn said that the affection was of neurological origin. The growth is partly epithelial, from the hair follicles and sebaceous glands, and partly from the connective tissue around the nerves. It is, therefore, properly a neuro-fibroma. The skin is pushed before the tumor, and at first contains all its elements undisturbed. Later the glandular structures are replaced by connective tissue. The condition causes no impairment of health, but some mental weakness is usual, as in this case. The cause is unknown, but may be hereditary. This man has been affected since infancy, and possibly the beginning was congenital. There is no cure or treatment known.

Fracture of the Vertebrae.—A boy suffering the effects of a fall which injured his spine, either by fracture or dislocation, was exhibited by Dr. George W. Roberts. A pressure-myelitis caused paralysis of the muscles of the legs, beginning with those on the anterior aspect of the thigh. The bladder was affected to the extent of causing nocturnal enuresis. A prominence could be felt at the twelfth dorsal vertebra. A year and a half ago treatment was begun by suspension, lasting from five minutes to three-quarters of an hour daily. Some improvement in the bladder and feet resulted. There being no sign of further improvement, attempts at a cure were abandoned and operative treatment undertaken. Laminectomy was considered, but it is so often fatal and it promised so little that it was given up. Attention was devoted to getting the feet into a position that would sustain him. The feet were bad cases of talipes, one equino-varus and the other equino-valgus. Several tenotomies were performed, and once the operation by Phelps' open incision. He can now stand and walk by the aid of a brace. The present brace is not satisfactory, for it does not counteract the tendency of the knee to turn back, and continued strain on the posterior ligaments will be disastrous. With a proper brace he should walk during his lifetime.

Talipes Valgus.—Dr. Roberts showed seven casts illustrating different phases of flat-foot, and made them the text for his remarks on the pathology and treatment of this affection. He took occasion to object strongly to the prevalent idea that in walking the toes should be turned out. Such a position is the weakest the feet are capable of, and if continued long the weight of the body overcomes the supporting muscles and ligaments and the arch is destroyed. Schoolteachers should be made to understand this fact.

Dr. C. W. Cornell said that few physicians are aware of the extent of this trouble. There is a man in Nassau street who sells springs of suitable sizes for weak feet. His springs are covered with vulcanized rubber, and are sold for five dollars. Very few of his clients ever mention to a physician the fact that they are flat-footed. Dr. Cornell also pointed out the fact that the first indication of approaching trouble is the wearing out of shoes on the inside by children.

Fibroid Tumor and Pyosalpin. A specimen removed abdominally by Dr. Roberts led to a discussion on the relative merits of the abdominal and vaginal routes. Dr. Cornell preferred the vaginal route in most instances, urging particularly the good drainage procurable. Dr. Roberts considered the abdominal method usually preferable, believing that the steps of the operation are more clearly seen. Dr. Fralick expressed a preference for the vaginal route if there is freedom from adhesions or other dangerous complications.

Laceration of Posterior Walls of Uterus and Vagina. — Dr. J. Oscoe Chase narrated a remarkable case of laceration into the Douglas cul-de-sac, and showed the pelvic organs removed post-mortem. The patient did not come to labor with this, her fifth child, until the eleventh month. Pains were then violent, but no advance was made in three days. Two attempts to apply forceps were unavailing, and finally version was successful. After the placenta had come away some hemorrhage was noticed and a weak carbolic douche was given. Severe pain was complained of at once, and it was found that the tube had been delivering the solution into the peritoneal cavity. Despite all efforts peritonitis developed and the patient died of exhaustion on the eleventh day.

Dr. Laidlaw described the post-mortem, at which a fibrinous exudation was found covering the intestines, and, on breaking the adhesions from the walls pockets of pus were opened. The laceration had not healed and was plainly manifest.

Correspondence.

"WHERE ARE WE AT ?"

An article under the above remarkable title, by Dr. J. W. Means, of Troy, Ohio, appeared in the August 1st number of the Medical Century, page 369.

Were it not for gross misrepresentations and distortion of facts, I would not have thought it worthy of any consideration; for besides the above characteristics, it contains personal insults unbecoming any literary production worthy of publication in a modern medical journal. Nor do I intend to discuss the author's views of the proper method of prescribing homeopathically, which depends materially upon a physician's education, experience and his talent for observation. But I consider it my duty to rectify statements which have been wilfully distorted to mislead the reader.

Distortion No. 1 presents a confused criticism of two distinct meetings, one of which was held three days previous to the other, as if they had taken place at the same time. The essay mentioned "Shall we Endorse Section XVIII of the Organon," which treats of "Totality of Symptoms," by Dr. Boericke, of San Francisco, was read at the Materia Medica Conference, a day previous to the meeting of the Institute. The criticism on this paper branches directly into and upon the discussion of a paper read by Dr. Menninger during the session of the Bureau of Materia Medica at the Institute meeting.

Distortion No. II. "Timothy Allen, H. C. Allen, Deschere, Walters and Pierson," etc., "were unmolested in their heavenly flights." But Deschere was not present when Dr. Boericke's paper was read at the Conference, unfortunately for him and the distortionist.

Distortion No. III. is the name of Hahnemann, which is incorrectly spelled "Hahnaman" in various places of the production, consequently it cannot be considered a printer's mistake. For any one who pretends to be entitled to the honor of membership in the American Institute of Homeopathy, this is either a sign of unpardonable ignorance or of a very mal-apropos joke.

With reference to misrepresentations, I can only assume to correct my own discussion of Dr. Menninger's paper, in which I followed Dr. T. F. Allen, and, taking up the latter gentleman's thread of thought, I incidentally mentioned an instance which had occurrred in my own family, and which enabled me to prove beyond doubt in my mind the efficacy of administering a drug by olfaction, after Hahnemann's method. Thus I have also been successful in rapidly relieving the convulsions of children, who were, at the time, unable to swallow. The application of this method is possible for the relief of various other afflictions, and anybody can easily make the test, provided he has found the homeopathic remedy suitable to his case.

The potency mentioned in this connection was not the 200th, but the 30th (centesimal), which I most generally employ in the usual manner, whilst the application by olfaction or inhalation is resorted to in exceptional cases only. Still I am by no means restricted in my practice to any grade of attenuation, using remedies from the 1st decimal to the 100,000th and beyond.

It is, therefore, a misrepresentation to quote from my remarks that the 30th or 200th should be used. and "only" by inhalation. Or as the distortionist has it, in an to me incomprehensible language: "In stead thereof use the term application in the 30th or 200th degree, as it were, and only by inhalation as Hahnaman did." How a "term" can be used by "inhalation," I do not know.

I further mentioned in the discussion that as guides towards the selection of a potency, the individuality of the patient, the disease, the drug, as well as the doctor, may be taken, for some doctors will not use high potencies, while others will not employ low ones.

As customary with certain writers, the logical basis of the argument is omitted and a few unimportant remarks are picked out to have a good laugh at; for a correct deduction, if disconnected, may be distorted into ridicule by anybody who delights in such puerile mental excursions. But those to whom our art is sacred will watch eagerly the progress of human knowledge for the purpose of fortifying the principles underlying Homeopathy.

With reference to drug-action as demonstrated by the effect of potentized drugs, we must accept the activity of molecular forces as the most plausible theory at the present day. I took for an example the recent development of the Roentgen rays, which was possible only by using Crookes' tubes, or bulbs. in which air has been rarified to an extreme degree.

quet, could scarcely find words to express his indignation at the stand taken, and asserted his deter-
These tubes may, therefore, be considered to surround space in which the molecules of air are widely separated, and thus are capable of causing electric phenomena, otherwise and heretofore impossible to attain.

Our method of potenizing is nothing but a separation of the molecules of the drug, which in that rarified state is likewise capable of action, otherwise impossible to attain.

This was the gist of my discussion, in which I suggested to do away with the word "dose" as long as we were dealing with molecular forces, and rather to speak of "the application of a remedy in a certain degree," say the 30th or 200th. But I said absolutely nothing of inhalation in this connection.

I furthermore quoted from an essay which I read by invitation before the Connecticut State Society last May, and in which I reported experiments with various drugs made in the pharmacological laboratory upon surviving organs of animals. These experiments proved the characteristic action of drugs in the ten thousand millionth part of a milligram on the bloodvessels of such organs; whilst even a slight increase in the quantity of the drug proved rapidly destructive.

I concluded by saying that we would find in Homeopathy the Cellular Therapeutics parallel to Virchow's Cellular Pathology.

If this is "Spiritualism" I fail to see it. To the contrary, such deductions tend most forcibly to place the action of rarified drugs within the reach and respect of the advancing scientist. But that such reasoning appears "occult" and impenetrable to certain people is apparent. Before they cast insult and slander upon men who try to investigate difficult problems it would behoove them better to go to school first and learn their A. B. C.'s. It cannot be expected of them to comprehend points of logic whilst their attention is devoted to the points of a moustache.

I sincerely hope that effusions of the quality of Dr. Means' article will hereafter be impossible in medical journalism. They belong to an era long passed, when Homeopathy was in its infancy. Then members of the old school competed in calumniating the new doctrine. We must never waver from the tone of dignity while discussing doubtful data, no matter how much we differ in opinion.

Martin Deschere, M. D.
New York.

THE CYNIC.

The cynic is a dog. Do not be startled; it requires only an ordinary unabridged dictionary to prove my assertion, and rob it of all shadow of originality. He may also be a very bright dog, a very witty dog, a very shrewd dog, a very knowing dog, and a highly educated dog; or he may not be either. But he is always a very snappy dog; and he always prefers to bite rather than caress. It is this latter quality that is most characteristic. Occasionally he will caress, but let the one who is favored look carefully to his safety, for it is not possible to foretell at what moment the treacherous propensity may assert itself.

Of course cynics differ much in the development and manifestation of this propensity. Some delight to shake and rend; others find their chief pleasure in just leaving the prints of one or two teeth, just enough to draw blood, or abrade the skin.

Now, while every dog's bite does not of necessity produce hydrophobia, still no one likes to be startled and made uncomfortable even by a slight toothmark.

Strange as it may seem, such dogs are not wholly out of favor. Certain eccentric people, who are naturally lacking in finer sensibilities, often keep these offensive creatures to startle their more sensitive friends and amuse the lethargic and dull.

The principal use of the cynic is to stir up the dull brains of the world. If they confined their efforts to this one line of conduct, however, one might endure them for the good they do. Even so, one does not like to have such a creature in company.

At his best a cynic is an unhappy being. His ruling trait is not genial, social, or companionable. It is selfish, unsympathetic, and unfeeling.

And there is a strange thread in the texture of human nature that makes it impossible for one who harbors unsocial instincts to be happy in their exercise: it is a compensatory infliction for the pain he causes others.

Such wayward manifestations of human nature are often lionized for their wit, or their cleverness, but they are never loved. It would be most unnatural that they should be. How can anyone love a nature that delights in causing pain.

When a cynic becomes a newspaper or medical journal correspondent he wins many admirers, if he has wit. He also wins enemies if he has sarcasm; and sarcasm is as natural to a cynic as teeth to a dog. Sarcasm is indeed what one might figuratively call the canine teeth of the cynic.

While we are talking about it, what is the use of being a cynic, anyway?

M. W. Van Denburg, M. D.
Fort Edward, New York.

SAN FRANCISCO LETTER.

College Difficulties. — Since the inauguration of the four years' course in our medical colleges, the Hahnemann Hospital College of San Francisco has been shaking in its boots, as it were. This has been the condition, at least, of a number of the directors for some time past, until finally the climax was reached at a recent meeting of the board when the question of closing the institution was the main topic of discussion. Even the dean, Dr. C. B. Currier, who has always had the welfare of the college at heart, openly avowed that so far as he could see it would be wise to suspend work for at least two years. Drs. Boericke, Martin and Ward were of the same opinion, all claiming that the institution was no longer able to give students the advantages necessary for the high standard of medical education required at this time.

Evidently this piece of news came as a surprise to the other members of the board, who poohpoohed the idea, and said that it would be an outrage to close the college after so many years of good work.

The president, Dr. G. H. Palmer, not having forgotten the glowing picture of the future of the college which he portrayed at the state society banmination of continuing the college work. He was warmly supported by other members of the board, the first four named, however, still holding their ground. The result has been that Drs. Currier, Boericke, Martin and Ward have resigned from the board of directors and faculty, and the other members are doing their best to keep the old college on its feet a little longer.

The financial condition of the institution being extremely low the new enthusiasts have been working nobly to obtain promises of financial support. Dr. Palmer has been using all his persuasive powers among the alumni and students of the college, and has gained from among them many new signatures for stock. The college is to be opened at its regular time with a new regime, and if the hopes of the present workers will avail, with the apparent good wishes of the weak-kneed ones now out, there is no reason to doubt that the college will still live to a ripe old age, though indeed its walls seem to be tottering at this moment.

The institution has received no financial support whatever from the homeopathic laity, and, in fact, very little if any support from the profession of the state; so that the men who have just stepped down and out can hardly be blamed for at last giving up the field to others. They have all given time and money to advance the interests of the institution; but with the majority of the profession apparently opposed to their administration, they found that it was impossible to carry on the work.

The college building is in a dilapidated condition, and a new building is badly needed. Not so very long ago plans were made for a new structure, and the land was secured, but every effort to obtain the necessary funds for building proved futile. The freshman class last year consisted of one lone student, so taken altogether the outlook seems very grave unless the new board of directors are up and doing continually.

Some of the members of this board, however, must learn that, "silence is golden." There is too much talk going on and unless it is stopped their plans will fail. For instance, it will not make a good impression upon the minds of the laity, or the outside profession, either, to read in the daily papers that the rent of the college building has been reduced from one hundred dollars to forty dollars per month. What a joke our brethren of the old school here must think it when they compare their magnificently equipped colleges with this little forty dollars a month affair! It would have been just as well had this part of the business of the board been kept from the daily press. The same old cry "if Dr. So-and-so comes back into the college, I shall go out," is also ringing in our ears as the ones in authority are extending invitations to old-time "sore-heads" to come back into the fold. This is the feeling that has placed the Hahnemann Hospital College in the pitiable condition that it is in today, and unless it ceases it would be wiser to close the doors of the institution at once.

While it would be a sad blow to homeopathy on the Pacific coast for it to go out of existence, we still hope for the sake of homeopathy at large that the men who have now taken into their own hands the responsibility of carrying it on will have courage enough to acknowledge defeat in their work unless it can be continued under sound principles.

The College has done some admirable work in the past and among its alumni are numbered some of the foremost physicians of the country. There is no reason why one homeopathic college should not be sustained here, but it requires the united effort of all concerned.

Dispensary News. — The St. Luke's Mission Dispensary on Mason street, which was started about a year ago, has closed, owing no doubt to the fact that Dr. P. Brett Morgan, the prime leader in the work, has removed to Alameda.

Rumor has it also that the Mission Homeopathic Dispensary on Mission street is being dissolved on account of failure on the part of its co-workers to agree. Half of the physicians in attendance have resigned and the field is left entirely to the Drs. Janes and D. G. Bennett.

It is understood that Dr. T. I. Janes would like to get back into the college, but will accept no subordinate position this time. He has been invited to a chair, but he wants to be gynecologist or nothing. There are many objections, so we cannot say how it will end. He has developed into a "capital" operator, and, of course, would like to be recognized as such. The woods are full of them, however, and it is hard for any one to gain especial prominence. Dr. Ward is still in the lead, but we have them in all shapes and sizes, and all claiming different methods, too.

Martin's Manual. — Much is being said just now among the doctors about "Martin's Manual of Nervous Diseases." It is well liked, and is a book that we needed badly. It was a happy thought of yours, and we thank you heartily for it. The author must feel very gratified at the kind criticisms of the Eastern journals. By the way, don't you think it would be a good idea to send a copy to the Editor of the "Pacific Coast Journal of Homeopathy?" It would seem that this worthy gentleman does not know that such a book is in existence, for not a word has appeared in the pages of his Journal to either condemn or welcome it. Perhaps if the publishers of the Journal knew anything of the book they might possibly get a word in somewhere for it. Dr. Martin, as associate editor, might sing its praises a little, but I presume his innate modesty forbids it. Verily, we can say, "A man is not without honors save in his own country."

News-Notes. — A new girl baby has been sent to the Ward family, and the Doctors Ward are looking correspondingly happy.

Dr. and Mrs. C. B. Currier are enjoying a month's vacation at Castle Crags.

Dr. S. E. Chapman is down on a visit from Napa, where he has recently located.

Dr. M. F. Grove, of San Rafael, has removed to Visalia, Dr. Mary A. Morgan now being the only homeopathic physician at fashionable San Rafael.

Dr. G. E. Davis has taken to bicycle riding and thinks he will give up the pleasures of an occasional hunting trip for a regular spin on his wheel. He returned home not long since, leaving his wheel behind him, but fortunately, was able to be out the next day.

Jack Robinson.

August 11, 1896.

A LETTER FROM LAS VEGAS.

I have sought health here at Las Vegas after having suffered a severe attack of pleurisy with effusion. Before leaving the North the fluid had been withdrawn from my lung but it needed inflation and believing that the combination of dryness, altitude and life among the pines on a mountain ranch would accomplish the purpose I sought this region. My misfortune has given me an opportunity to study the result of the climate of Las Vegas upon a considerable number of invalids and I hope that I may be able to make some suggestions that may prove helpful to others.

The question "Where shall I send my patient?" is only answerable with discretion and wisdom by a physician when he knows the physical condition of the patient. In prescribing climatic change for the sick an examination of the individual must be made to cover the urine and the heart as well as the lungs before he can aptly fit a place to the case in question as the fittest place climatically for the patient to temporarily, perhaps permanently, live in. The nervous system is also a determining feature in the selection of a climate.

If an examination of the urine discloses low specific gravity, presence of albumin or casts a much lower altitude must be sought than if the kidneys were normal. Or if there exist organic heart disease, especially aortic stenosis, a low altitude is absolutely necessary. In this connection I might suggest that Redlands, California, with an altitude of two thousand feet and almost perpetual sunshine, is considered a favorable location for consumptives with kidney or heart complications, or those who are made excessively nervous by higher altitudes.

With these cardinal points in view in the matter of selection of a climate for an invalid and the selection having been made, we should not overlook another factor accessory to the well-being of the patient. This is a companion. Nearly all invalids have urgent need of a companion; some one to willingly assist and encourage them, take an intelligent and cheerful view of their physical condition and stimulate them by word and act.

In coming to Las Vegas patients should be provided with clothing for cold, hot and wet weather. Once at Las Vegas no invalid should remain at a hotel, but should find a pleasant home in a private family or on a ranch—a thing not difficult to accomplish here. All invalids should remain within doors from five P. M. to eight A. M., and should not be exposed to rain, even avoiding all exposure on dark, misty or cloudy days.

Another thing to remember is that night air and over-exertion will do more harm than climate can possibly do good.

Cases of asthma are known to do well just in proportion to the elevation and dryness of the location in which they are. Even cases with well advanced emphysema are free from attacks while they are living among the pines and in a high altitude such as we have at Las Vegas.

When we attempt to study the effect of this or any other climate upon consumptives we are met at once by the overwhelming and ubiquitous difficulty that consumptives do not and will not remain in the locality in which they might get well. They grow homesick, or perhaps fail to obtain employment, or they have business interests which they think are important enough to demand their presence—and away they go.

When tuberculosis of the lungs has been once well established the victim never gets well, but must permanently remain in that climate in which the disease is quiescent. Very many of the best business men of Las Vegas came here suffering from pulmonary tuberculosis. They are now apparently perfectly well, and yet very few of them could safely return to the cities from which they came and remain there without a lighting up of their disease.

This may seem to be a mournful picture, a dismal outlook, but on the other hand see the cases as they come into the city of Las Vegas and into the ranches near by, from the East, from the North and the South. They improve at once, unless the lungs have cavities and have undergone secondary infection. The improvement continues from day to day, from week to week and from year to year. Though the changes in the lungs are taking place but slowly, the area of deposit is getting smaller as the months go by. Yet it is not, is never, safe for these cases to return to their homes.

The pine forests of North Carolina and of Georgia have demonstrated their value in this disease, and it is found that the pine forests in the mountain ravines are far more conducive to rapid improvement than life in towns and cities. This is a prime reason why many invalids seek at once the famous mountain resorts around Las Vegas. The one best known in the East and by far the most desirable is Harvey's, situated twenty-five miles from Las Vegas. The excellent table and the home comforts to be enjoyed here make it a most desirable abiding place. It is situated ten thousand feet above the sea level and is the highest ranch in the world.

People bringing their families to New Mexico find in all of the larger towns free public schools in which the curriculum is as extensive and the teaching as thorough as in the East. Above all, New Mexico has a climate which will enable tuberculous people to live and thrive when a fatal result would be almost certain in the East. Moreover, as the cities improve year by year, one will not be necessarily cut off from intellectual and social enjoyments, but may live here to a green old age in the midst of the comforts and luxuries which were so hard to resign at home. Only come before the disease is too far advanced.

Curtis M. Beebe, M. D.

Las Vegas, New Mexico.

Dr. J. C. Daily, of Fort Smith, Arkansas, is the proud possessor among other things, of a boy named Tom, and it is the delight of the father's soul to teach the son's young ideas to shoot. In one such laudable endeavor, the good doctor, hoping to open Tom's wide eyes wider, told him how small and multitudinous were the little animals we know and eat as bacteria. "Why," said the doctor, "Tommy, a thousand million of those little fellows could stand on the tip of your little finger and not crowd." "And how many could stand dere if dey did crowd, fazer?" asked the imperturbable Thomas, like a flash of lightning. Dr. Daily has resigned from the bacteriological chair at home.

Medical Century

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CHARLES E. FISHER, M. D., - EDITOR

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Editorial.

HYPERTROPHY OF THE PROSTATE.

The use of the bicycle cannot but have its influence upon the prostate gland, and we may safely calculate upon a considerable increase in the number of cases of prostatic hypertrophy applying for treatment in the years to come. That the prostate gland should suffer an increase of growth from the use of the every-day bicycle saddle is as natural as that it should suffer from the use of the saddle in the palmiest days of equestrianism. Speaking as one having experience, we are quite confirmed in the opinion that there follows upon hard riding upon an ordinary saddle a degree of pressure and pounding of the prostate which will surely, if long continued, result in increase of growth of that organ. The importance of prostatic hypertrophy and the incurability of the disease when once the gland becomes sufficiently enlarged to produce the vesical symptoms following in its wake should prompt us to caution our patrons against unnecessarily hard and pounding riding on ill-shaped saddles, and to otherwise guard them and ourselves against abuses of the wheel saddle.

Enlargement of the prostate is usually observed only late in life. Occasionally it is seen in younger subjects who have been sexual indulgents and whose occupations have caused pressure and perhaps bruising of the organ. But in a general way it is seen only after the change of life in man. This is anomalous. The climacteric in women produces atrophy of the uterus. In the sterner sex his uterus, as his prostate has been denominated, is more likely to enlarge than shrink, the symptoms belonging to enlargement serving to make him miserable and eventually to destroy his life.

After all, however, not many old men are afflicted with this ailment. Those who have ridden horseback a great deal are better subjects for it than those who have not, and men who have indulged their sexual appetites to excess are often brought to pay for their fun in the suffering which this disorder entails. High livers, also—those who tarry long at the wine, who like highly seasoned food, who have smoked high class cigars and who have given themselves over to a life of sexual and nerve stimulation—are the usual victims. These are the causes which have been put down in the books; but we now have to add the additional factor, the pressures and bruisings of the wheel.

Many prostate glands are enlarged but not to a troublesome degree. It is only when the growth is sufficiently large to encroach upon the calibre of the urethra that trouble sets up. In slight enlargements the bladder is not emptied readily, perhaps, but it can yet be emptied, and the symptoms belonging to retention are not pronounced. In those cases in which enlargement is great there is always some residual urine, and ere long the symptoms of vesical irritation begin, as straining, frequent desire to urinate, painful micturition, necessity for the use of the catheter, and the like.

In mild cases the systematic use of the steel sound and the use of constitutional homeopathic remedies will suffice to keep the patient fairly comfortable for a period of years. In severer cases catheterization early becomes necessary. It may even be required of the patient that he wear the catheter constantly, removing it every three or four days for cleansing, irrigating the bladder as demanded for purposes of cleanliness and the complete removal of residual urine and debris arising from retention or the presence of the catheter. Perineal puncture is required in some cases, and in severe forms of prostatic hypertrophy with unusual difficulty in catheterization supra-pubic emptying and cleansing may be indicated.

In old men prostatic hypertrophy is usually not observed until too late to more than palliate their cases. Castration has been suggested and employed with apparent benefit. But even old men do not, as a rule, like to part with their testicles. And, again, a mild form of mania not infrequently follows, as is the case in castration of the female. The better plan is to resort to the use of graduated bougies or sounds—which by pressure somewhat reduce the encroachment upon the urethra and tend to keep the channel open—the free emptying of the bladder by the catheter, the occasional washing out of the viscus with sterile water or antiseptic solution, as necessary, and the proper administration of the homeopathic remedy.

Remedies which will be found most often indicated are Arsenicum jodatum, Kali jodatum, Baryta jodata, Ammonium carbonicum, Conium maculatum, Staphisagria, and Thuya.

If urethral stricture from numerous attacks of gonorrhea in early life be the cause this must be overcome and the chronic gonorrheal remedies will be found most helpful. If severe vesical irritation exists Cantharis, Cubebs, Copaiba, Cannabis, Apis, Conium, Sarsaparilla, Rhus tox., and like remedies may be consulted with benefit.

It should ever be borne in mind that the bladder must be kept free of residual urine and that it must be washed with sterile or antiseptic solution often enough to prevent the irritation which arises from ammoniacal decomposition.

The treatment of prostatic hypertrophy is so necessarily limited to constitutional, palliative and expectant measures that it is not necessary to discuss the various proposed radical measures offered for its cure. The general practitioner will hardly undertake the removal of the gland or any portion thereof, nor will castration be likely to meet with general favor. Frequent emptying and cleansing of the bladder, gradual pressure of sounds upon the encroaching portion of the gland, laxation of the bowels, catheterization, and the indicated remedy will form in the future, as in the past, the substantial and generally accepted treatment of bicycle or other form of prostatic enlargement. Meanwhile the rapid incoming of the use of the wheel should prompt us to caution our patrons to select such saddles as will produce the slightest degree of irritation of the gland and perineum, prostatic prevention being far better than prostatic cure.

THE COLLEGE YEAR.

Chicago's halls of learning are open. From all the wide land students of science, literature, art, music, theology, law and medicine are pouring into the city to take up again their various scholastic duties. Perhaps we do not always and fully appreciate our city's importance and versatility as an educational centre. It seems to be one of those things whose extreme reiteration has made Chicagoans somewhat obtund to the interests of its detail, except where we come in close touch with it by token of our own interests. In a general way we know perhaps that an army of young men and young women are with us each winter who are not with us the next summer, but we do not, unless they are our own young medics, lie awake o'nights wondering what that army is up to. Yet they are here, nevertheless, toiling, sometimes wearily sometimes merrily, up the hills of learning—coming musicians, artists, philosophers, lawyers and, of chiefest import to us, doctors.

Of our own particular stars in the homeopathic educational galaxy almost all are busy today registering students, receiving fees, recommending textbooks. The Hahnemann opened on Tuesday the 15th, the Chicago Homeopathic on the same day, the National will open on the 28th and Hering will open the doors of her new building, now almost complete, on October 1st, all thanks and honor to her devoted dean who has labored so faithfully and to such good effect in her behalf under circumstances that would have discouraged most men.

In welcoming the young men and women within our gates to our medical colleges, we, the professors, the journalists, the preceptors, may well remember that the path they have set out upon is a long one, that its ways are oftentimes thorny, steep and rugged, and, remembering, extend to them the hand that helps, that sympathizes, that encourages —a friendly hand. It is long enough ago since we stood where they stand today, as buoyantly eager and as well-meaning toward the world and the people in it, but not long enough, let us hope, to have forgotten the needs of our student-lives. We cannot teach too well for these young people, we cannot write too well, we cannot give too good a clinic, we cannot too strongly impress them with the need for honest, earnest work by showing its exemplification in our own faithful efforts.

And the students? Bend to the oars, boys! Speed the good ship safe to harbor while we light you all we may. Knowledge is yours for the having. The professor, the demonstrator, the operator are gathered together within your college walls to render up as a tribute to your youth and ambition the best that in them is. Get your share. Whatever else runs slack don't forego your ambition. Its realization may not make you happy, but it will make others so and its disappointment can but make you miserable. Reap for your sowing by and by, and here's to your good health and the most prosperous year, the most fruitful year, the happiest year of them all!

Editor's Table.

GENERAL NEWS-NOTES AND COMMENTS.

Dr. M. F. Grove, of San Rafael, California, has recently moved from that point to Visalia.

Dr. Ellen F. Hawkins, of Cleveland, Ohio, has opened an office at 684 Hough ave., that city.

Dr. A. P. Hubbard, formerly located at Pine Village, Indiana, has recently removed to Berlin, Wisconsin.

Dr. Walter Sands Mills has gone from Stamford, Connecticut, and is now making his home in Albuquerque, New Mexico.

Dr. Chas. H. Goodman, St. Louis, and Dr. T. G. Comstock, same city, attended Prof. Pratt's orificial clinics last week.

Dr. Margaret E. Burgess, of 194 Oakwood Boulevard, this city, made a pleasant call upon the Medical Century recently.

Dr. Curtis M. Beebe, Chicago, is at present at Harvey's Ranch, East Las Vegas, New Mexico, in the interests of his health.

Dr. Anna E. Ellsworth, late of Joplin, Missouri, has located at Emporia, Kansas. Emporia has now five homeopathic physicians.

Dr. H. E Johnstone, formerly of Winneconne, Wisconsin, has changed his residence from that point to Lincoln, Nebraska.

Dr. J. C. Fahnestock, Piqua, Ohio, was in attendance upon the orificial class at the Chicago Homeopathic Medical College last week.

The next issue of this journal will contain an interesting letter from Paris, France, from the pen of Dr. A. K. Crawford, of Chicago.

Dr. Frank D. Rich, has changed his address from Manistee, Michigan, his former location, to 208 Rose Dispensary, Terre Haute, Indiana.

The new directors of the San Francisco College are Drs. Albertson Tisdale, Peterson, C. W. Bronson, Bryant, Canney, J. Stow Ballard and J. Brooks Palmer, Esq.

Dr. E. C. Cowles returns to the Cleveland University of Medicine and Surgery the 21st of this month. Dr. Cowles spent the past summer at Hartford, Connecticut.

The sixth annual meeting of the American Electro-Therapeutical Association will be held in Allston Hall, Boston, on the twenty-ninth and thirtieth of September and the first of October.

Dr. S. H. Knight, he of the Medical Counsellor, Detroit, was in attendance upon the orificial association and class the early part of this month. The courtesy of an editorial call is acknowledged.

Dr. Charles Edward Van Cleef died last month in Ithaca, New York. Dr. Van Cleef was a graduate of Cornell and had practiced medicine since early in the seventies, first at Brooklyn, and later at Ithaca.

Drs. Hawkes, Delamater, Halbert and Streeter, of Chicago, attended the Missouri Valley Homeopathic Medical Society meeting at Omaha the first of this month. There were about an hundred in attendance.

Dr. A. P. Davis, of Quincy, Illinois, a former professional and business associate, paid the editor of the Medical Century a pleasant visit during his sojourn in Chicago in attendance upon Dr. Pratt's orificial class.

August 31st was the last day of the Mount Vernon Hospital's career for the present. The hospital has been very much crippled for lack of funds for some time and was finally pushed to the wall for that reason.

Dr. Edwin A. Clarke, of Worcester, Massachusetts, has recently moved into new quarters at 10½ High street. Dr. Clarke is exclusively an oculist and aurist. His office hours at the new address are from one to four p. m.

Mr. H. Miller Robertson, who has been summering at Edgwood Park, Allegheny county, Pennsylvania, will return to Baltimore October 1st to take up again his college work at the Southern Homeopathic Medical College.

Philadelphia was well represented abroad during the summer gatherings just over. Drs. Carmichael, Goodno, Korndoerfer, Mitchell, Neville, Platt, Closson and Reading spent the entire season over the water, and a number of others attended the congress.

The friends of the Chicago Homeopathic Medical College were invited to attend the opening exercises at the college building, corner Wood and York streets, Tuesday, September 15th, at 8 p. m. The introductory address was delivered by Professor E. H. Pratt.

There were sixty-six deaths from cholera infantum in Philadelphia for the week ending August 22d. During that week fifty-five cases of typhoid fever were reported, twenty-three of diphtheria and fourteen of scarlet fever, while thirty-nine persons succumbed to sun-stroke.

Dr. Clara C. Plimpton, one of the best known women homeopaths of the south, was married in Nashville, her home, to Mr. Frank McGavock on August 18th. Her practice will be assumed by Dr. Idella M. Fagaley. What is the profession's loss in this instance is Mr. McGavock's gain.

The eleventh semi-annual meeting of the Northern Indiana and Southern Michigan Homeopathic Medical Association will be held in Elkhart, Indiana, on Tuesday, September 26th, the session beginning at 10:45 a. m. The meetings of this excellent local society are always interesting and well attended.

Dr. O. S. Runnels, Indianapolis, attended the meeting of the American Association of Orificial Surgeons, convening in Chicago on Wednesday and Thursday, September 9th and 10th. His presidential address was a masterly effort, as are all of his papers. It will appear in full in the Journal of Orificial Surgery.

The Denver Homeopathic Medical College and Hospital Association has put out its third annual announcement to the profession. The Denver College has completed two very satisfactory years as the first of its history, and the faculty are felicitating themselves over the prospect of increased prosperity with the coming session.

Dr. Clara H. Case, of San Francisco, editor of the Insurance Sun, is furnishing a bright and newsy paper on the insurance question. Dr. Case is working zealously for the general recognition of homeopaths by insurance companies as against the present unjust and unwise discrimination against our school by some misguided corporations.

Dr. Fisher's work on Diseases of Children has been meeting with most cordial reception abroad in recent weeks. Copies have been ordered sent to South Africa, New Zealand, Mexico, Russia, France, England, China, Brazil, Sandwich Islands, and nearly a score of copies to India. In the latter country and England especially it is meeting with a warm reception.

Prof. Pratt's class in orificial surgery at the Chicago Homeopathic Medical College the early part of this month was as well attended, perhaps, as might have been expected, taking into consideration the dullness of the times, though not as largely attended as in some other years. Doctors are feeling the financial stringency of the times as much as any class of people, if not more so.

The city health office of Chicago has established a corps of department physicians who may be called upon to assist midwives in difficult cases in emergency. Among the list, embracing the names of fifty practitioners, are noticed the names of Drs. R. N. Foster, Sheldon Leavitt, and A. B. Spach, representing our side of the medical profession. Dr. R. Ludlam is named as an honorary consultant.

The Homeopathic Department of the University of Michigan announces the opening of its hospital for the reception of patients. The hospital at Ann Arbor has been thoroughly renovated and repaired during the past summer, its management considering it now in excellent condition. Dr. W. N. Fowler, superintendent, will be glad to have physicians over the country who contemplate sending patients to the hospital communicate with him for particulars.

The Southern Homeopathic Medical Association has wisely decided to pass over the meeting of this fall to November of next year, when it will convene at Nashville. The stringency of the times, the fact that this is a political year and that the whole country is in a state of perturbation on account thereof, and, the most important fact of all, that the Nashville Exposition has been postponed for a year, have been the operating reasons to effect the change. It is well.

That intrepid, knife-less warrior-ess, Dr. Sarah J. Millsop, is not yet done with the meed of praise and criticism which is hers by right of the paper she read at Newport last year. The Allgemeine Homeopathische Zeitung, of August 27, 1896, has a digest of the paper as it appeared in the Medical Century after the Newport meeting and, quoting from it in great budgets, takes occasion to impress upon its readers that they are being made acquainted with the opinions of "one who has had vast experience with the disorders of women."

Dr. Thomas Gallagher, the man sentenced to life imprisonment in England as a dynamiter, has just been released. The sentence was passed on purely circumstantial evidence and that fact, together with the present deplorable condition of the man, has awakened some sympathy for his case since his return to America a few weeks ago. He is now hopelessly insane and has been placed in a private insane asylum. Dr. Gallagher is a Bellevue graduate and had a large practice in Brooklyn before he undertook his fatal trip to London. He became insane during his incarceration.

Dr. Osman Royal, Portland, Oregon, spent a week or two in Chicago recently, attending Prof. Pratt's class in orificial surgery and taking notes on hospitals with reference to the needs of the new acquisition to homeopathy in Portland. Dr. Royal and colleagues are doing excellent work in the Portland Hospital, lately vacated in a moment of pique by the older school and turned over to us by the management. A few more such freaks as were recently exemplified at Portland and Fort Smith, Arkansas, and we will have the hospitals of the whole country under our control.

It is whispered in journalistic circles that Parke, Davis & Co., the manufacturing chemists and druggists of Detroit, have decided to discontinue patronizing the advertising departments of homeopathic medical journals. If this be true it will be well for the profession to make a note of it. Many of this firm's dietetic and adjuvant preparations are used by homeopaths, and some of their tinctures are used in the preparation of the mother tinctures by our pharmacists. It is hoped the rumor is erroneous. If true, it indicates a short-sighted and illiberal policy toward a growing and prosperous profession.

Dr. W. A. Dewey, of New York, erstwhile associate editor of this journal and more recently in charge of its materia medica and neurological departments, has been elected professor of materia medica in the homeopathic department of the University of Michigan and has accepted the trust. He will remove to Ann Arbor at once and take up the work of his new position, one he is eminently well qualified to fill. Dr. Dewey will also have charge of the neurological clinic, which under his skillful hand will surely develop to be a feature of the school. He will be warmly welcomed to the West and will be a valuable addition to the Ann Arbor faculty.

Chicago suffered a loss by death during the month of August of two thousand, two hundred and sixty-one citizens. Of these 50 died from diphtheria, 64 from typhoid fever, 24 from whooping cough, 373 from diarrheal diseases, 194 from pulmonary consumption, 125 from developmental affections, 80 from convulsions, 32 from apoplexy, 59 from pneumonia, 42 from bronchitis, 156 from gastro-enteritis, 44 from chronic nephritis, 24 from puerperal affections and 145 from violence. Basing the population at 1,750,000, which it is now estimated we have, the ratio of death for the year is 15.06 per thousand inhabitants.

Our New York correspondent, Dr. J. Perry Seward, of 113 West Eighty-fifth street, and our Boston correspondent, Dr. H. O. Spalding, of "The Cluny," have returned to their respective cities and have again taken up the work of supplying us with the news of their localities. Dr. Kingsman, of Washington, and Dr. Cullin, of Philadelphia, will be heard from also, perhaps by the next issue. The Medical Century proposes to supply its readers with all the news from all the leading cities during the winter. Its staff of correspondents will be enlarged as necessary, their hearty interest in the journal being enthusiastically enlisted.

Some of the difficulties attending practitioners on the frontier are attested in a communication received by the Medical Century last week in which the subscription for this journal and the price of Dr. Fisher's Diseases of Children were remitted, in which the subscriber, Dr. N. L. Wakeman, of Lampazos, Sonora, Mexico, writes that extra packing should be put around the book "because it has to come two hundred miles on muleback and has two rivers to swim in reaching me." The courage and loyalty of such men are worthy of highest commendation. Most frontiersmen do without journals and text-books. Not so, however, with this progressive and conscientious homeopath. The Century hopes to receive occasional reports of his work, his successes and failures, in introducing homeopathy among the people of Lampazos. It would doubtless afford interesting and instructive reading.

The opening exercises of Hahnemann Medical College, Chicago, occurred on the evening of September 15th. An address of welcome was delivered by Prof. Vilas, dean of the faculty, the formal introductory lecture being delivered by Prof. Chislett. Prof. Crawford was master of ceremonies. Addresses were delivered by Dr. Ludlam, president of the college and by Mr. E. M. Phelps and Major Rust, members of the board of trustees. The most important speech of the evening, however, was by Prof. George F. Shears, who announced that Mrs. Haskell, who has made handsome donations to the college and hospital in times gone by, had instructed him to announce that the vacant ground to the south of the hospital had been purchased by her for it—a donation of immense importance. Mrs. Haskell's previous donations of $40,000 to the hospital endowment fund and $10,000 to its building fund were made through Prof. Shears, as also this latest and important gift. The audience present was a large one, embracing the matriculates already on the ground for the winter's course, enough to indicate a large and excellent class.

The following note from Dr. Hughes in relation to the transactions of the International Congress is self explanatory: "Editor of the Medical Century: Will you allow me, through your pages, to call the attention of our colleagues to the subscription list which has been opened for the Transactions of the late International Homeopathic Congress? At the British Congresses of 1894 and 1895 it was agreed that while the expenses of the meeting were to be defrayed by the practitioners of the country in which it was held, those of printing the Transactions should be met, as in 1881, by a subscription from those desirous of purchasing the volume. Its cost is estimated at ten shillings. I shall be glad to receive the names and addresses of subscribers not already given to Mr. Dudley Wright at the Congress. A postal order for the price may be sent therewith, or it will be applied for when the volume is ready for distribution.

Yours very faithfully,
Richard Hughes.
36 Lillwood Road, Brighton, August 13, 1896."

The profession in the United States should subscribe liberally to this most excellent volume. It will possess a great deal of real value to us all.

BOSTON BUDGET.

Dr. Alonzo Boothby returned from Europe in the early part of September.

The Massachusetts Homeopathic Medical Society will hold its October meeting, the semi-annual, at Worcester, Massachusetts.

The Homeopathic Medical Society of Western Massachusetts held its quarterly meeting in Springfield on September 17th.

Dr. Harry S. Carey, Boston University School of Medicine, '96, has settled in Richmond, Virginia. His address is 7 South Beach street.

Dr. N. W. Emerson has entirely recovered from his illness of the first of the summer and has been back from England some two weeks.

The Boston Homeopathic Medical Society begins its winter meetings on October 1st, when subjects pertaining to electro-therapeutics will be discussed.

C. S. Capelle, '97, has the position of interne at the Roxbury Homeopathic Dispensary. Dr. Harry H. Amsden who was dispensary interne last year has settled in Attleboro.

The Boston University Medical School opens the year '96-'97 on October 8th. Examination for matriculation will be held at the college building, East Concord street, on Monday and Tuesday, October 5th and 6th.

Dr. K. R. Parmenter, Boston University School of Medicine, '96, commenced his term of service as interne at the Massachusetts Homeopathic Hospital October 1st. He takes the place of Dr. Myron W. Smith, '95.

Dr. J. P. Sutherland finishes his term as attending physician at the Homeopathic Hospital the first of October, having had the summer quarter. Dr. W. J. Winn has served the corresponding term on the surgical side. Dr. Sutherland's place is taken by Dr. H. E. Spalding and Dr. Winn's by Dr. Horace Packard.

The Essex County Homeopathic Medical Society celebrated its twenty-fifth anniversary this past summer and on July 28th held a field meeting at Baker's Island, Salem Harbor. At this meeting Dr. J. W. Hayward, Dr. J. Heber Smith and others made addresses. Dr. A. M. Cushing, of Springfield, wrote a poem for the occasion.

NEW YORK NEWS-NOTES.

Dr. Floyd P. Sheldon removed to 223 West 122d street on September 1st.

Dr. F. M. Wall has been seriously ill with typhoid fever. At last reports he was doing well.

Dr. Wm. Tod Helmuth has removed to 504 Fifth avenue, the northwest corner of Forty-second street.

Dr. J. W. Allen is assistant to the Chair of Physiology in the New York Homeopathic Medical College.

Drs. Wm. Tod Helmuth and George G. Shelton reached home on September 16th after long European tours.

The Western New York Society, by invitation, will hold its October meeting jointly with the State Society at Rochester.

Dr. J. I. Dowling, recently house surgeon of Flower Hospital, is now resident physician at the Five Points House of Industry.

Dr. John S. Seward, of Orange, New Jersey, is enjoying a six weeks' sojourn abroad with his family, during September and a part of October.

Following the example set by the laity, New York physicians are returning to the city later than usual this fall. As a consequence none of the societies find it profitable to hold September meetings.

Dr. Francis E. Brennan has opened an office at 78 East ave., Long Island City. He has secured the appointment of medical commissioner of the Board of Health.

The opening of the New York Homeopathic Medical College on October 6th will be signalized this year by the formal opening of the new medical hospital. Exercises appropriate to the occasion will be held at 3:30 p. m.

Shepard's '96 Directory of Homeopathic Physicians is out in a brilliant red cover. Over five hundred physicians of New York and Brooklyn, with others from the outlying districts of Greater New York and its vicinity, are indexed in convenient form.

Dr. Francis M. Frazer was married on September 22d in Newark to Mrs. Alice Wright. The ceremony was performed by the father of the groom. Dr. and Mrs. Frazer have taken the house at No. 41 West Forty-fifth street, where Dr. Frazer will have his office.

The Metropolitan Hospital Training School has graduated twenty-seven nurses, and has thirty-eight now taking the course. The Metropolitan Nurses' Home and Registry, at 170 East Sixty-first street, has been in successful operation since February and receives the patronage of the Medical Board of the Hospital.

In pursuance of the plan of centralization of the management of the block of college and hospital buildings, a single superintendent has been placed in charge of them all. This has necessarily resulted in the resignation of Frank Dyer, janitor of the college since 1873. "Frank" will be sincerely missed by all graduates of the college who may visit their alma mater, but who will be glad to know that he is living on his property at Kingsbridge with his son, a physician.

In view of the extraordinary heated term during August with its great mortality, it is interesting to note that at the Flower Hospital seventy-six authentic cases of heat-prostration were treated with but three deaths. An extra force kept two ambulances constantly moving, while the beds were crowded. At the meeting of the state society at Rochester the treatment and its results will be detailed in a paper by House Surgeon E. D. Rudderow, while a similar paper by House Physician T. H. Lemmerz will tell of the experience of the Brooklyn Homeopathic Hospital in the same epidemic.

The enforced separation by householders of refuse into ashes, garbage and "junk" is the latest achievement of our street cleaning commissioner, Colonel Waring. The marked diminution in infant mortality from diarrheal diseases during this exceptionally hot summer has been generally attributed to his previous successes in actually cleaning the streets. The gathering of refuse already sorted will not only be profitable to the city, but will assist in solving the problem of its satisfactory disposal.

Dr. C. H. Ohle, of '96, New York Homeopathic Medical College, has purchased the practice of Dr. T. H. Baldwin, of 149 Belleville avenue, Newark, New Jersey.

FOREIGN NEWS-NOTES AND ITEMS.

Dr. Yung-Mung-Fueng, of St. Louis, Mo., is a graduate of the Royal Medical College of Canton, China.

Of eighty still-births reported in Paris during the thirty-fourth week of the service, just ended, fifty-three were illegitimate.

There is an old German proverb "Obst ist gesund"—fruit is healthful—which we might well emphasize upon our minds dietetically. The Germans recommend cherries, apples before breakfast, peaches, citrons and grapes galore.

Dr. Martiny, in a recent number of the Revue Belgique on "The Operating Fury," congratulates the sick that there has come or at least is coming, about a reaction against the tendency to operate for all the ills that flesh is heir to. Dr. Martiny holds that the homeopathic influence is largely responsible for this reaction, and thinks that when we have become even better conversant with our remedies and their efficacies we will need to have still less recourse to the knife.

There died some months ago in Constantinople, Dr. Bednawski, who was a propagator of homeopathy in that oriental land. Dr. Bednawski had gathered about him a large and devoted clientele and his cures were looked upon with some awe and much admiration. Although he had reached the age of eighty before he died he continued active in practice up to the last moment and gave his last thought and care to the numerous sick who loved and esteemed him without stint.

A Polish engineer has invented a portable crematory for cremating the bodies of those who die in battle. Had this discovery seen the light a few years earlier in the history of the world it would undoubtedly have proven more of a benefit to public health in the way of a scavenger after great battles than it can ever be expected to do now that the war spirit is not the rampant force it once was. The best remedy for the terrors which follow in the wake of war is the prevention of war, and this the scheme of arbitration seems likely to accomplish.

Yellow fever is reported on the increase in Cuba. The youths of the Spanish army are its chief victims. They are succumbing in great numbers, showing little or no resistant power against the ravages of the disease. From July 10th to 20th there were in the military hospitals of Cuba 8,838 cases, 5,538 of these being new. There were 346 deaths, 250 being from yellow fever. The number of cases has been steadily increasing ever since and the mortality mounts higher and higher. The University of Havana has been converted into a hospital. General Weyler has many subtle foes to contend against in his effort to put down the insurgents.

The various heights of the peoples of the earth have been the frequent subject of statisticians. The Leipziger Monatshefte quotes the Patagonians as having the largest mean average, 180.3 centimeters. The North Americans of the West follow as the second best race in point of height, and just behind them are the Eastern Americans. The average height of the Westerner of America is given as 177 centimeters, while the mean height of Englishmen is only 172.7. For a long time it was thought that the Lapps were the smallest people of the earth, but the Akka and the Bushmen, both African tribes, are considerably smaller. Smaller yet than these last two is another African tribe, the Abongo in West Africa, having a mean height of only 137 centimeters.

A great many private dinners and luncheons and the like were given the visitors at the Homeopathic Congress and to read over the names of the six, seven or eight, who gathered around some hospitable board is to get an idea of a very polyglot assembly indeed. Dr. Clarke, of the Homeopathic World, entertained on the evening of August 4th Drs. von Dittmann and Brasol, of St. Petersburg, Hansen, of Copenhagen, Nyssens, of Brussels and Pullar, of London. On Thursday evening a dinner at the Frascati was presided over by Drs. Clarke, Pullar, Burnett and Cooper, and was representative of France, Dresden, Brussels, Geneva, New York, Chicago, Cleveland and Boston. There were present Drs. Leon Simon and Cartier, of Paris, Dr. Villers, from Dresden, Dr. Mersch, from Brussels, Dr. Batault, from Geneva, Dr. Kraft, from Cleveland, Dr. Walter Wesselhoeft, from Boston, Drs. Norton and Shelton, from New York, and Dr. Hoyne, from Chicago.

There may be nothing in heredity, but it will be hard to convince intelligent people of the fact, especially when one runs up against statistics like those which Professor Pellmann, of Bonn University, has been recently compiling. He took for his subject "Hereditary Drunkenness" and traced the careers of individuals from themselves on through their children, grand-children and great grand-children. In the case of one Frau Jurke he found that the woman was a drunkard, a thief and a tramp for the last forty years of her life. She had eight hundred and thirty-four descendants, of whom seven hundred and nine were made the subjects of Professor Pellmann's statistical care. Of the seven hundred and nine one hundred and six were born out of wedlock; there were one hundred and forty-two beggars, and sixty-four who were not much more than that. One hundred and eighty-one of the women led disreputable lives. Seventy-six of the family were convicts, seven being sentenced for murder. The whole family in seventy-five years cost the people of Germany $1,250,000. If there is a remedy for all this why don't we set about applying it, even though it be castration?

From the reports extant the reception given by Dr. Pope, the president of the International Congress, and his wife on the evening of the first day of the Congress, was the crowning social event of the busy London week enjoyed by the assembled physicians. The reception was held at Queen's Hall, Langham Place. Dr. and Mrs. Pope were assisted in the gracious duty of receiving by their two sons and by Mr. Gerard Smith and Sister Marion, of the London Homeopathic Hospital nursing staff. A delicate sense of the eternal fitness of things prompted the decorating of the reception room in flowers and shrubs grouped round and about a model of the monument to Hahnemann to be erected in Washington. A very entertaining programme had been arranged for the guests, one of whose features was the music furnished by the Celia Male Quartet. The Messrs. Pope also contributed to the pleasure of the occasion by their musical accomplishments. Mr. Gerard Smith gave a practical demonstration of the X-rays which proved very acceptable entertainment to the visitors. Dr. and Mrs. Pope are to be felicitated upon the eclat of their reception and their guests congratulated upon the happy fortune which was answerable for their attendance upon the function.

Denver is said to have led in scarlet fever mortality last year, sixty-five per cent. ahead of Chicago, forty per cent. in advance of Philadelphia, and seventy-five per cent. as great as Paris.

The British Homeopathic Society held its ninth meeting of this session on Thursday, June 4th, 1896, at the London Homeopathic Hospital. The society's ranks were increased by the election of two new members, and papers were read on the "So-called Infra-Mammary Neuralgia and Its Relations," and "Aortic Disease," the authors of the evening being Drs. Edward Blake and Midgly Cash, respectively.

The English hospitals and dispensaries are doing constant and good work. The reports from each and all of them, which are made for the most part annually, in some cases semi-annually, show in most instances a growth in attendance, a better percentage of cure and a more widely spread interest on the part of the laity as evidenced by the increase in donations. At the Oxford Homeopathic Medical Dispensary there were eight hundred and forty-five applications for medical advice. The total number of such applications responded to since the dispensary opened is now 27,905. There were but three deaths reported this year, the three being children under one year of age. About two hundred visits have been made to patients in their own homes. The Oxford never sends away a patient empty-handed—so says the report of its reputation. Even where patients cannot afford to pay the small dispensary fee of 6d. they are served just the same. Perhaps one ought to say "especially" at the beginning of that last sentence instead of "even;" where a patient cannot pay a 6d. fee is where charity especially belongs.

The eighth annual report of the Leaf Homeopathic Cottage Hospital at Eastbourne shows that that institution is keeping up the good pace it has made its standard since the opening in 1888. The numbers taken into the hospital show a small reduction on the total of 1894, arising from the fact that the Misses Leaf kindly repainted and repapered the hospital, causing some of the wards to be closed for a few weeks. The total of in and out-patients is, however, only seven less than last year. The subscriptions and donations have been sufficiently maintained to enable the committee to carry forward a balance of £102 11s. 9d., as compared with £111 13s. 5d. at the close of the preceding year. 967 cases have been treated at the hospital since its opening in 1888. The total number of patients treated at the hospital has been one hundred and forty-one, of which seventy-five occupied beds in the wards, and sixty-six were out-patients, against one hundred and forty-eight cases in 1894, of which eighty-five occupied beds in the wards, and sixty-three were out-patients. The medical staff has been rearranged during the past year, Dr. Walther being now resident at Tunbridge Wells, and rarely visiting Eastbourne, has requested that his name might be removed, which the committee cannot acquiesce in without expressing their best thanks for his energy in starting the hospital, and for his great kindness and attention whilst he has been on the staff. Dr. A. H. Croucher and his partner, Dr. Roche, are honorary physicians and surgeons.

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Materia Medica.

A PHYSIOLOGICAL STUDY OF MATERIA MEDICA.

Introductory Chapter to Monroe's Manual.

BY A. L. MONROE, M. D., LOUISVILLE, KENTUCKY.

General Considerations.—In the initial lecture of Prof. Farrington, in his "Clinical Materia Medica," is to be found the following statement: "The ten volumes of the Encyclopedia of Materia Medica, issued by Dr. Allen, of New York, contain over nine thousand pages. These do not include Clinical Symptoms, which would make several thousand more. Then recollect that each physician discovers something new each year and so a great mass of knowledge is accumulated by a sort of compound modification. You can, therefore, well understand why the student might be startled at the idea of mastering such a conglomeration."

With these thoughts in hand the difficulties which beset a materia medician in attempting to construct a practical manual of a few hundred pages are equally apparent. Such a manual should give in practical and concise form such essentials, and only such, as will be of assistance to the student and practitioner in learning to study the most important branch of medicine to such purpose as to enable him to prescribe correctly. Indeed, it is my opinion, after having written upon and taught this subject for some years, that my duty will be more one of elimination than compilation, and it is oftentimes harder to decide what to leave out than what to include.

This being the case, and starting out with the knowledge that human judgment is always more or less imperfect, it will be apparent to all who may depend upon this work as a guide to the preliminary study of materia medica that matter will be considered here and there that might be unimportant, and perhaps details appear occasionally which should only be found in a more pretentious volume. But it is the firm conviction of the author that the work will be a real help to many students in threading the mazes and pitfalls that confront them when first undertaking to master this intricate science, a science which is the goal of all medical study, the focus toward which other medical sciences and even collateral branches of science must converge. The student must bear in mind when beginning the study of materia medica that until he has made fair progress in anatomy, physiology and pathology little substantial progress can be made in materia medica. In short, the beginner had better lay down his materia medica until all allusions bearing upon the other sciences named can be clearly understood and practically applied.

The work is largely original in plan, scope and language, and it has been prepared for publication because it has seemed to be acceptable to many classes of medical students. There is no more trying tribunal before which a lecturer can stand. This being the case it seems fitting that matter which has been prepared and used solely for their benefit, and that has found favor with them, should be made accessible to as great a number as possible.

A few words as to the essential qualities of a successful homeopathic prescriber. Materia medica being the goal of all medical study, to the acquisition of which we must bring our best and most mature thought, it is apparent at the onset, as I have already intimated, that a sufficient knowledge of the principles can only be gained by a thorough medical education. But this is not all; for as homeopathic prescribing involves solution of many problems not hinted at in our text-books, taking cognizance as it does of mental, moral and physical peculiarities, and often giving them preference over disease-pictures, its mastery involves much beside straight-out medical lore.

The homeopathic prescriber of the highest type is generally a good judge of human nature and a philosopher rather than a memorizer; for the exercise of philosophy and analysis brings into play much higher mental functions than the use of memory alone, which latter means but the parrot-like acquisition of symptoms. For symptoms must be studied not only in relation to pathology, but also in relation to individuality, environments, histology, race peculiarities, location, time, occupation, as to modalities of aggravation and amelioration and in relation to pathology. This brings us to the study of symptoms.

Symptoms. — A symptom is an evidence of the alteration in functions or organic structures of any part or tissues of the body and may be caused either by disease or drug action.

Symptoms are Subjective or Objective, Primary or Secondary, Characteristic, Generic or Clinical, Pathognomonic or Pathogenetic.

Subjective Symptoms are those which appear to the senses of the patient and are communicated by him.

Objective Symptoms are those which appeal to the senses of the physician.

It is obvious, therefore, that objective symptoms must be depended upon almost entirely in the treatment of babies and young children and to some extent in the treatment of the ignorant and illiterate. Thus, it is evident that the perfect disease-picture is not always attainable, because of the difficulties in the way of securing the totality of the symptoms.

The definition of the difference between primary and secondary symptoms and the application of this difference will be sufficiently covered under the study of drug-action.

Characteristic Symptoms.—A Characteristic Symptom is one peculiar to few drugs, sometimes one, two or three. They are the symptoms indicating and defining the drug's individuality, and taken together give us what is known as the genius of the drug.

Generic Symptoms.—Generic Symptoms are those which are not characteristic, appearing under many drugs, but essential in securing a complete drug-picture, just as the sunshine and shadows and the lights and shades, unnoticed in themselves, complete the expression and perspective of a beautiful landscape.

Generic symptoms are often, however, converted into characteristic symptoms by modalities of aggravation and amelioration, or in other words by peculiarities associated with their appearance, their increase or decrease, according to the rules of time, place, motion, circumstance, etc. For instance, many drugs have fever, but only Belladonna has fever which is aggravated at eleven and three p. m. Perhaps half a dozen drugs have left supraorbital neuralgia, but only Nux and Sepia have this symptom aggravated by all sensory impressions, as light, noise, odors or contact, while Nux alone has this symptom associated with acute gastric and intestinal catarrh. Kalmia and Spigelia have the same symptoms with the modality that the pain is aggravated and ameliorated at the rising and setting of the sun, reaching its acme at noon.

Clinical Symptoms. — Clinical Symptoms are those that have so often disappeared after the use of a given drug that while not so important as those obtained from drug proving, they are still of some relative value in the weighing of evidence for or against a certain drug in making a prescription.

Pathognomonic Symptoms. — Pathognomonic Symptoms are those characterizing disease, and are grouped in the physician's mind for use in Diagnosis.

Pathogenetic Symptoms. — Pathogenetic Symptoms are those obtained from drug proving, and are the ones which become, when prescribing, characteristic.

The Study of Symptoms.—As symptoms have to be studied from so many standpoints it is essential that the different captions be taken up seriatum and their bearings upon the study of symptoms and their relations to successful prescribing be explained.

(1.) Individuality. We have found by long experience that nearly all of the Polychrests seem to exert a selective action upon people of fixed mental and physical peculiarities. Or, to reverse the statement, with perhaps equal truth, people of certain mental and physical peculiarities are especially apt to present in diseases an array of symptoms suggesting certain drugs; as, for instance, the blue-eyed, light-haired, tearful woman, all of whose troubles are relieved by Pulsatilla, the child of similar characteristics who is relieved of his croups by Bromine, Spongia, or Kali bichromicum. The plethoric, full-blooded, big-headed child whose acute troubles are relieved by Belladonna, and whose sub-acute and chronic troubles are relieved by Calcarea carbonica, the tall, scrawny woman whose circulation seems of a passive venous sort and whose dark grumous hemorrhages are relieved by Secale, the proud, haughty woman who finds a priceless boon in Platina, or the suicidal maniac who is rescued from the slough of despond by the administration of gold in wonderfully minute quantities, and so on.

(2.) Environments. The study of symptoms in relation to environments, as distinguished from their study in relation to location or occupation, should bear more upon mental and moral influence thrown around the patient, irrespective of other causes of disease, as the mental depression resulting from the enforced association with an uncongenial sort; as by unhappy marriages, disappointments in love, e c., which might suggest such drugs as Ignatia and Lachesis.

(3.) Etiology. Symptoms should be studied in relation to their causes in the broadest possible manner, as ofttimes causative factors will be the means of distinguishing between remedies which are otherwise confusingly alike. So we would think of Aconite or Hepar for the symptoms produced by colds, following dry west winds; of Dulcamara, Rhododendron, Rhus, Mercurius and Sulphur for the symptoms resulting from cold and damp combined.

(4.) Race. Some one says give Chamomilla to the Frenchman, with his excitable, nervous, irritable organization: Sulphur to the stolid, bumpy-faced, beer-drinking German; Bryonia to the negro, whose disease so often results from the suppression of the secretions; Belladona to the quick-witted and erratic Irishman; and Nux Vomica to the high-strung, whisky and champagne-drinking, rapid-going American.

(5.) Location. Epidemic and endemic diseases are peculiar to certain locations, and the study of symptoms in their relation to location would probably come under the head of Etiology. I give it equal prominence by way of emphasis; for instance, the Natrum muriaticum chill appears in neighborhoods which have been disturbed by the recent upturning of the earth, as from ploughing, digging foundations, etc., and diseases of different sorts are known to be modified in their intensity, pathology and symptomatology by location, just as certain vegetables appear in their greatest perfection in some localities and vice-versa.

(6.) Time. The homeopathic prescription for a disease is often modified by modalities of time as well as place. Some intermittents appear daily, others every other day, others once a week, others once a month, and still others once a year. Among the most important modalities of symptoms is their time of greatest intensity, the Stannum and Natrum muriaticum chills appearing at 11 a. m.; the hot flash and canine hunger of Sepia and Sulphur appearing at the same hour; the symptoms under the Belladonna fever being worse at 11 a. m. and 3 p. m.; the catarrhs of the Kali salts finding the acme of their manifestation at 2 a. m.; the digestive disorders of the Lycopodium patient being most distressing from 4 to 8 p. m.; those of the Carbo vegetabilis patient from 6 to 8 p. m.; those of a Nux patient after a full meal; the disorders of the Lachesis patient all being at their height after sleep, the flatulent distensions of the China and Lachesis being relieved by eating, while other remedies with the same symptoms usually find their aggravation on a full stomach, and so on indefinitely.

(7.) Occupation. Physicians all know that certain occupations predispose to certain diseases. We are all familiar with the stonecutter's lung, the painter's colic, the cokedrawer's ophthalmia, etc. Besides these many occupations predispose to disease and modify prescriptions.

(8.) Modalities of Aggravation and Amelioration. Much that could be said under this head is covered under the head of Time and Location. But it must be remembered also that besides modalities of Time and Place we have modalities of many sorts, most important of which perhaps are those of motion and its antithesis, as for instance, the aggravation of all symptoms from motion under Rhus, by gentle motion under Ferrum and by passive motion under Chamomilla; the aggravation of all symptoms by impressions upon the special senses, as light, noise, odors and touch under Sepia and Nux, and the aggravation of all symptoms at dusk and before a thunderstorm, as under Phosphorus.

(9.) Pathology. As there can be no symptoms without pathology and no pathology without symptoms, it follows as a natural consequence that a thorough understanding of the symptoms of a given disease could not be obtained, and an accurate prescription made, without an intelligent understanding of presenting pathology and its relations to the symptoms present. As pathology and symptomatology stand to each other in the relation of cause and effect, pathology being the root and symptomatology being the fruit, the mind should be trained to read from one to the other, from symptoms to conditions and from conditions back to symptoms again, comprehending all that lies between, as well. Thus and thus alone can the power be obtained—a power so essential in prescribing—of weighing each symptom in the mind and giving to each its relative value. Studied in this way Materia Medica becomes delightful and fascinating and more of both each day. A student thus following its study can be compared to the artist and his mind to the canvas. As he studies each drug he is painting a picture upon his mind. At first all of these pictures look very much alike, just as pictures do when only outlines are shown, all clouds and sky; but as the work progresses differences begin to dawn and to become more marked until at last each picture is in relief, perfectly distinguishable from all others, with the most important objects in the foreground, the next most important farther back, and so on into space. Many pictures bear a strong resemblance to another or others, many of the lights and shades are alike, but to the artist each picture is an entirety and perfectly distinct in his mind from every other one. And so it is with the true materia medician with his study of drugs.

DRUGS.

And now a few words as to drugs. What is a drug? It is a substance capable of altering the functions or nutrition of any part or parts of the body. A careful study of drugs involves a study of their Origin, Preparation, Administration, Comparison, Action and Relationship.

(1.) Origin. Our therapeutic agents are all procured from one of the three great kingdoms of nature. From the animal kingdom we obtain our snake poisons and animal nosodes (or disease products). From the vegetable kingdom we obtain our plants and vegetable nosodes. From the mineral kingdom our metals and salts and their combinations are derived.

(2.) Preparation. The study of drug preparation is a science in itself, known as pharmacy, and the details of this science can be found in standard works on homeopathic pharmacy. It is sufficient here to state a few general rules that govern the preparation of drugs for use.

The object of the pharmacist is to prepare drug agents in such manner as will develop their drug properties, so that none of the strength of the drug will be lost and that they may at the same time be rendered pleasant to take, and be given in compact and portable form. This is secured by several vehicles, the principal of which are water, alcohol, and sugar of milk. These substances are as nearly inert as any known to science, are convenient and pleasant vehicles, and bear little antidotal relation to drug substances. Alcohol and water are general solvents, while the hard crystals of sugar of milk are found to be capable of comminuting dense substances, as the metals or the compact shells which develop some vegetable products.

Homeopathic drugs are prepared according to what is known as the decimal or centesimal scale, and by the use of these terms a drug is so designated that the physician can easily tell the amount of vehicle and the amount of drug contained in each bottle in his pharmacy. Beside this, the comminution and distribution of drug matter, as secured by trituration or succussion, is known to develop increased potency and strength. Indeed, so wonderful is this development that otherwise inert substances become powerful in combating disease. But to go into this subject further is not properly the province of this work; for, as I have said, pharmacy is a science of itself and as such must be studied in detail in works devoted to its elucidation.

Before dismissing the subject, however, a few words of explanation as to the nomenclature of pharmacy are essential. Drugs are prepared and administered in the form of tinctures, fluids, extracts, dilutions, and triturations. In a few words, tinctures are the alcoholic solutions varying in strength according to the nature and solubility of different drugs. Fluid extracts are used in homeopathic pharmacy only where some quality of the drug requires the use of distilled water instead of alcohol, and dilutions of some such drugs above the second or third are almost uniformly alcoholic.

Dilutions are produced by the succussion of drug tinctures with alcohol, and triturations are made by the grinding or triturating of solid drug substances with sugar of milk.

The first decimal dilution contains nine parts of alcohol to one of tincture. The second decimal dilution contains ninety-nine parts of alcohol to one of tincture. The third, nine hundred and ninety-nine parts of alcohol to one of tincture, and so on. Decimal triturations are prepared according to the same scale, the first trituration representing one part of drug substance to nine of sugar of milk, the centesimal scale representing the proportion of ninety-nine to one, instead of nine to one,and so on; so that it is obvious that a dilution or trituration marked 1C, or first centesimal, would represent the same strength or proportion of drug matter as one marked 2X, or the second decimal.

(3.) Administration. Homeopathic drugs are administered in one of three ways; namely by mixing or dissolving the substance in water and giving in teaspoonful doses; by using the triturations dry upon the tongue; or in the form of pellets or disks made of absorptive materials over which alcoholic dilutions have been poured. In this way convenience and ready assimilation are secured. As to frequency and size of dose, these are quickly learned by experience. As a general rule it may be stated that the more acute the disease the more frequently the drug is repeated, some physicians having advised repetition of dose every five minutes, as in Asiatic cholera; while often in chronic diseases repetition is practiced only from one to several days. Indeed, many practitioners make it a rule to begin treatment with a single dose of the indicated remedy, only repeating the dose after the drug action is clearly exhausted, while many, perhaps the majority, will repeat at intervals of one to two hours in acute diseases and two to six hours in chronic diseases. I would like very much to give the student explicit instructions as to the repetition and potency, but were I to attempt to do so I would find myself confronted with a difficult task and would at last succeed in giving him the benefit of only one opinion where many exist; for even among eminent practitioners opinions upon these points differ widely. This is especially true of the potency question, some physicians depending exclusively upon the tinctures, low dilutions and low triturations, while others depend with equal confidence upon the 30th to 200th and even higher potencies. If there is anything settled in this connection, it is that many prefer the lower potencies in acute, and the higher in chronic troubles. It is also conceded by many in authority that the higher potencies display a more limited range of action, but an action that is more profound and enduring. This being the case it is readily apparent that the higher would be more generally used in the treatment of chronic diseases as well as by closer students of materia medica. In this connection, also, one fact should be emphasized,namely,that the size of the dose has nothing to do with the homeopathic action of the prescription, and that the administration of the indicated remedy, whatever the potency, will be crowned with success.

The main objection to the lower preparations is their tendency to produce drug aggravations, which are annoying to patient and physician alike. The sick man is usually sensitive to the drug that is homeopathic to his disease. Bear in mind, therefore, that it is always the best practice to give the smallest amount of drug-matter that will be efficacious, a rule that in these days of progressive medicine is just beginning to be recognized by the dominant school through the salutary example of homeopathy.

(4.) Comparison. Under this head much of practical utility can be said to the student in few words.

Our minds are so constructed that our strongest aid to memory is the faculty of comparison. As a prerequisite to comparative study of drugs it is necessary that each should become to our minds an individual with peculiarities as marked as those of human beings. All drugs have certain similarities, and only by comparison can these similarities be emphasized and the differences be accentuated. Beside this, we succeed best in this way in pointing out family and pathological relationships and in fixing in our minds the modality of aggravations and ameliorations. Thus we get at the cause of all physical and many mental symptoms in a rational way. Symptoms can be retained by the memory by comparison and association better than in any other way. Thus also we discourage the pure exercise of memory and constantly develop our analytical and philosophical powers.

DRUG ACTION.

The action of drugs is divided into Primary and Secondary. It is also divided into Cerebro-Spinal and Ganglionic. Drugs also act by increasing, decreasing, perverting or destroying function. A clear understanding as to what is known as the primary and secondary action of drugs, or what is called by some authors the dual action of drugs, is of immense assistance to the beginner in avoiding the confusion of studying symptoms as arranged in the mechanical form followed by most authors. For we find symptoms and their opposites running throughout the pathogenesis of each drug. We find certain forms of diarrhea and constipation under Sulphur, Nux, Natrum muriaticum and other drugs. We find symptoms of both stupor and intense mental and nervous irritability under Belladonna and Opium, just as we find mental excitement and exhilaration resulting from small doses of alcohol and stupor resulting from large doses. A thorough study of each drug clears up this confusion to the student who keeps this dual action constantly before him. Such study should be so directed as to separate the characteristic symptoms belonging to the primary and those belonging to the secondary action of the drug in his mind. Hale advocates the use of the lower potencies to combat the primary action of the drug and the higher to combat its secondary. Thus we would give Opium low to a case presenting symptoms of mental torpor and the same remedy high to one presenting symptoms of mental and nervous irritability; it being understood, of course, that the other symptoms in each case call for Opium.

Drugs are divided according to their action on the two great nervous symptoms into Cerebro-Spinal Centrics and Ganglionic Centrics. As a general rule the Cerebro-Spinal Centrics are obtained from the vegetable kingdom, are quick, violent and evanescent in action, and are used in the treatment of acute diseases, while the Ganglionics are obtained largely from the mineral and animal kingdoms and their action is more profound and more enduring, attacking as they do the vegetative nervous system, the very citadel of life, exerting a destructive and far-reaching effect upon nutrition. Most of the animal drugs, especially the snake poison and spider poison, quickly exercise a decomposing effect upon the blood, altering its chemistry, causing separation of its elements and inducing local or general edema by the extravasation of its liquid parts into the tissues, hence they are often indicated in acute malignant diseases complicated by septic symptoms, such as Diphtheria, Scarlet Fever, Carbuncles, Erysipelas, Puerpal Septicemia, Surgical Septicemia and diseases accompanied by dropsy.

I have said that drug action decreases, increases, perverts or destroys function. The preparations of Mercury primarily increase glandular secretions, secondarily they decrease glandular secretions. Carried further the secretion of the glands becomes perverted, emits an offensive odor, excoriating the parts touched, and if the use of the drug is still persisted in certain glands are destroyed by its disorganizing effects. Thus we have in the action of one drug all of the functional disturbances it is possible for any part or parts of the body to undergo. Many similar illustrations could be given, as, for instance, the effect of some drugs on the heart, producing an increased strength and frequency of beat, or by others producing a decreased frequency and strength of beat, by still others producing an irregularity or intermittency of action, and by others yet causing sudden and complete stopping of the heart.

One thought on centers of drug action: Most drugs have a grand central point of attack from which collateral symptoms seem to radiate. A clear understanding of this thought is of great assistance in acquiring a thorough knowledge of the drug as to its primary and secondary action, as to which nervous system it prominently attacks, and in computing the relative importance of its symptoms. The grand central attacking point of Aconite seems to be upon the heart and arterial capillaries, of Mercurius upon the glands and of Colocynth upon the muscular coat of the intestines, etc. Many of the characteristic symptoms of drugs are evolved from the central point of attack and are so clearly related to distant symptoms that I have become accustomed to speak of such as "Pivotal Symptoms."

DRUG RELATIONSHIPS.

Drugs, like individuals, bear certain relations to each other. They are related by family ties, they are analogous in their action to each other, assist each other in the treatment of disease, are unfriendly to each other, are antidotal to each other, and are concordant to each other.

Family Relationships.—The members of the drug family have many common qualities, just as have members of a household who are bound by the ties of consanguinity. Very often the action of drug relatives is so much alike in certain conditions as to make it difficult to distinguish between them, as instance the delirium under Belladonna, Hyoscyamus and Stramonium. Some families have certain important symptoms which appear under each individual of the group, as instance the croup, with tendency to formation of false membranes, found under all of the Halogens, the gushing, watery, morning diarrhea of the Natrum salts, the catarrhal symptoms of the potash salts, the destructive effects upon the chemistry of secretion, with spasmodic tendencies of the metals, and so on.

COMPLEMENTARIES.

Complementaries.—Drugs are complementary when they assist each other in the treatment of diseases—what might be called clinical cronies. For instance, Nux, Sulphur, Calcarea and Lycopodium often follow each other in the treatment of chronic diseases and in the order named, each one taking up the case where the other left off and doing his part in the work of reconstruction. The same could be said of Aconite, Bryonia and Phosphorus in pneumonia.

Many complementary drugs are also concordant; concordant drugs being dissimilar in origin, but similar in action and following each other well, Lachesis and Lycopodium being fair samples of concordant drugs, standing in the triple relation to each other of complements, concordants and analogues. It is also true as a general rule that drugs of the same family do not follow each other so well as those of different origin.

Analogues.—As might be interpreted from what I have just said, there are drugs which have a similar action and have to be distinguished between in prescribing.

Inimicals.—Drugs are inimical or unfriendly when they follow each other so badly that the use of one after the other produces an aggravation. Samples of inimical drugs are Rhus and Apis, Causticum and Phosphorus, Nux and Zinc, and Silica and Mercurius.

Antidotal Drugs.—Are those drugs which counteract or modify each other's action, as Nux and Coffea, Belladonna and Opium, Bryonia and Rhus.

As a preliminary to beginning the treatment of drugs the student's attention should be called to the fact that while comparatively few drugs are extensively treated, one or more Polychrests of each group are selected for careful study and the related remedies treated by comparison. A polychrest is a many-sided drug, one that is extensively employed in practice, and it is very easy by careful indexing to locate the less important drugs, which are conveniently treated in connection with some more eminent brother.

A FEW MATERIA MEDICA NOTES FROM THE RECENT CONGRESS.

BY W. A. DEWEY, M. D., ANN ARBOR, MICH.

Borax.

Borax is a remedy not often thought of in insufficient supply of milk, but it is oftentimes the remedy. It seems to act better in the third potency.

Arnica.

Arnica is an excellent remedy to prevent suppuration in fresh wounds; it should be given internally in the second or third potency. In hygroma patellae Arnica is one of the most often indicated remedies and in cases of bursitis about the knee joint it will often be the only remedy needed.

Iodine.

Iodine is mentioned as a very useful remedy for drooling in young children or in the old who have lost their teeth and drool from this cause.

Phosphoric Acid.

Phosphoric acid is perhaps the first remedy to be thought of in falling out of the hair and premature turning gray of the hair. Arsenicum will be needed if the patient is anemic.

Aurum.

Aurum has melancholy due to congestion, espe-when there occurs with it the suicidal tendency. It may be a useful remedy in commencing spinal lesions.

(Epps.)

Aurum Muriaticum.

Aurum Muriaticum. Dr. Drzewiecki of Warsaw has found Aurum Muriaticum in the first trituration in cases of phthisis with high temperature, profuse and long lasting perspiration of an alkaline or fetid order, a very useful remedy, curing in the earlier stages and relieving in the latter stages. I have used this preparation in one case myself with marked improvement. The case was too advanced, however, for any treatment save palliatory.

Magnesia Carbonica.

Magnesia Carbonica is a good remedy for nervous deafness. There is diminished hearing, especially in the house, with roaring and whizzing in the ears.

Kali Muriaticum.

Kali Muriaticum. Dr. Copeland, of this city, in his discussion of Dr. Hayward's paper ably defended international medication in deafness and, among other remedies spoke of Kali muriaticum as a remedy to clean out and open up the Eustachian tube. Clinically this remedy has wrought wonders in ear affections as well as in those of the eye.

AN INVOLUNTARY PROVING OF GELSEMIUM.

BY S. B. MOON, M. D., BEAVER FALLS, PENN.

On June 29, Charles M., a sandy complexioned, well formed man (by trade a painter), aged 43 years, weighing 125 pounds and measuring five feet five inches, sent a messenger to my office for medicine. The patient complained of severe pains above the left eye, with nausea and gnawing in the stomach, followed by a burning sensation in stomach which would entirely disappear, then soon return. The patient had been treated for three attacks of left supra-orbital neuralgia within the last two years.

℞ Gelsemium Semp. (green tinct.), five minims, and nux vomica 2d dilution five minims alternately every half hour.

July 1st, the following symptoms were present:

Mind—Memory poor.

Head—Feels as if suspended or floating in air. Staggers.

Eyes—Sees double. Near objects seem to be far away.

Ears—Deafness in left ear.

Stomach—Nausea, gnawing and heat better.

Tongue—Coated yellow.

Stool—Natural.

Sleep—Languid and drowsy but cannot sleep.

Fever—Hot and feverish. At times chilly.

Pulse—Normal.

R. Cup of strong coffee every three hours.

July 3d, all symptoms have disappeared, excepting those of the eye, which are still prominent.

℞ Arsenicum every two hours.

July 6, physical and mental conditions of the patient normal.

SOME VERIFICATIONS OF KALI PHOSPHORICUM.

BY THEO. C. WIGGINS, M. D., BROOKLYN, N. Y.

Miss J—, aged twenty-four, had injured her coccyx by falling astride a boulder while walking in the bed of a dried up stream. May 22, 1893, she complained of much distress in the occiput and had severe pain in the spine if she became fatigued, which occurred after slight exertion about the house, or after a short walk. An hour of shopping would lay her aside for days. Had to move her head forward, but if it were kept forward she had a sense of faintness. She took nothing but Kali phosphoricum 6x till June 16, when I gave her Pulsatilla, because her period was delayed. This being unusual, I looked to see if the remedy might be responsible, and found that it produced a "retention or delay of the monthly flow." I directed that Kali phosphoricum should be continued after the period was over, taking two doses daily instead of four as formerly.

There had been a steady and marked improvement during these three weeks. She then went to Chicago and did as prolonged and faithful work at the fair as any of her party who were supposed to be well. After this she was quiet in the country until October and she returned in very good condition. On resuming her old life the same symptoms returned after a time, and again she came under my care. Kali Phosphoricum always benefited her, but it was not until after galvanism had been applied directly to the seat of the injury, and she had had rest for another summer, that she found herself quite restored.

I do not cite this case to prove that Kali phosphoricum will make sound an injured coccyx; only to show its power to relieve many disturbing symptoms arising from so profound a disturbance to the nervous system.

* * * * * * *

Mr. S—, over sixty years of age, having been under heavy financial strain for months, was suddenly stricken the afternoon of August 14, 1893. He became unconscious in a store where he had gone for help. I saw him the next day and he was evidently on the verge of prostration. I advised him to give up business and go away for at least a month. He could only leave the city for the rest of the week but that, with Kali phosphoricum, 6x, helped him to go on with his business, till he could go away for a longer stay, which was some weeks later. He said "the medicine braced me up wonderfully."

A Japanese laborer complained that he could not see after 4 p. m. He could see large objects, as a tree or a man, but could not tell whether he was hoeing out sugar-cane or weeds. Learning that he did not notice such a condition on Sundays or holidays, I concluded that fatigue was the cause of his trouble, and put him on Kali phosphoricum, 6x, with most gratifying improvement in two or three days. Soon he ceased to call.

* * * * * * *

The following two cases are taken from my note book at a dispensary:

January 23, 1893. Mrs. J—, aged nineteen, twitching of eyelids, worse at 5 p. m. every day, after lamp is lighted. Eyes water with the twitching. Has dread of an accident until a shudder passes over the body; is then relieved of the nervousness. Feels weak, is often dizzy. In walking on the street steers for the gutter, either to right or left. Despondent, had chorea when twelve years old, lasting two years. At seventeen had sense of dread at intervals for some months.

Prescribed Kali phosphoricum, 4x, one grain tablet, four times daily. Jan. 30th mental state and dizziness improved. Remedy repeated. Did not return.

June 4th, I went to her home and she told me that the twitching, dread and difficulty in walking passed away during the second week of treatment and had not returned. She was also relieved of the dizziness but has some now, due, she thinks, to pregnancy.

* * * * * * *

March 30th, Jas. C—, aged twelve, pain in right leg, right arm and back. Drops things, especially if startled. Difficult speech, irritable, restless, constipated, sleep poor. Been nervous since seven years of age, at which time he was kicked in the back. After treatment for two years he was much better. Salt water bath down spine had benefited him. Last attack one month ago.

Kali phosphoricum, 4x, was prescribed, and he was kept on that remedy with continued improvement.

May 4th, reported better every way, except occasional inability to hold things in right hand; worse in the morning, gets better about noon.

May 11th, holds things with less difficulty, can write with more ease, always at his best at noon.

June 8th, has none of the above symptoms; the spine was bathed with salt water at first, but that measure was discontinued over five weeks ago.

* * * * * * *

A Portuguese house servant, mother of three healthy children, had not been well from the beginning of her fourth pregnancy. About six weeks before full time she was threatened with a miscarriage. Had passed water and blood; the pains were severe and well directed; the os was dilating and I felt so positive that labor was unavoidable that I advised her to keep about her duties and gave her Kali phosphoricum, 6x, to help her along. To my great surprise the pain ceased and she went on to full time. I then delivered her of a scrawny, undersized child which lived three days.

Practice of Medicine.

THERAPEUTICS.

Homeopathic Remedies in Bone Disease. *

BY H. C. ALLEN, M. D., CHICAGO.

Fluoric Acid. — In disease of premature old age from mercurial or syphilitic dyscrasia.

Caries or Necrosis in scrofulous or syphilitic subjects.

Disease of bones, especially long bones, which suppurate and get better and worse periodically; pains worse at night; pus and sweat acrid and tending to promote excoriation.

Ulcers relieved by bathing with cold water and aggravated by heat (reverse of Silicia).

Caries or ulcers aggravated by too large or too frequently repeated doses of Silicia.

Promotes expulsion of necrotic bone.

Ruta Graveolens. — The animal matter is deficient; bones fragile; easily fractured (Calcarea phosphorica).

Bruised feeling all over, as from a blow or fall. Worse in joints and limbs (Arnica).

Lameness of wrists and joints after sprains.

Mechanical injuries of the periosteum and bones, followed by erysipelas.

Burning pains of bones of legs and feet, worse during rest and in wet weather (Rhus tox).

Syphilitic nodes (Compare Sulphuric acid).

Asafetida. — An admirable remedy in diseases of bone where the patient is heavy, bloated, corpulent.

Caries in scrofulous persons after abuse of mercury or after syphilis.

Neuralgia of the stump after amputation (Cepa).

Softening of bones and consequent curvature.

Ulcers have hard, elevated edges, which are blueish, and bleed easily.

Ulcers extremely sensitive to the touch. Patient flinches even from the softest dressings; pus profuse, ichorous, bloody, fetid.

Hepar Sulphur. — Extremely sensitive to touch; dread of contact out of all proportion to the actual pain.

Patient extremely sensitive to cold air; cannot bear to be uncovered or to have ulcers of tender bone uncovered.

Hard, burning nodosities, sensitive to touch.

Caries with watery, foul-smelling pus, or bloody, corroding pus, having the odor of old cheese.

Pains worse at night and from exposure to cold.

Useful for the elimination of foreign bodies by the suppurative process (Silicia).

Especially applicable when suppuration does not yield to Mercurius, or after the abuse of mercury and iodide of potash.

Scrofulosis, on which syphilitic or bone disease has been long engrafted.

Nitric Acid. — Syphilitic bone pains.

Exostoses following mercury or syphilis.

Caries; sloughing; phagedena; dirty, yellow, green sloughs.

Scrofulous; cachectic; broken down constitutions.

Bone pains worse at night.

Ulcers bleed when touched.

Splinter pains, with edges of ulcers hard, everted, irregular.

Exuberant granulations.

Excessive physical irritability.

Great weariness and weakness of limbs.

Mezereum. — Scrofulous ostitis, especially of the shafts of cylindrical bones, following syphilis or abuse of mercury or both.

Bone pains very much worse at night.

Cystic osteoma, with burning pains and much swelling.

Caries; pains from above downward.

Bony tumors become cartilaginous and soften from within outward.

Abscesses of fibrous tissues, tendons or cartilages.

Abscess of antrum, with intolerable burning pains at night.

Emaciation of affected parts.

Phosphoric Acid. -- Interstitial inflammation of bones, scrofulous, mercurial or syphilitic.

Caries (not necrosis); pains as if bones were being scraped.

Periostitis of the bones of the head, with burning gnawing pains.

Curvature of the spine from vertebral caries.

Rachitic bone diseases of children.

Growing pains.

Vitality weakened by loss of vital fluids, excesses, acute diseases, chagrin or long lasting moral emotions.

Phosphoric acid is followed well by Fluoric acid.

Phosphorus.—Suited to tall, slender persons, with fair skin and blonde or red hair; patients who grow too rapidly or tend to stoop.

Applicable to the tubercular constitution; emaciation extreme and rapid.

Rachitis; necrosis, especially of the lower jaw (upper jaw Hecla).

Exostosis of the skull bones.

Boring, tearing bone pains, worse at night.

Hip-joint disease, ending in caries; pus thin, watery.

Phosphorus is applicable after Calcarea phosphorica or Silicia.

Kali Iodatum in Bone Disease. — Chronic periosteal rheumatism; syphilitic or mercurial; intolerable nocturnal bone pains (mercurius syphilinum). Swelling of periosteum and bones; bony tumors; caries and necrosis after syphilis and abuse of mercury. Interstitial infiltration of all tissues, glands, periosteum, bones, joints; pains tearing, darting, worse at night. Pus thin, corrosive, curdy; ulcers indolent with hard edges.

Bone Indications for Silica.—For scrofulous children with large heads; fontanelles and sutures open; head sweats profusely during sleep (calcarea). Defective nourishment from imperfect assimilation. For removal of foreign bodies, bone splinters, etc., by suppuration. Controls excessive suppuration. Rachitis, curvatures, exostoses. Ostitic swelling, caries and necrosis of bones. Diseases from vaccination or suppressed foot sweat. Acts best after calcarea, hepar, nitric acid, phosphorus; is followed by fluoric acid, which is an antidote for its abuse.

Calcarea Phosphorica in Orthopedics.—This is perhaps one of the most frequently indicated as well as the most effective remedies in the bone diseases of childhood. As a constituent of the teeth, bones and connective tissue and blood corpuscles it may be used with success in disturbances of them all. In true chlorosis following anemia; chronic swelling of lymphatics; exostoses, osteophytes and new growths of bone which rapidly develop (calcarea fluorica); scrofulous suppuration of bones, emaciation and diarrhea. The bones are affected along sutures or at symphyses; fractured bones are slow to unite (symphytum); condyles are swollen; spine curves to the left; abscess of lumbar vertebrae which bends forward; spina bifida. Caries of hip joint and os calcis with fetid pus, which often contains spiculae of bone. Rachitis, fontanelles widely open; emaciation; child cannot stand or walk; copious night sweats or sweat of single parts. Suited especially to the phosphatic diathesis.

A CASE OF HICCOUGHS.

BY LINCOLN PHILLIPS, M. D., HARTWELL, OHIO.

A peculiar case came under my notice a few weeks ago and I determined to report it to your journal.

Mr. S—, aged about thirty-five and of rather nervous temperament, one morning, while moving about the room accidentally struck his knee against the baby's cot. The pain was severe and nauseated him. He attempted to vomit and, as he expressed it, "something tore loose and turned over" in his throat. He began immediately to have hiccough which continued in spite of all he could do for it through the day. Late at night he came to my office with a throat terribly inflamed and sore. I prescribed Belladonna and he went home.

He spent a restless night, but by morning the trouble had somewhat subsided and he went to the city to attend to his business. About 9 a. m. the trouble began again with renewed vigor. As he was a great distance from my office, he called upon one of the city doctors for relief. The trouble continued there for about twenty-four hours. It weakened him so that he had to go to bed. He became very weak and the throat terribly sore. His voice was so husky that he could only speak in a whisper. The spasmodic jerking of the diaphragm was so great that it could plainly be felt and seen. The trouble finally subsided, but a drink of anything cold would start the hiccough again for quite a long period.

Query—What was the exact cause of the hiccough?

The Grace Hospital report for the last quarter showed an admission of fifty-nine medical cases to the hospital, sixty-four surgical, fifty-nine gynecological, eleven obstetrical, one ophthalmic; total, one hundred and ninety-four cases. Four hundred and ninety-nine new cases were treated in the dispensary and ten hundred and fifteen prescriptions were filled. Ninety-three runs were made by the ambulance. There were one hundred and thirty-eight operations performed, twenty-four abdominal sections being of the number. There were ten operations for the removal of hemorrhoids, nine trachelorrhophies and five perineorrhophies.

Dr. George T. Greenleaf has sold his practice in Englewood, this city, and bought that of Dr. C. D. Rich at Redlands, California.

Institutes of Medicine.

AN OUTLINE FOR A GENERAL MEDICAL REVIEW.

BY T. C. DUNCAN, M. D., SC. D., PH. D., L. L. D.,
PRESIDENT NATIONAL MEDICAL COLLEGE CHICAGO.

Few physicians return to college and take a systematic review course in general medicine; chiefly for two reasons: First, many are not able to spare the required time, and, secondly, some do not deem that it is absolutely necessary.

The nature of the practice of medicine makes the physician a piece-meal student. He studies special cases along special lines. In study he is a specialist, if not in practice. He finds himself growing rapidly rusty in many branches. He develops a need for, and the time is coming when he must be afforded short but comprehensive review courses. This the National Medical College has attempted every spring. A month is a long time for a physician to be absent from his business, but in that time a fair review of the whole field may be made by the practitioner.

What one has once learned is not really forgotten. It may not be readily recalled, however. The sight of a skeleton brings back much anatomy to one's mind. A systematic reading course will prove very helpful where it is impossible to take a properly arranged review course in a medical college. In response to many inquiries the appended outline has been prepared:

I. Anatomy is the fundamental study. Most of this study has been fractional. The review work should be to put this knowledge of parts together and to study the land-marks (Holden). The physician's study is living anatomy. A tumor here or a wound there compels a thorough knowledge of the anatomical parts and their relations. The separate parts, as given in Gray or Morris, must be put together, as we find them in some good mannikin, or better yet, at post mortems and in the dissecting rooms. Here is where operations are very helpful. The standard body is found in a thorough course in physical diagnosis and a study of the athletic, military and, especially, life insurance tables (See "How To Be Plump"). One should know why the various temperaments—bilious (right), sanguine, (left), nervous (upper), and lymphatic (lower), deviate the body from the normal, or should find out by comparison of hands, feet, stature, physique, color, etc., etc.

Comparative anatomy should also be taken in. Anthropology (Tyler) is a good study for the physician.

II. Histology, a new study to many, is one that should be well understood by physicians. The well informed physician must know the minute tissues and cells of organs. It is in this microscopic field that both disease and remedy operate. Piersol and Schaefer are good books for the busy practitioner. A good microscope is also necessary along this line of work. The catalogues of makers may help in the selection. Sometimes a good working instrument may be secured second-hand in the city by a competent judge.

III. Physiology may be reviewed with anatomy or alone. The more the student can concentrate his mind upon one branch, however, the better. This is one great help derived from lectures. The part that function plays on structure, along dietetic and chemical lines, should be ascertained by study and close observation, especially of growing children. The best book for the physician and advanced student is Landois and Sterling. It contains so many practical observations as to stand without a parallel.

IV. Chemistry of the body is a most practical study. The physician who finds this a difficult branch to review may commence with Johnson's Chemistry of Common Life. The body is a great chemical laboratory in a chemical environment and its transformation in both health and disease should be well understood. Physiological, pathogenic and pathological chemistry is to many a new and advanced study. Wheeler's Medical Chemistry and Long's Physiological Chemistry are books that should be obtained if possible.

V. Allied to the study of chemical transformation in structure and function is the study of foods. Lethaby on Foods is a good little book. Pavy on Foods and Dietetics is a large and comprehensive work.

VI. Bacteriology is a new study and opens up a new world. With a work like Abbott a physician may get a fair knowledge of this subject. With a good 1-10 or 1-12 immersion lens to his microscope he will be enabled to obtain an idea of pathogenic bacteria. A few lessons from a competent instructor should be had if possible. Sternburg, Surgeon General of the Army, has written a good work on bacteriology.

VII. Etiology, or the causes of disease, should be studied alone. The causes are met in all ages, seasons and climes. They may be hereditary, or acquired, dietetic, hygienic, chemical or bacteriological. Habits, occupations, habitations, waters, foods are often disease-producing factors. The same is true of work, worry and inactivity. (Wagner, Pathology. Small, Practice of Medicine.) There is no single work on etiology, except Hausmann, which has never been translated from the German. Hahnemann gives us much on this branch, so does Grauvogl. See also Bouchard's Auto-Intoxication. Landois and Sterling's Physiology has many etiological hints. A careful review of the causes of disease as incidentally touched upon in works on practice should be made. The causes of death as published by health boards will also furnish some good information in this connection.

VIII. Pathology, general and special, is one of the great studies of medicine. It is not the single diseases but the compound ones that are difficult of mastery. The active practitioner knows that several organs may be diseased at the same time. The order and relations of disease conditions must be unravelled. The hereditary bias must be separated from the acquired and accidental diseases. Pathology is a term applied usually to morbid anatomy alone. The changes that are possible in organs and tissues must be marked as well as the signs of their evolution. For this purpose Greene, Ziegler or Hamilton should be reviewed. Wagner and Delafield can be compared to advantage; also Hagan. Temperament, cachexia, dyscrasiae and diathesis are subjects not to be overlooked in this connection.

IX. Diagnosis is both a science and an art. It is here that clinical instruction is so valuable. To be able to differentiate the normal from the abnormal, functional and structural, is a great medical accomplishment. A study of such works as Clapp, Flint and Loomis on physical diagnosis and Raue on medical diagnosis will prove helpful. We need a good work on symptomatic diagnosis. A thorough knowledge of the natural history of diseases will supply its place to a large extent, but not fully.

It is not my purpose to outline here a study of the specialties. That should not be attempted until after a thorough general medical review. Many physicians make the mistake of taking up the study of a specialty when what they need is a general "brushing up" for the work of general practice. Practitioners' courses should be very comprehensive. In a review study at home the great effort should be to master the branch in hand—concentration of the mind on the one thing at the one time. That done, the next branch will be easier to master.

X. Drug pathogenesis should parallel disease pathology. Drug effects should be studied separately. To get a thorough interest in this work it is best to obtain a good dispensatory, a work on poisons and original provings, banishing from the mind all idea of drug application. Therapeutics is a study by itself. Study the Cyclopedia of Drug Pathogenesy. In this study of medical material the physician should search for structural effects—drug pathology—that will make clearer the great mass of symptoms that arise from pure functional disturbances of the various organs of the body. He will at once separate physiological agents from drug agents which introduce a force into the system which that system resists. He will recognize a dual set of effects—action and reaction—i. e., Aconite produces a chill as well as fever. This analysis, with the added light of physiology and pathology, should be the basal study. But's Physiological Materia Medica and Hughes' Pharmacodynamics are both good books for foundation study. Hempel's Materia Medica is also a good book here.

The principal drugs should be studied separately with all the light possible, their characteristics being then firmly fixed in the mind. Hoyne's or Hering's Cards, Hawkes' Characteristics and Guernsey's Keynotes are valuable at this stage. Having learned these two outlines of drug action—pathological and characteristic—the physician should next review Hahnemann's masterly analysis of the remedies. Dunham's Materia Medica will also be of help. Hering's Condensed and Cowperthwaite's work also give concise analyses of drug effects with some comparisons. In this study the physician will probably experience great difficulty in excluding disease pathology, but nothing must be allowed to confuse the study of drug effects. Such complete works as Allen's Cyclopedia of Pure Materia Medica and Hering's Guiding Symptoms show the wide range of symptoms that drugs can produce—and the end is not yet!

XI. Sanitation, including hygiene, might be profitably reviewed before drug application is studied. Two lines of thought are in this connection foremost: First, how many of the diseases can be prevented by proper sanitary measures and, secondly, how much of the many disease conditions can be removed by hygiene alone. The former implies a thorough knowledge of sanitary science—which is to many an unploughed field—while the latter implies a full knowledge of what are known as adjuvants. The best work on sanitation for the physician is Rohe. Wilson's work gives the subject from an English view-point. The diet cure, the water cure, the climate cure, etc., will be found in various allied publications. Every physician, whether a health officer or not, should today be well informed on sanitary matters. He should know just how much may be done without drugs, his armamentarium.

In dietary matters it is to be remembered that the law is contraria—we feed to supply a lack.

XII. Therapeutics, or drug application, is the crowning study in practice. The similarly acting drug has proven the best and the surest in arresting the onward march of disease and restoring the organs to their normal condition. To comprehend fully what is meant by the similar or homeopathic remedy the Organon of Hahnemann should be carefully reviewed. Then with profit may be read Grauvogl's Text Book of Homeopathy, Dunham's SScience of Therapeutics and Dake's Therapeutic Methods. To these should be added Hoyne's Clinical Therapeutics, which work shows what remedies have done. The same is true of Jahr's Forty Years Practice and Bayes' Homeopathy Applied. Lilienthal's Homeopathic Therapeutics is a good work for remedy selection. A comparative study of these works emphasizes the fact that homeopathic therapeutics is radically different from any other.

To facilitate the selection of the similar remedy for any disease condition the art of case analysis is important not only for remedy selection but succession as well. This differs from disease diagnosis —which is boy's play in comparison.

The history of the case calls for close analysis—and synthesis—so that the similar remedy may break the advancing column of disease forces. Whether to repeat, wait or give a constitutional remedy are questions whose answering demands great therapeutic skill and pathological knowledge. The therapeutist should also know when to summon surgical aid (Vide Homeopathic Text Book of Surgery) and even then the remedies must eke out the case after treatment.

The parallel symptoms may not be readily found, so that repertories like Jahr, Gentry, Allen or Hering must be consulted. Here also Farrington's Clinical Materia Medica and Malcolm and Moss are helpful. There is no higher art in medicine than that of remedy selection in homeopathic therapeutics.

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These branches may be taken up in the order here given and should be reviewed thoroughly. This will take more time than at college, where the whole field is reviewed and demonstrated from day to day by enthusiastic teachers. Still to know, read. It will assist materially if a series of questions be given by a director to elaborate this outline. The practitioner will find it profitable to review the whole medical field every five or ten years. Specialists also find it very profitable to take a general review now and then. The more thorough the review the greater the general benefit, so that special branches may next be taken up with less difficulty and added advantage.

Otology.

AURAL VERTIGO,

BY DUDLEY D'AUVERGNE WRIGHT, M. D., L. R. C. P.,
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It can scarcely be doubted that the exciting cause of vertiginous attacks (whether from lesions of the outer, middle, or inner ear) is the sudden alteration of intra-labyrinthine pressure. This probably acts as a stimulus to the center of equilibration, by which a discharge of energy is brought about, resulting in those symptoms which we are accustomed to associate with Meniere's disease. The whole series of phenomena is, therefore, the result of a reflex act.

It is probable, as Gowers says, that the presence of an aural lesion is sufficient to put this center of equilibration into a state of instability, in which a sudden derangement may occur on some slight exciting influence.

The parts of the labyrinth concerned in this action are probably the vestibule and semicircular canals. The cochlea is wholly given up to the reception of sound waves. The utricle, saccule, and the semicircular canals are the parts which subserve the functions of equilibration. These organs contain a special sense apparatus which, by reflex action, serves to maintain our equilibrium during rest and motion. The researches of Goltz and Breuer tend to confirm this view, and further point to the canals as the organs which maintain equilibrium during motion, and to the saccule and utricle as performing the same function during rest. (Static and dynamic sense organs.)

Organic Lesions.

Organic Lesions.—It is well known that diseases other than those of aural origin can produce vertiginous attacks of severe nature. Lesions of organs at a distance, such as the stomach, intestines, and heart, are credited with being the origin of such seizures. The question then naturally arises: In what manner do these pathological conditions bring about the symptoms under consideration? Is it through direct excitation of the co-ordinating center, or is it through a less direct path?

Whilst we are not in a position to answer this question with an absolute degree of certainty, still we have facts at our disposal which tend to point to the intermediate action of the labyrinth in all cases of vertigo not primarily due to intra-cranial diseases acting as a central lesion.

The evidence in support of this statement is considerable, and far outweighs that which we are in a position to bring forward to disprove this assumption.

As a basis, then, for the remarks which follow, I would make the following propositions:

1. That in those cases of vertigo not due to cerebral or intra-cranial lesions, the immediate cause of the symptom is a stimulation of the labyrinthine nerves by variations in the intra-labyrinthine pressure.
2. That this variation may be the result of either (a) local ear diseases, or (b) vaso-motor changes, such vaso-motor changes being brought about by direct or reflex stimulation of the cervical sympathetic.
3. That of all local ear lesions, labyrinthine hemorrhage (true Meniere's disease) is one of the least common, and that the term Meniere's disease should be restricted to cases of this nature, the remainder being called "pseudo Meniere's disease," or spoken of as presenting Meniere's complex of symptoms.
4. That for purposes of treatment it is necessary to discover the primary lesion, whether local or vaso-motor, as upon such knowledge the success of treatment depends.

In enumerating the causes which, either directly or indirectly, may cause an attack of vertigo, we may adopt the classification of Woakes, which runs as follows:

1. Alterations of tension, whether plus or minus, of the labyrinthine fluid. Such changes of tension may be brought about by—
   a. Direct pressure due to local ear disease.
   b. Reflex vaso-motor changes.
   c. A combination of the two above-mentioned conditions, which comprise the great bulk of cases.
2. Intra-cranial diseases which disturb the nerve of the organ of equilibration, and are central in their origin.

To the second class of cases, viz.: intra-cranial diseases, I do not propose paying any attention in this paper, and shall only concern myself with those factors of vertigo which come under the three subsections of the first class. Let us take them seriatim.

Increase of labyrinthine tension may be brought about by various lesions of the external auditory meatus. It is obvious that the pressure of a tightly impacted plug of wax, or other foreign body, upon the drumhead will indirectly raise the labyrinthine tension, and thus cause giddiness. Chronic dermatitis of the external meatus may also cause vertigo, only in this case the symptom is brought about in a different manner from the foregoing. It will be remembered that the auriculo-temporal branch of the fifth nerve supplies sensory twigs to the meatus. Irritation of these may cause reflex contraction of the tensor tympani, which is supplied by the nerve to the internal pterygoid (another branch of the fifth nerve) through the otic ganglion.

Contraction of the tensor tympani is not an uncommon cause of vertigo, and may be induced in a variety of ways. Spasmodic action of this muscle occurs occasionally in chronic middle ear inflammation, and to such are referable those sudden and short-lasting attacks of tinnitus, accompanied at times by transient giddiness, of which so many patients complain.

Experimentally many of us can bring about such an action of the muscle on our own persons by a forced contraction of the internal pterygoids, when, by what is termed an associated movement, the tensor tympani will contract and produce a ringing noise, easily perceived when all is quiet.

Apart from this spasmodic action of the tensor tympani, other abnormal conditions of the middle ear can bring about attacks of vertigo, provided they tend to press the stapes inward and displace the membrane filling in the foramen ovale. Thus, retraction of the drum-membrane from long-continued blocking of the Eustachian tube; sclerotic conditions of the mucous membrane involving and binding down the stapes; and paralysis of the facial nerve, with secondary paralysis of the stapedius muscle (which it supplies), permitting of the over-action of the tensor tympani, will all produce this effect. Polypi, especially those springing from the inner wall of the tympanic cavity, may, by causing pressure on the stapes, cause vertiginous attacks.

It is conceivable that sudden closure of the Eustachian tube, or sudden and extensive exudation into the middle ear, may produce the same symptoms; indeed Politzer has shown that both these conditions may, in a notable manner, cause vertigo.

Such sudden lesions are, however, the exception; and of middle ear lesions, slowly progressive sclerotic catarrh or a chronic suppurative process are by far the commonest causes of vertigo.

Labyrinthine lesions are necessarily, when they occur, prolific causes of vertigo. It is probable that simple anaemia will in many cases be sufficient to produce symptoms, but it is chiefly in vascular changes in the direction of congestion or inflammation that we find most marked evidence of disturbance of equilibrium occurring.

Sclerotic catarrh of the middle ear seldom long exists without the labyrinthine bloodvessels participating in the process. This is accounted for by the fact that the vessels of the inner wall of the tympanum are in direct communication with those of the labyrinth through the bony walls which separate the two cavities. This labyrinthine hyperaemia commonly leads to some increase of the already existing deafness, manifesting itself chiefly through a diminution of the bone conduction, and further predisposing the patient to vertiginous attacks from very slight exciting causes.

Intra-cranial inflammation, especially that associated with cerebro-spinal meningitis, is especially prone to lead to intense hyperaemia of the labyrinth, in the course of which such widespread changes may occur that the labyrinthine structures may be entirely destroyed. In such cases intense vertigo occurs as an early symptom; but owing to the serious nature of the malady, and the rapidity with which unconsciousness supervenes, the giddiness is often transitory in its nature.

The chief lesions found post mortem in such cases are exudation of lymph, or hemorrhage into the peri-lymphatic space. Such conditions are likewise developed in the course of typhus, variola, scarlet fever, and mumps, and a few other similar diseases. Hemorrhage into the labyrinth may, however, occur as an isolated symptom, a lesion characteristic of true Meniere's disease, and it is to this condition only that this term should be applied.

I wish to lay particular stress upon this point, as it seems to be overlooked by a large number of the profession, who consequently are apt to report in the various journals cases presenting the symptoms of vertigo, deafness, and tinnitus, as examples of Meniere's disease.

A study of a large number of cases thus reported has convinced me that a considerable percentage are traceable to conditions other than apoplexy of the labyrinth, and should not have been reported as examples of Meniere's disease. I think this will be clear if we have a knowledge of the origin of this term.

The first case of this nature, was reported by Meniere in 1861. It concerned a young girl who, in consequence of exposure to cold at the time of her catamenia, become completely deaf with symptoms of violent attacks of giddiness and vomiting, and who died on the fifth day of the disease. The necropsy showed the brain and spinal cord to be unchanged, but the semicircular canals were filled with a reddish plastic exudation, which extended slightly into the vestibule, the cochlea being free.

After that Meniere met with several other cases in which the same group of symptoms appeared, but in none was an autopsy obtained. Since Meniere's observations were published, others have reported cases of a similar nature, confirmed post mortem; but there can be no doubt that the disease is far from being so common as the large number of cases reported as Meniere's disease would lead us to believe.

Reflex Vaso-Motor Changes.

Having now discussed the various aural lesions which, by direct action on the labyrinthine tension, may cause vertigo, we may pass on to the consideration of those reflex vaso-motor changes which, according to Woakes, are responsible for a fair percentage of cases presenting Meniere's complex of symptoms.

It will be remembered that the labyrinth derives its blood supply mainly from the internal auditory artery, a branch of the trunk formed by the junction of the two vertebrals. These vessels are supplied with vaso-motor nerves from the cervical sympathetic, and it is upon the tonic influence of these nerves that the vascular supply of the labyrinth is kept in a healthy condition; and anything which leads, either directly or indirectly, to a disturbance of this sympathetic chain is liable to produce vaso-motor changes in the parts to which the nerve fibers are supplied. By means of such vaso-motor disturbances, variations of the intra-labyrinthine pressure are brought about, and vertigo, noises in the ears, and other associated symptoms may appear. As often as not some middle ear lesion is present at the same time, for it is in just these cases—viz., those showing imperfect vaso-motor control—that the naso-pharyngeal mucous membrane is in an unhealthy condition and prone to excite inflammation in the ear.

In many of our cases evidences are not wanting of deficient vaso-motor control in other parts of the body supplied by the cervical sympathetic system. Thus, the brachial nerves obtain their vaso-motor supply from the same source, and hence sluggish circulation in the hands and mottling of the arms may occur. In other cases the circulation in the cephalic vessels is at fault, as shown by the sudden flushing of the face which often accompanies an attack of vertigo. In fact, we have only to carefully examine a large number of aural cases to find out that a large percentage of them show evidences of vaso-motor disturbances.

If we now recall the intimate connection which exists between the cervical sympathetic and the vagus, we readily understand the mechanism by which the symptoms characteristic of Meniere's disease are brought about by lesions of the stomach and heart; and we clearly see that all those cases which by many are labeled essential vertigo, or vertigo a stomacho-laeso, are but the objective signs of vaso-motor disturbance, brought about reflexly by irritation of some of the terminal branches of the vagus.

I venture to think that a full comprehension of these views will not only clear away a good deal of the haze which surrounds the subject of vertigo, but will also materially aid us in the treatment of our patients.

Treatment.

It is perfectly obvious that when we have reason to believe that the symptoms are being caused by direct pressure of wax, polypi, or foreign bodies upon the drumhead or ossicles, internal treatment will be of little avail until such pressure is removed. Likewise, when vertigo and tinnitus are due to retraction of the drumhead, inflation through the Eustachian tube will materially aid us in our further efforts to cure. I do not, however, propose going into the detail treatment of the various conditions which produce Meniere's complex of symptoms, but will limit further remarks to noticing those drugs which I have found of most service, or which from their pathogenesis we might expect to be of value in the conditions we have been discussing.

Bryonia Alba.

For the relief of Meniere's symptoms dependent upon a catarrhal condition, whether simple or sclerotic, of the middle ear, I know of no drug which is so generally useful as this one. Even in cases of suppuration, this remedy, together with any other, such as hepar sulph. or silica, which may be indicated by the suppurative condition, usually acts efficiently. I am convinced, however, that it is not without an action on the labyrinth, for I have seen it act well in cases of sclerotic catarrh with secondary labyrinthine trouble of high degree. It especially suits those cases in which vertigo comes on when sudden movements, such as getting up from a seat, etc., are made, combined with the presence of the characteristic digestive symptoms of bryonia.

I reported a case some time ago in which this remedy alone cured a long-standing vertigo. It was reported as an example of true Meniere's disease, but though the concomitant symptoms pointed to a labyrinthine involvement, further consideration has convinced me that the repeated attacks of vertigo were brought about by some sympathetic disturbance. The chief fact pointing to this was the flow of viscid saliva which occurred immediately before the attack, and which reminds one of the flow of thick, sticky saliva experimentally produced by stimulating the cervical sympathetic, contrasting with the thin watery flow on chorda stimulation. It is therefore probable that in this case the vertigo was due to sudden vaso constriction producing anaemia of the labyrinth, an assumption which receives some confirmation from the fact that on one occasion a dose of glonoine gave immediate relief, though it should be mentioned that this effect was not repeated.

Aurum.

The fact that but little is said in the majority of homeopathic text-books concerning the value of the salts of gold in the treatment of diseases of the internal ear, leads me to believe that their beneficial properties in such complaints cannot be as widely known as they should.

In labyrinthine disease due to congenital syphilis I have found it of considerable service, and also in chronic nerve deafness of adults. In some of these vertigo was present, and was markedly relieved, if not cured. The following case is an example:

A. H., office attendant, aged 32. First seen April 8, 1894. He was then complaining of deafness, noises in the ear, severe attacks of giddiness with sickness. The symptoms had been present for four years. Three years ago had influenza, and since then the deafness had been gradually increasing. The patient says that he lost his sight twenty years ago for six months. Never had any discharge or pain in ear. Tinnitus frequent, both buzzing and like the sounds of the sea. No cough or other lung symptoms; digestion slightly impaired. No headaches. Sleep good. Inspection of M. T. showed some retraction with redness along malleus handle on both sides. Patient was very deaf to conversation, and tuning-fork tests showed a great diminution of both air and bone conduction. No air conduction for lowest two forks (C and C_1), and no bone conduction for highest two forks (C_3 and C_4) on left side; and on the right side the changes were more marked, the loss of bone conduction involving C_2 fork as well as the higher ones, and loss of air conduction involving C_2 also. The diagnosis was, therefore, primary middle ear catarrh, with secondary involvement of the labyrinth, and Meniere's symptoms of recurrent nature, due to occasionally increased intra-labyrinthine tension. Treatment: Bryonia alba one dram, two drops every four hours.

April 22.—Improvement intermittent. No appetite, losing flesh. Vertical and occipital headache. Repeat bryonia.

May 6.—Slight improvement in left ear, none in right. No attacks of vertigo, but great sleepiness. Noises as before. Aurum mur. one dram, two drops every four hours.

June 10.—Is very much better as regards hearing in the left ear. Hears ordinary low-toned conversation now. No vertigo. Tuning-fork tests show these forks which could not be heard before, either by air or bone conduction, can now be heard in both ears for a few seconds. Repeat aurum and nux vomica one dram, one drop occasionally for constipation.

January 1, 1896.—Patient returned and reported that the improvement in hearing noticed at last visit had been maintained, and he had no attacks of vertigo up to three weeks ago, when he had rather a severe one. This was repeated two days ago. He had not taken any medicine for three months. Examination of hearing power showed similar results to those stated in preceding note. Repeat aurum. The patient was seen again in July last, when he reported that he heard well, and had only one slight attack of giddiness since last visit. He had continued the last prescription for one month only. I noticed that for conversational purposes he used only his left ear, the right not hearing the spoken voice distinctly.

Spigelia.

This is another remedy whose action on the internal ear, or, more correctly speaking, on the auditory nerve, is somewhat similar to, though scarcely so penetrating as aurum, and which should be thought of in treating nerve cases with vertiginous symptoms. I am indebted for this hint to Dr. Houghton of New York, in whose book on Clinical Otology* reference to a case of auditory nerve disease cured with this remedy will be found.

The ciliary neuralgia caused by this drug is well known to all, and its symptoms indicate that it produces a true neuritis. It seems also to bring about a peculiar sensitiveness of the nerve centers. The sense of hearing is exalted, and it is possible that the vertigo noticed in some of the provings is due to a similar action on the center of equilibration, rendering slight stimuli sufficient to cause an energetic response. It should further be noticed that it is liable to cause catarrh of the naso-pharyngeal mucous membrane, and thus favor the occurrence of intra-tympanic inflammation.

Pilocarpine.

For some time past I have been using this drug somewhat extensively in aural cases. Politzer was the first to recommend it in serous exudations into the tympanic or labyrinthine cavities. He administered it hypodermically in 1-12 grain doses, gradually increased to ¼ grain. By this means its physiological effects were produced (profuse diaphoresis, and some prostration). It is of undoubted value in some cases, and it has been shown that to produce its beneficial effects its administration by the mouth is sufficient. I have tried it in both middle and inner ear diseases with mixed benefit. In some it gave not only increased hearing, but also marked relief to tinnitus; but I have no notes of its having relieved vertigo, though there is good reason to expect such a result in suitable cases. In one very obstinate case of sclerotic middle ear catarrh with secondary labyrinthine disease, but without vertigo (a condition of affairs in which the drug is usually considered to be contra-indicated), it caused marked improvement, though in many others of a similar nature it completely failed. In this particular instance, as was pointed out to me by Dr. Wheeler, my clinical assistant, a leading symptom before its administration was excessive sweating, which is interesting from a homeopathic standpoint.

The dose I usually prescribe is two grains of the 2x trituration of the nitrate of the alkaloid.

Quinine.

As is well known, quinine in large doses produces well-marked aural symptoms which closely resemble those of Meniere's disease. In poisonous doses it causes paralysis of the vaso-motor center, dilation of the arterioles ensuing. It is to the increased flow of blood to the labyrinth, thus brought about, that I believe we may attribute the aural symptoms, for ergot, which by its influence on the vessels has a distinctly opposing action, causes their suppression. Quinine and salicylic acid are closely allied in their mode of action, and are distinctly indicated, both upon pathological as well as symptomatic grounds, in true Meniere's disease, and of their value in such we have ample confirmation from old school sources. In simple congestive state of the tympanum and labyrinth, with slight vertigo and tinnitus, they are of signal use, and their selection in individual cases must be made by taking into account concomitant symptoms.

Hydrobromic Acid.

My experience with this drug is very small. It was first introduced to the profession by Dr. Woakes, who considered that its action was opposed to that of quinine, and that it had a specific effect upon the inferior cervical ganglion, increasing the tonic action of the sympathetic, and thus promoting vaso-constriction. He found it gave great relief to headache, tinnitus, and vertigo when given in doses of 20 minims, especially in cases of vaso-motor disturbances of stomach origin. Dr. Winslow,* of Pittsburg, made a proving of this drug on himself, taking a few drops at intervals during the day until half a dram had been swallowed. Dryness and puckering of the throat were produced, followed by a feeling of constriction in the pharynx and chest. It seemed as though he were about to have asthma, but the breathing continued uninterrupted and rhythmical. The head and face were hot, the brain had a dull ache, and waves of heat rushed over the face and neck, but the skin did not show any increase of vascularity. A decided ringing, non-pulsating tinnitus with slight vertigo on moving the head up or down followed later on in the day. The heart beats were accelerated, and there was some palpitation, and the arms had a dragging heaviness and dull aching which made them seem as though they were not part of the body. He compared the sensations to those produced by a too free use of tobacco. Next day some irritability of the stomach and heart and heaviness of the arms remained, but by the third day pathognomic symptoms had disappeared. He reports that its use in cases of tinnitus, nervousness, and cerebral strain in drop doses every three hours had been successful in his practice.

The above symptoms show that the drug certainly influences the circulation of the head, neck and arms—that is, the parts whose vaso-motor nerves are derived from the cervical sympathetic. As before stated, the upper limb receives its nerves from this source, and it is known that venous congestion of any part, such as is brought about by dilated arterioles (vaso-dilation), owing to the pressure exerted on the nerves by the dilated vaso-nervorum, will cause symptoms of perversion of function in the affected parts; such symptoms—we have it on the authority of Woakes himself—being mainly sensations of heaviness, dragging, and dull aching.

It is therefore interesting to note that in the later part of the above, proving these identical symptoms occurred, which makes it seem likely that, although the primary effect of the drug may be, as Woakes states, antagonistic to quinine, viz., that of a sympathetic stimulant, if we may use such a term, its secondary or late effect may be exactly the reverse.

There is nothing very improbable in this, as it can be abundantly proved that the majority of stimulants produce secondary depression.

Under such circumstances hydrobromic acid is not very far from being homeopathic to vertigo having its origin in reflex labyrinthine vaso-dilation.

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* Page 175.

* The Human Ear and It's Diseases. Page 457.

Cocaine and Tabacum.

I have had practically no experience of the use of the lattter of these two drugs in the treatment of vertigo, and I have only used the former on a few occasions, and then with negative results; but I should like to say a few words here concerning their action.

Both these remedies exert an influence upon the sympathetic system, especially upon the cervical ganglia. We have already seen that Dr. Winslow compared the symptoms produced by hydrobromic acid to those of tobacco poisoning, and any one acquainted with the provings of cocaine will be struck by a similar likeness. The first symptoms noticed are usually the peculiar sense of constriction of the throat, and feeling as though asthma were impending; and the later labyrinthine and other symptoms likewise correspond.

There can be no doubt that the primary action of cocaine on the unstriped muscles (which are mainly supplied by the sympathetic system) is one of stimulation, as is shown by its action on the eye. Here it not only causes dilation of the pupil (the evidence of which is equivocal, as we are not in a position to say whether dilation of the pupil is brought about by the action of a true dilator, or is the result of a relaxing or inhibitory influence of the sympathetic on the contractor muscle; an action having a counterpart in the accelerator and inhibitory influence on the heart of the sympathetic and vagus nerves respectively), but we also find that it causes enlargement of the pupillary aperture owing to the contraction of the involuntary muscle of of the globe from contraction of the unstriped muscle covering the spheno-maxillary fissure. The secondary effect of cocaine is, however, one of intense depression and vaso-motor paralysis, causing feelings of weariness, fullness of the head, slight deafness, singing in the ears, giddiness, and much restlessness.

We see then that there are several drugs which are homeopathic to the condition of vaso-motor paralysis, which is, as we have seen, a common cause of Meniere's symptoms, and I think that they would repay a careful study. Of their provings we have many excellent examples; but what we most need is the narration of cases cured by their means, and I shall feel that this paper has not been written in vain if it arouses the interest of my colleagues hitherto insufficiently used for purposes of treat- in some medicines which in my opinion have been ment.

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The Stamford Hospital at Stamford, Conn., is a homeopathic sanitarium of unusual merit for the care and treatment of mental and nervous diseases and for alcoholic and narcotic habitues. The location of the sanitarium is unusually attractive, being directly on the seashore. The plan of the buildings is on the cottage style and these are prepared in every way to provide all the comforts of a pleasant home, with the special care and treatment required in each individual case. The sanitarium is under the proprietorship and superintendency of our Dr. Amos J. Givens.

The second Pan-American Medical Congress will be held in the City of Mexico during the week beginning November 16th.

Correspondence.

A LETTER FROM PARIS.

There is probably no such nervous clinic in the world as that which exists at la Salpetriere in Paris. This Hospice is more than an hospital for the acute and sub-acute nervous disorders. It is a charity where the aged, paralytic, and the chronic incurables, as well as the insane, are cared for by the government. Scarcely a mental or nervous malady known to medicine but has its victim there. It is an ancient institution covering several acres of valuable city land, near by the river Seine, and just across the boulevard from the Jardin des Plantes. Within the walled inclosure is a central building, surrounded by a great dome, from which the wings extend in all directions. Spacious breathing spaces between are laid out in lawns, with trees and flowers, which make them inviting places for the patients who are able to walk about. This institution harbors some six thousand souls, and it would require months, not days, for a visitor to become familiar with the wards and patients of the bewildering mass of sick humanity.

The part of the Hospice made famous by the late Dr. Charcot is now under the supervision of Prof. Raymond, ably assisted by Dr. Charcot's son. Prof. Raymond is a bright, interesting, and cultured man possessing all the courtesy for which the nation is so justly celebrated. He is a clear diagnostician and eminently well fitted for his exalted place. And young Dr. Charcot, who speaks English like a native, is always willingly aiding the British and American doctors by hints and explanations in their search for interesting and unusual cases. Each morning the new arrivals are first gone over, the diagnoses made, the treatments ordered, and assignments made to the proper wards, after which, if time admits, a visit is projected to some of the wards.

All stages of ataxia can be seen there in a day, and many differing cases in extent of sclerosis of the cord and brain. Within a short time we had before us two cases of Raynaud's disease; three cases of syringo-myelia, an example of Potts' disease in a woman of twenty-five, a child with well marked patches of scleroderma and numerous instances of the more common nervous disorders.

We had likewise an exhibition one morning of the ecstatic form of hysteria, a phase which sometimes is in evidence at the end of an attack of gross hysteria. The patient kept up a perfect volley of words from the time we entered the ward until her bed was reached. Meantime a dozen or sixteen of the sick had been attended. Without any words or passes the young medical attendant placed her hands together and tilted her face up in the attitude of prayer—and immediately the most supplicating look possessed the whole features of the woman. He doubled up her fists and squared her around before one of the visitors—and her visage depicted the most ferocious anger. He placed her hands over her breasts and moved her head a little to one side—and at once her lips quivered, tears rolled down her cheeks, and the expression was one of heart-broken agony. In another moment he had her relaxed and smiling as openly as a child. The interne said that he had tried hypnosis upon her but without alleviating this emotional condition a particle. Neither Raymond nor Charcot attempted to do anything with her. They left it to a junior to practice upon the case and made no effort themselves to test the efficacy of suggestion nor even to witness the assistant's procedure and method. It illustrates perfectly the difference between the Nancy and Paris schools regarding this therapeutic agent. The master in Nancy would have visited this patient daily, and put her to sleep by suggestion as regularly. The master in Paris merely looked in about once a week and received a verbal report. The one is thoroughly convinced that hypnotism is an efficacious remedy. The other that it is only something to play with. The one has the daily proof to confirm his conviction. The other will not even place it upon trial. The subject of hypnotism was in abeyance, if not in decadence, amongst the Paris faculty long before Charcot died. While in Nancy, starting upon a different plane, it has advanced and developed gradually into a therapeutic power of no mean order.

The lectures are delivered in Charcot's amphitheatre in a building erected purposely for that great neurologist. The first morning I was in attendance there the window shutters were all closed and the place was in absolute darkness. Presently the gas was lighted and the lecturer appeared with his numerous staff upon the stage. The illustrations were three patients, carried in by attendants from the wards, and several mammoth charts drawn in pastel. The reason for the darkness became apparent when Prof. Raymund had finished. He introduced a swarthy complexioned Bohemian, who, with the aid of the stereopticon, submitted to the gaze of many of the best known among the medical fraternity of France the results of his original researches in nerve cell development, proliferation and decay. If his French was less perfect in form and more spasmodic than theirs, his screen pictures, reproduced from his microscopical sections spoke for themselves, and his works received ample praise from all who were fortunate enough to have seen this initial exhibition.

One of the notable features of these clinics and lectures at la Salpetriere is that the audiences are almost entirely composed of physicians of years of experience and standing, whose homes range from Paris to the antipodes.

There is one man working away quietly in la Salpetriere who as yet has but a meagre following, but who I believe will make for himself a greater name than any of his confreres. His name is Dejerine. He has only one appointment a week, but his methods are so precise, his perceptions so keen, his knowledge so profound, and his language so clear I cannot but predict that his name will some day become as a "household word" in the profession.

A. K. Crawford, M. D.

Paris, France.

HOMEOPATHY IN THE UNIVERSITY OF COLORADO.

Editor Medical Century:—Apropos of the comments made in your June 1st issue on the work of the Homeopathic Department of the State University I send you a copy of report sent to the American Institute.

Aside from a letter sent you several months ago, it has been the policy of those working in the interest of this department to pay no attention to any slurs or misstatements published about it. Our opponents have a journal to further personal ends only. But we feel that your comments do us an injustice to which we must give attention.

You will see from the report that instead of one lecturer and two students, fourteen seniors and thirty-four juniors listened to lectures on Homeopathy last term. The coming year Dr. Kinley will continue his lectures to the whole sophomore, junior, and senior classes of the University, and it will be compulsory for the students to attend regularly the clinics of the Homeopathic department.

The Board of Regents have officially appointed Drs. N. G. Burnham, S. B. Anderson, E. G. Freyermuth, S. F. Shannon, C. N. Hart, J. M. Walker, J. B. Kinley and myself as the dispensary staff. All of these names will appear in the next announcement of the Medical Department.

Comments in heavy type were made in the last issue of the Denver Journal of Homeopathy that there was no Homeopathic department in the State University—that the word "Homeopathy" does not appear in the announcement—only the general catalogue being out, and that any statement to the effect that there is a Homeopathic Department in the University is a "fake."

From the fact that we have been working only a year in that line and now have one full professorship and seven clinical instructors it would look as if we have reason to be encouraged. It is the policy of the Regents at present to avoid sectionalism, even in the department of medicine, and if it is found to be impossible to work in harmony then we will have a separate department. At present we can boast of the anomalous condition of being the only medical school in the country where homeopathy is a regular part of a medical school of the dominant persuasion. This will explain why the word "Homeopathy" does not appear in the catalogue.

As to the antagonism of the Homeopathic College here, we are paying no attention to it. A few men have at present absolute control and are, to hear them tell it, the most loyal, in fact, the only true-blue, Simon-pure homeopathists in this country, while in fact the college and hospital—a twelve-bed private house affair—are being run in the interest of these few. Much murmuring in their own ranks is sufficient authority to corroborate the above statements.

I should think a journal of the type of the Century would favor the recognition of homeopathy by our state universities instead of accepting libelous statements without at least investigating them. You will find a number of us subscribers to your journal, and we feel that such unwarranted thrusts are very unkind and unjust.

While writing this as a personal letter I am only expressing the sentiments of my colleagues at their instigation. Should you see fit to make any corrections of the statement published it will be appreciated. Very truly yours,

G. S. Peck, M. D.

Denver, Colorado.

Copy of Report to American Institute of Homeopathy.

Denver, Colorado, June 15th, 1896.

To the Members of the American Institute of Homeopathy:—

In addition to the report of the work done by the undersigned physicians we wish to add the results of our work in advancing the great cause of homeopathy in various institutions in this city and state.

Two years ago when the profession of Colorado had the pleasure of entertaining the members of the American Institute we had no representation in the State University of Colorado, nor in the Arapahoe County Hospital, nor in the conduct of the Board of Health of this city. Now we have a full professorship in the State University, Dr. J. B. Kinley filling very acceptably the chair of materia medica. We have representation in the County Hospital, Dr. N. G. Burnham being the physician who has charge of all patients who may prefer the homeopathic system of treatment. And, again, Dr. Burnham is a member of the Advisory Board of Health of this city. Besides these positions we are giving clinical instruction in homeopathy to the students of the State University, at the Tabernacle Homeopathic Free Dispensary, and have charge of the inmates of the Denver Orphans' Home.

Our work has been most satisfactory, both to those that solicited us to take the positions we now fill and to ourselves, as the report of the work done will show.

Arapahoe County Hospital.—First. We would call your attention to Dr. Burnham's report of the work done by him at the County Hospital. In June, 1895, the County Commissioners asked Dr. Burnham to take charge of the homeopathic patients at the County Hospital, and from that time up to the present his work has proved most highly satisfactory to those who have been under his care, as well as to the Commissioners and to the students who are investigating the merits of the two schools. During the year he has made fifty-five visits to patients who have asked for homeopathic treatment and the universal opinion has been that the patients have been cured more quickly, at less expense, and with a better recovery record than had been accomplished by the treatment before in vogue. Dr. Burnham has been uniformly courteously treated by the superintendent, the physicians of the staff, the internes, the nurses and the students.

State University.—Dr. J. B. Kinley reports that the didactic lectures at the State University have been most ably supplemented by a staff of competent clinical teachers representing the whole subject of homeopathic therapeutics, including surgery, gynecology, eye, ear, nose and throat troubles, etc. The didactic course proper consisted of seventy lectures, embracing the principal remedies used in homeopathic medicine. The course is compulsory and is on an equal footing with allopathic materia medica, each professor giving an equal number of lectures and all senior and junior students attending both courses. The whole number of students studying homeopathy last year was forty-nine, and of this number fourteen were seniors and thirty-four were juniors. Freshmen do not take materia medica. All the seniors passed most satisfactory examinations.

Denver Orphans' Home.—This Home was taken charge of by us about March 1st, 1895, and the number of inmates ranges from thirty-five to forty-five a month, their ages ranging from three to fifteen years. There has been an unusually small amount of sickness among the inmates. The physician in attendance reports having made fifteen visits and thirty-five prescriptions.

Tabernacle Homeopathic Free Dispensary.—The largest amount of work has been done in the Dispensary. Since November 15th, 1895, there have been 2,300 prescriptions issued to patients at the rooms, and 445 visits have been made to patients at their homes. This work has been done at an expense of only $150 for the time up to June 1st, 1896, and we consider the money well spent.

Among those who are so nobly working for the cause of homeopathy in this city are Drs. C. N. Hart, N. G. Burnham, J. M. Walker, J. B. Kinley, E. G. Freyermuth, G. S. Peck, S. B. Anderson, and S. F. Shannon, all working harmoniously together for a common noble cause, the advancement of homeopathy regardless of self.

(Signed) S. F. Shannon,
Secretary.

A HAHNEMANN HOME INSTEAD OF A HAHNEMANN MONUMENT.

Permit me one word concerning the contemplated Hahnemann Monument.

The days of hero worship, while not altogether past, in this practical end of the century have lost prestige. The tendency of the age is to commemorate the memory of those who have made an imprint of their individuality upon the generation in which they lived, not by cold, worthless marble, but by the sweet, tender, everlasting charity that more signally carries the aroma of a pure unselfish life to the succeeding years than can any crumbling monument.

The inspiration of the thought arises from the fact that while reading your "Our Monument Menaced," that most able editorial in the July Century, within a stone's throw from my office windows I can see perhaps fifty old men and women, Jews and Jewesses, who from the philanthropy of the God-like man, Montiferio, can pass their declining years in as near perfect happiness as this finite nature of ours can ever attain. Throughout every country in the world have these homes been established, and they stand a monument to his memory, living, breathing, the grandest conception of a true monument to the memory of any man. In the same building, twenty years ago and more, was the Protestant Orphan Asylum. For many years it fell to my lot to be the physician in charge. Mr. Wade, a multi-millionaire of the city, upon the death of his son, Adelbert, contributed land, and in a part of the city where it was most needed, erected to the memory of the son one of the finest orphan asylums in the country, at an expense of a half-million dollars.

Why need I enumerate! Similar instances will occur to all, and emphasize the fact that the day of useless sinking of money in statuary has passed. What we now need to carry the love we feel for a benefactor of his race adown the centuries is the warm, glowing effort to practically benefit humanity. How is it to be accomplished by this "monument fund?" If Hahnemann himself could speak he would say, "Put the money in some institution where those who have fought the good fight of faith can be cared for when necessary." How many families of homeopathic physicians are today left destitute by the adversity of fortune. Only today I saw an old veteran in our campaign, so earnest had he been in upholding the faith and alleviating suffering, that never a thought had he taken for these days that have come upon him. But they came, and he who had brought comfort to a thousand homes was carried away to the infirmary hospital.

Is there not some one with sufficient influence to turn the monument fund into a channel similar to the one suggested, namely, a home for the indigent physicians of the new school—a refuge for their families when found worthy? Such homes have been established by nearly every organization in the country. Instead of a bleak, stained piece of meaningless marble, crumbling with the years, let the fund be expended for this Hahnemannian Home that will be a glowing memory to him whom we desire to honor. Frank H. Barr, M. D.

Cleveland, Ohio.

HOW THE SHOE PINCHES IN TEXAS.

The readers of the Century have already been informed of the legislative status in Texas. It will be remembered that the old School State Association have a pet examining board bill which they want the homeopaths and eclectics to help them pass through the Legislature. They have always failed to pass any board bill which discriminated against the weaker schools. Now they want a board with six allopahts, four homeopaths, and two eclectics. To guard against any misunderstanding, however, they passed a resolution distinctly disowning any intention to recognize us professionally and threatening to expel any member who would dare to fellowship with the irregular monstrosities.

Our State Society answered their communication by a resolution that we decline any co-operation with their association or its committee. We have notified their legislative committee that the only measures we shall ever indorse must be either a good registration law or a separate board bill. Anything else we will fight to a finish before the legislature and we have the assurance that we shall always win such a contest.

But we shall be spared the trouble to lift a hand in the fray, for the house is divided against itself. An important element in the old school is bitterly opposed to any bill that will in any manner whatsoever recognize, even by so much as naming the unclean thing, the "irregulars" or "quack-quack-quack"! The State Association numbers about four hundred members; of course they are the creme de la creme. Texas boasts about five thousand physicians in the old school. The opposition declares that the action of the four hundred by no means stands for the sentiment of the forty-six hundred non-society men. The opposition is led by that redoubtable fighter-from-way-back, Dr. F. E. Daniels. He is editor of Daniel's Texas Medical Journal and we homeopaths have had inky wars with him from time immemorial. The editor of the Century loves him to this day! In the same city—Austin—another journal, The Texas Medical News, strongly champions the action of the State Association and its purposed bill. The mud-slinging of these doughty warriors, the thunder-roar, the lightning-flash, and the sulphurous fumes emitted by these two journals furnish us poor, lonely hundred homeopaths a pleasing illustration of the 133 Psalm—"Behold, how good and how pleasant it is for brethren to dwell together in unity"! They will gleefully cut each other's throats and save us the trouble.

Meanwhile under the present unconstitutional and imperative law providing for examining board for each judicial district a homeopath may once in a century be appointed by some good-natured judge on a district board. And so the Texas allopath is occasionally favored with the sore privilege of appearing before such a board and of being examined by the aforesaid homeopath. Whew! how it hurts! How that shoe pinches when it is put on the allopathic foot! The following selection from the September number of Daniels' Texas Medical Journal will give your readers a pathetic echo of the allopathic infant's howl when the shoe is first put on.

A Protest.

"The following letter from a well educated young physician will be read with interest. It speaks volumes against the proposed degradation of medicine. Fancy the fiery zeal and ambition that must nerve a young student studying medicine to know that when he graduates and goes home with his diploma, perhaps granted after a most searching examination by one of the ablest college faculties in America, he will have to submit to the humiliation, as Dr. Kennedy did, of being examined by a mixed board—by a homeopath, and ,perhaps, by an eclectic, parties who do not pretend even to have studied medicine and, therefore, are not expected to know anything about our system of practice. Here is the letter:

"San Antonio, Texas, August 11, 1896.

"Editors Texas Medical Journal: I desire to place myself on record as opposed to the State Medical Association asking for a mixed board, and I avail myself of the opportunity to do so through the columns of The Texas Medical Journal.

"The regular profession does not recognize any sect in the practice of medicine, and, therefore, should not be contaminated by mixing with "paths" and "isms" in any way. It is certainly humiliating for a young man to return home after receiving a regular medical education, and have to submit to an examination by the representative of some "sect." It was not only humiliating in my case, but likewise ridiculous. With kind regards, very truly yours, Jno. M. Kennedy, M. D."

Dr. C. G. Clifford of San Antonio, is the homeopathic representative on the above named board and it was he who examined the signer on physiology. Why the young doctor was humiliated by the fact that his examiner on physiology believes in and practices a different system of therapeutics from his own, is hard to understand. The broad suspicion, and even intimation, that the neophyte did not put up a first-class examination may be the real reason why he felt both humiliated and ridiculous; but then he ought not to lay this blame on another fellow's shoulders! Still this same young high-spirited doctor, who displays such "fiery zeal and ambition," has been known to assist a homeopathic surgeon and to accept a fee therefor and he has never been heard to complain of feeling either humiliated or ridiculous on that account!

Seriously, though, cannot our regular regulars realize now what torture we poor "quacks" have endured, what humiliation we have suffered, what ridicule has been brought upon us, lo! these many years and in many states, by being obliged to undergo examination at the hands of the representatives of the allopathic "sect"? The fiery zeal thus aroused has never left us to this day!

Notice in Daniels' comments the sentence "who do not pretend ever to have studied medicine." Truly it requires a tough side to keep from splitting over such a huge joke. I am sure he meant it for a pleasantry, for, like Brutus, he is a very "honorable man," and in one of our inky legislative wars some years ago we very thoroughly rubbed the fact into his noddle that the homeopathic school has always led, is leading now and ever will lead the old school in advanced medical education.

By the way, Texas, an empire in itself, has fully a hundred towns from fifteen hundred to fifteen thousand inhabitants without a single representative of homeopathy.

While the old school in associated form are vicious, there are very many noble, generous men among them and mostly among the non-society men. I know of some who have abandoned the State Society on account of its illiberal attitude and who are, in a quiet way, including homeopathic therapeutics in their armamentarium. Some of the most liberal of these men we have met as senators and representatives. The people themselves are singularly devoted to "fair-play" and will stand by the under dog in the fight every time. All a well qualified homeopath needs to do is to go in and "having done all, stand." Pioneer work is distasteful as a rule, but a rich reward awaits many a homeopath in Texas, if he will only go up and possess the land.

Meanwhile the old guard will keep a weather eye on these "dogs of war." As long as they bark and bite and devour one another we will rest easy on our arms. But let them show their teeth to us and forthwith in this blessed land of equal rights to all, five of us shall chase an hundred and an hundred of us shall put ten thousand to flight!

M. J. Bliem, M. D.

San Antonio.

DR. PRINGLE'S SPRING AT ALMA, MICHIGAN.

I left Midland, Michigan, August 5th, 1896, and located at Alma, one of the prettiest towns with one of the best tributary communities in the United States of America. There are nice farms with large barns, large cornfields that will yield one hundred bushels of corn to the acre, immense orchards, bearing apples, plums, pears, etc., and the best water in the world.

Besides all these we have the Alma College with all the Presbyterians in the state, and Mr. A. W. Wright, who is twenty-five or thirty times a millionaire, to back it.

We have some one hundred flowing wells in the city. I have one myself a few feet from my kitchen door that has not a peer. I am speaking of the waters on the market. Subjoined is an analysis of the spring:

Analysis of Dr. Pringle's Mineral Spring.

Ann Arbor, Mich., July 17, 1882.

Marcus Pollasky, Esq., Alma, Mich.

Dear Sir:—I have completed a qualitative analysis of the mineral water received in glass bottles under seal from your hand. I have determined the total solids. The results are as follows:

Total solids: 700 parts per million, or 40.38 grains per gallon.

Sulphates: Abundant.
Chlorides: Present in small amount.
Carbonates: In considerable amount.
Carbonic acid gas: Present.
Silica: Present.
Lime: Abundant.
Magnesia: More abundant than the lime.
Iron: In considerable quantity.
Potassa: Present.
Soda: Present.

The "reaction" is decidedly alkaline. The residue does not darken in the least when ignited and the water does not take an appreciable amount of oxygen from permanganate of potassium solution. Regarding the combination of acids with bases in the formation of salts, it is clear that the water contains bicarbonate of potassium or sodium, or both, and it is probable that magnesium sulphate, calcium sulphate and calcium chloride are present. Quantitative results would give fuller conclusions as to combinations of salts. The water is comparatively rich in mineral constituents, including those in demand for the nourishment of the human body. For general domestic purposes the hardness may be found pretty high. This would appear more fairly by quantitative examination. As regards freedom from organic contamination this water is evidently of exceeding purity. Respectfully,

Albert B. Prescott, Prof. of Chemistry.

You would almost think it a cataract to see and hear it. A gentleman from Chicago who was here for treatment at the Alma Sanitarium said if he had it on State Street in Chicago he would not take a half million dollars for it. It is supposed to flow 1,600 barrels of water in the twenty-four hours.

Our town has many other good features besides the school advantages and the good, pure water, but I can only quote what your Chicago people say about it. They come here in large numbers to the Alma Sanitarium, especially during the summer months. These ladies and gentlemen say that for life and enterprise it is next to Chicago.

I am still a member of the United States Medical Examining Board at Midland, and will resign at any time and turn over my good will to the right man who locates there. It is the best opening I know of for a strong man. A young man can't find a better location who wants plenty of hard work.

Send the Century to Alma, Michigan, instead of to Midland.

Wishing you success, I am,

Fraternally yours,

G. W. Pringle, M. D.

Alma, Michigan.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - EDITOR

New York and Chicago, October 1, 1896.

Editorial.

SPECIAL ANNOUNCEMENT.

Dr. Fisher, editor of the Medical Century, has been forced, however reluctantly, to retire temporarily from the editorial chair on account of serious illness. During the months of August and early September he had occasion to be in attendance upon two cases of typhoid fever, one of which was of malignant type. The subjects being the children of old and dear friends of Dr. Fisher, his whole time and attention was expended upon them, to the almost entire exclusion of other matters, professional and journalistic. Devoting his effort thus, day and night, without rest or exercise, even his iron constitution succumbed to the infection which the circumstances of the case amply afforded, and he now lies prostrate with typhoid fever.

In this emergency Dr. Wilson A. Smith, of this city, has been called upon, has most generously responded, and has taken charge of the editorial and city department of the Medical Century. Dr. Smith's long experience as a journalist and his possession of that instinct termed journalistic, render his aid peculiarly valuable just at this moment. In turning the journal over to him we do so without need of an introduction to our readers, who are familiar with Dr. Smith's energies and abilities.

Note from Dr. Smith.

Attention is called to the fact that the editorial columns of the Medical Century having been consigned to my absolute control after the issue of October 1st and during Dr. Fisher's illness, they will voice my individual sentiments for that period and I will be wholly responsible for whatever may appear therein. Wilson A. Smith, M. D.

4106 Drexel Boulevard.

HIS DUTY.

When the diploma has been conferred, when the class exercises are through with, the Hippocratic oath taken, the physician, new-fledged, takes up his medicine case and goes his way rejoicing—to meet what? Diphtheria, malignant fevers, smallpox, loathsome and vile disease in all its wide scope of chronic and acute forms.

They swarm up to meet him as his name and fame extend, they come toward him with a savage welcome, they breath pollution in his face, they threaten him with the loss of his patient, they center around him like bats hungry for his own infection. Perhaps it is as well for the cause of humanity that the young man who turns from his commencement audience can have no adequate conception of the way opening before him into the avenues of disease, cannot see the shadowy forms of death's army marshaled contemptuously before him in the far-away distance when he shall have fully girded up himself for battle, nor the grim hands that beckon him into danger—a danger of a personal and vital sort. Fortunate it is there is no man but who is in greater or less degree possessed of the thought that his is a charmed life, that others go down, but he will somehow escape, that the doctor here and the doctor there may be sacrificed to his professional duties, cut off in the fullness of his days through some vicious infection from the patient he is giving his life to save, but he will not be.

With this thought in mind, and reckless a little, and enamored of his humane ambitions, his bent upon the salvation of his sick charges if salvation there be in his philosophy, he pushes on, a sturdy figure, whose last pretension would be that he was in any wise a martyr. Yet there is no man of wide experience in the medical profession today but has been called upon to put thought of self behind, and with his life in his hand go out to meet the insidious foes of health. He may not look nor feel nor know that he is an altruist of a fine sort, he may be even a little grotesque, he may be in no sense ideal in his concepts of life, he may chew tobacco, and cut a shabby figure, but as he bends over the child strangling in the throes of diphtheria, as he sits hour after hour by the typhoid patient, his mind obtund to any ethics in the situation, his thought upon nothing higher than the cold cloths he is placing upon the sick man's abdomen, he stands out briefly as a beautiful and ennobling spectacle, and we recognize in him the stuff of the true martyr.

The truth of the physician's constant danger is sadly and solemnly attested by the tell-tale fact that of all professions and callings its members are the shortest lived. There are a great many old lawyers and ministers and merchants; there are few old doctors. They go early and the reason is easy to read.

Through our admiration for the physician's self-abnegation, from the lowest to the greatest, we come finally upon another duty of the medical profession pivoting upon his devotion to his work and barely secondary to it. That is his duty to himself, his duty to be careful, to be precautionary, not lightly to rush into danger which he might avoid. This last thought is too often submerged in loyalty to the first. Risks are too often incurred which are unnecessary, and there is a degree of carelessness in it all that is culpable. A doctor's life, it must be remembered, usually means more to his community than any one other life in it. His loss if he be a valuable physician, is most keenly felt. He of all can be least easily spared. From this new view-point the situation does not change, it merely broadens. Two duties fulfill the doctor's destiny instead of one—his duty to the living who are almost dead and his duty to the living who will live on with their need of him. It is the physician who will give diligent heed to both of these needs in the life around him who will most truly approach the highest consummation of his professional possibilities, who will best round out his days to his own satisfaction and the comfort of others.

LAY ENCROACHMENT.

The reason why there are so many starving doctors has been explained by a Parisian statistician, and with some degree of logic, too. The Parisian says that physicians themselves are responsible for the state of affairs, they have taught their own skill to their patients, to lady patronesses of hospitals and charities and societies. People don't have to call in a doctor any more to bandage a wound, to vaccinate their children, etc. The daily papers and the monthly literature of the age are full of gratuitous medical advice on bronchitis and stomach cramps and pimples and headaches. Parisian physicians give away nearly five hundred thousand consultations every year. These are supposed to be some of the reasons why doctors are poor in Paris and may be some of the reasons why they are poor in Chicago and elsewhere. But for all that, the ethics of the profession must be wearing through when doctors set up a wail because their patients are becoming more widely and liberally educated in medical matters. We don't believe the day has come—not on this side of the water—when we want to get rich through the ignorance of the laity.

The report of the Sanitary Bureau, Health Department, for the week ending September 12th, 1896, showed one hundred deaths from tuberculosis, ten from typhoid fever, one from scarlet fever, two from cerebro-spinal meningitis, four from measles, twenty-four from diphtheria. Small-pox none.

Editor's Table.

GENERAL NEWS-NOTES AND COMMENTS.

The American Association of Obstetricians and Gynecologists met in Richmond, Virginia, Tuesday, Wednesday and Thursday, September 22d, 23d, and 24th.

Dr. Idella M. Fagaley, formerly of Louisville, Kentucky, will assume the practice of Dr. Clara Plimpton, of Nashville, Tennessee, who was married last month.

The treasurer's report of the Woman's Auxiliary, Montreal Homeopathic Hospital, for July and August showed the cash receipts for those two months to have been $253.75.

During the hottest week of the summer in New York, that ending August 15th, the death rate was 48.65. There were 1,810 deaths, 615 of which were from sunstroke alone.

Dr. W. M. Stearns, 813 Marshall Field building, city, has changed his afternoon hours from two until four. Dr. Stearns' hours in the afternoon were formerly from three to five.

Dr. Robert L. Hill, Jr., of Oakland, California, was married on the seventeenth of September to Miss Harriett Marie Thompson. Dr. Hill and his wife will live at 364 Fourteenth Street.

Dr. F. Parke Lewis, of Buffalo, New York, describes in the Medical Record of July a new spectacle lens which he has devised. It is a sort of lenticular combination, a compound achromatic periscope. Dr. Lewis considers that he has gained quite an advantage over the higher refractory errors with this lens.

The death roll of the New York Hospital for September covered the name of a young girl of Walpole, New Hampshire, whose heart was out of place. The anomaly had been known to exist several months before her death and probably had existed all her life. The heart occupied a well-defined position under her right lung.

Dr. John B. Hamilton, of the Journal of the American Medical Association, he who produced discord in the city health office by anti-ing antitoxin last winter, has been ordered to leave Chicago and proceed to San Francisco in his capacity of surgeon in the Marine Hospital Service. Dr. Hamilton has been actively opposing through the columns of his journal the project of entrusting to the Marine Hospital Service the duties of the department of public health.

The origin of right and left-handedness seems to be a riddle that has no reading. A year or two ago a very able article appeared in the Forum on this subject, wherein a vast amount of statistics were correlated and observations reported, but beyond the establishment of the fact that until late in the first year of life there was little favoritism manifested in the use of the hands no conclusion was reached. Professor Baldwin has made more than two thousand observations regarding the use of the hands in infants, and finds no trace of preference discernible so long as no violent muscular exertion is made. From the sixth to the tenth month the tendency is to use both hands together. Righthandedness develops under the pressure of muscular effort. In reaching the right begins to be preferred in the seventh or eighth month. Under the stimulus of bright colors the right hand was used in Baldwin's experiments eighty-four times and the left hand but twice.

Great men are not exempt from the ills to which all flesh is supposed to be heir. Mr. W. D. Howells, in a recent contribution upon the life of Longfellow, has suggested how grievously Longfellow suffered in his last years from that most terrible of afflictions, insomnia, and he goes on to make us suffer terribly by sympathy when he calls to mind "the heavenly patience" of Mr. Longfellow in bearing his trouble bravely and saying, "But I get a good deal of rest from lying down so long." Not content with harrowing our feelings by the contemplation of so sad a picture—for nothing, not even tears in a man is so sad as patience—Mr. Howells reminds us of how when Emerson was brought to Longfellow's funeral he stood looking down upon the coffin, his own splendid mind a long dreary blank, just long enough to say, "The gentleman before us was a gentle ,sweet soul—but really I can't recall his name."

CLEVELAND NEWS-NEWS.

The daily press report the reorganization of the Round Table Club, a local medical society with a limited membership.

Dr. W. H. Caine, of Stillwater, Minnesota, is visiting in Cleveland. Since Dr. Caine's serious injuries, received in a runaway a few years ago, his health has been much impaired.

Dr. Thomas Charles Martin, who has been making quite a name for himself as an original and successful surgeon, has resigned from his professorship in the Cleveland Medical College.

Dr. Frank Kraft has been elected to a materia medica chair in the Cleveland Medical College. His election adds strength to this college in this department, which has heretofore been ably filled by Prof. H. H. Baxter alone.

The Cleveland Medical College opened about the middle of the month with an excellent class, although not so large as the class of last year. The faculty and boys are at work in earnest, with prospects of a busy and profitable winter.

Dr. J. Kent Sanders, who has been abroad for several months pursuing reviews in gynecological surgery, will remain on the other side until about November 1st. Mrs. Sanders, who is with him, has been severely ill in Paris, but is now improved in health.

The Cleveland Medical College reports recent donations to the extent of fifteen thousand dollars, going the Cleveland University of Medicine, the old college, which recently received ten thousand dollars in cash, the sum of five thousand dollars the better.

Mr. McKinley's official manager, Mr. M. A. Hanna, is president of the Cleveland Homeopathic Hospital, an institution in which he takes a fatherly interest. He recently gave the hospital the snug sum of one thousand dollars in cash at a time when it was needed.

Dr. J. C. Sanders, whose health has not been very good for several months, is not as well as he has been. His case is a complicated one, full of uncertainties in diagnosis and therefore unsatisfactory in treatment. His friends are hoping for renewed health and vigor as the fall comes on.

Dr. Frank Kraft, editor of the American Homeopathist, has returned from London, where he attended the International Homeopathic Congress, refreshed and invigorated by his outing. As was to have been expected Dr. Kraft made his individuality felt in homeopathic circles abroad.

The annual report of the Cleveland Homeopathic Hospital, recently issued, shows that institution to be in a prosperous and growing condition. Despite the dull times its work has been greater than ever before in its history and its financial affairs are in excellent condition. The profession of Cleveland is proud of its hospital.

Dr. H. F. Biggar is again sending his surgical and gynecological cases to the homeopathic hospital. For a while he sent them to the general hospital, but he soon found that he did not get the character of service furnished by the institution with which he had so long been connected and wisely returned to his first love. Of course his return was welcomed.

Dr. T. P. Wilson, who was severely injured by a fall from his wheel some weeks ago, is not expected to recover. Besides severe bodily injuries, including fracture of the surgical neck of the femur, he suffered cerebral injury also and has not fully recovered his sensibilities. His friends deplore his misfortune and hope he may recover in spite of the present progressive unfavorable outlook.

It will doubtless be a pleasure to the profession at large to know that the two colleges of this city are working in harmony; that members of the respective faculties belong to the same local societies, and meet each other in consultation and as becomes colleagues and gentlemen, working together cordially as members of the hospital staff and in other professional positions. The war is over in this city and peace and happiness reigns over us all—but one or two.

The Cleveland University of Medicine opened for the winter on the 23d ultimo. The opening address was made by Rev. Dr. Williams, president of the board of trustees. He was followed by Dr. C. E. Fisher, of Chicago, who will fill the chair of Surgical Gynecology during the absence of Prof. Sanders, coming to Cleveland for Wednesday of each week, remaining a day longer when his services are required. The college opened with an enrollment of above a hundred, the largest enrollment ever recorded on opening day, a larger number by thirty than were registered on opening day last year.

CINCINNATI CLIPPINGS.

Dr. H. H. Wiggers finds it necessary to spend a part of each day at the clinic in the surgical department.

The resident physician of the hospital, Dr. W. H. Smith, with the assistance of Dr. C. H. Struble, finds the clinic hours all too short for his work in the general department.

During the last two months matters medical have been quiet in Cincinnati. There has not been much sickness, and with no local society meetings doctors have been stopping quietly at home.

The removal of the Medical College of Ohio from the center of the city to the old university building has trebled the attendance of patients at the clinics of Pulte Medical College.

Dr. Thomas M. Stewart, who has recently been made associate professor of ophthalmology at Pulte, spends three days each week attending to the eye clinic and supervising the ear, nose and throat work.

The Cincinnati Homeopathic Lyceum program is nearly ready for the session of 1896-7, and we are looking forward to a profitable year's work intellectually. Dr. S. J. D. Meade has had the matter in charge. The readers of the Medical Century may confidently expect the good things of these meetings in broken doses.

The Ohio State Board of Medical Registration and Examination has been at work during the last three months registering physicians practicing in Ohio, looking into the conduct of the medical colleges and making observations for future use. Some of the colleges have been refused recognition because of crooked work, and some because of inadequate facilities. The law in operation previous to the present one was very lax, requiring graduation from a college giving a course of twelve weeks' duration, two such courses being demanded of all graduates. Hence colleges giving two such courses in one year fulfilled the law, as no other requirement, except age, was demanded. Doubtless the members of the Medical Board have had many delicate questions along this line and the courts may be resorted to by some of the dissatisfied institutions to determine the Board's powers with respect to regulating medical colleges. Very soon accurate returns from official sources will be forthcoming as to the relative strength of the different schools. Homeopathy may have an additional member, as reference to Polk already suggests.

WASHINGTON WHISPERINGS.

Dr. Z. B. Babbitt and family visited in New England and had an enjoyable trip.

Dr. B. F. Gibbs and wife have returned from a pleasant visit to their old home in New Jersey.

Dr. Higgins, assistant resident physician at our hospital, enjoyed a two weeks' vacation in New Jersey.

Dr. and Mrs. L. B. Swormstedt spent their vacation at Mrs. Swormstedt's former home in Massachusetts.

Dr. Julia Cleves Harrison did not go to Europe as reported but instead visited Vermont for a few weeks.

Dr. Edgar Janney, wife and daughter went to Atlantic City the first part of September and returned home much benefited in health.

Dr. S. S. Stearns has returned from a trip to several of the New England summer resorts and reports good fishing up in Maine.

Drs. L. E. Rautterberg and W. F. Corey spent a quiet time at Blackistone's Island, on the lower Potomac, where Dr. Rautterberg owns a cottage.

Dr. E. S. Lathrop took a two weeks' much needed rest at Harper's Ferry, W. Va., and returned to Washington with an additional eight pounds of flesh.

Dr. Harrison, resident physician at the hospital, sought rest and freedom from hospital cares at his home in New York State, and returned in good condition for the winter's work.

The Washington fraternity have had their summer vacation and are now fresh for the fall and winter work. Those who left the city during the heated term have returned looking very much better for their "outing."

Dr. W. R. King and family as usual spent the summer at Atlantic City. Before leaving Washington the doctor was confined to his bed for several days, suffering an attack of intermittent fever which reduced him considerably in flesh, but the salt air, etc., soon made a new man of him and he returned home feeling himself again and is ready for work.

We were indeed glad to welcome back to Washington Dr. T. L. McDonald, who has been doing Europe this summer. He returns in good health and says he never felt better. During his travels he visited some of the hospitals and witnessed the surgical clinics, and it is his opinion that we have as good surgeons in this country as can be found abroad.

Another wedding—this time the contracting parties being Dr. J. Holmes Branson and Miss Ellen M. Robison. They were married at the home of the bride, Chester, O., September 2d. They have returned to Washington and located at 261 N St., N. W., where they will be glad to see their friends. We wish them a long and happy married life. Our young physicians are marrying just as soon as they can see their way clear for it. A good thing to do. There will be another wedding soon.

Dr. J. B. G. Custis and family have returned from a delightful trip to Canada. On his way home the doctor stopped over at Buffalo for two days and found the physicians there enthusiastic and thoroughly organized for work to make the next meeting of the Institute a successful one. The impression now prevails that it will be one of the largest meetings the Institute has ever held. The local committee is going to make an earnest effort to increase the membership this year and get the younger physicians interested in these annual meetings.

NOTES FROM OHIO, PENNSYLVANIA AND MARYLAND.

Dr. W. F. Edmundson, Pittsburg, has returned from Europe.

Dr. E. J. Curran, of Oil City, Pennsylvania, is on a visit to Chicago this month.

The wife of Dr. John Austen of Oberlin, Ohio, departed this life in August.

Homeopathy in Toledo City Hospital is well represented by our workers in that city.

The Cleveland homeopathic colleges will open with a very large enrollment of students for 1897.

Dr. Margaret Hislop, Washington, D. C., has returned to her busy work after her summer's outing.

Dr. Flora A. Brewster, of Baltimore, was in attendance upon the International Congress this summer.

Dr. Dunn, Sr., Titusville, Pennsylvania, was a visitor to Chicago during September in attendance upon Prof. Pratt's Orifical Course.

Dr. G. W. Waggoner, of Corry, Pennsylvania, was all smiles when he greeted your correspondent recently. The cheerful news was a new arrival at his house—a girl.

Dr. H. C. Chisholm has a firm hold on the people of Huntingdon, Pennsylvania, for state senator. The doctor will soon be addressed as Senator Chisholm, as his election is assured.

Dr. Julia P. Jump, Oberlin, Ohio, missed the American Institute Meeting at Detroit this year on account of pressure of business, but next year the doctor will say "Put me off at Buffalo."

Dr. David Gillard, of Port Clinton, Ohio, recommends Rhatany suppositories as a good thing for pin worms. The Doctor says the Medical Century is the journal of journals.

Dr. J. Kay Wrigley, of Emmittsburg, Maryland, for the past ten years, has located in Altoona, Pennsylvania. The doctor leaves a field which some young homeopath will find a good one to locate in.

Dr. J. E. Burnham, a recent Cleveland graduate, located some six months ago at Prairie Depot, Ohio, a small town but rich in oil fields. The Doctor reports plenty of work, which goes to show that small towns—of which there are numbers—are the proper places for our young men to locate in.

The Southern Homeopathic College is in a thriving condition. The faculty has been lately increased. Dr. E. Z. Cole, Dr. De Lancy Barclay and Dr. Alfred Wanstall are the new members. The institution promises to have a much larger class this year than it did last. Its location is in the heart of the city, the building is a very good one, the hospital is always crowded with patients, and operations have been performed there all summer by various members of the faculty with an unusual quota of success.

FOREIGN NEWS, NOTES AND ITEMS.

One year ago the annual mortality of smallpox in Germany was sixty-five thousand, today the annual number of deaths is one hundred and fourteen.

Dr. Paupoukis established the Pasteur institute in Athens in 1894. During the first sixteen months 201 cases were treated at the institute with but one death.

Cholera in Egypt is reported to be on the increase. From Friday to Monday, September 4th to September 7th, thirty-three new cases were reported in lower Egypt, with thirty deaths. At Cairo there were 115 new cases and 100 deaths. In upper Egypt 255 cases were reported and 215 deaths.

Two London physicians, Drs. Timothy Jones and Henry Richard, have become involved in a scandal covering an abortion performed by them upon one of their patients which resulted in her death. The operation was made in the office of Dr. Richard. The next day the girl was dead, having, however, made a full confession to her relatives before her death. The police are following up the matter vigorously and will push it until they have secured the conviction of the parties or until their innocence is proven.

From a social standpoint the congress must be regarded as a great success. There were but few of the members who were not at some time or other the recipients during the week of entertainment at the hands of the resident members. Dr. and Mrs. J. G. Blackley gave a very elegant dinner party at which were present Dr. and Mrs. J. H. McClelland, Dr. and Mrs. James Kraus, Dr. Mersch, of Brussels, Dr. J. Richey Horner, Dr. James Johnstone, and Dr. Blackley's father, Dr. C. H. Blackley.
the hands of the resident members.

Lady Henry Somerset has on hand a new scheme for the treatment of female inebriates. Lady Somerset is of the opinion that the sedentary employment assigned to habitual drunkards in reformatory homes is about the worst thing possible for them. She has therefore obtained possession of 180 acres of land in the county of Duxhurst beyond easy reach of all drinkable forms of alcohol and has begun the construction of a small village, which will consist of scattered cottages for the patients. There will be a hospital, a chapel, children's home, offices and laundry. Each of the cottages will have six occupants, who will be expected to take part in the industries of the establishment. There will be light agricultural work, poultry raising, raising flowers, vegetables, jam making, needlework and sewing. The underlying ethical idea is to put the women to work where they can take pride in the results of their labor. There will be a minimum charge of $1.50 a week to be paid for in work and if the patient works out the cost of her maintenance the amount is to be credited to her when she leaves the institution. Money for the development of the scheme is being solicited from the English public.

From the 30th of August until the 5th of September the mortality in Paris was 764. The epidemic maladies were rare. Typhoid fever caused nine deaths, scarlet fever ten, diphtheria three, whooping cough four. There were fifty-three deaths from infantile diarrhea, the victims being under one year of age. There were sixty-five deaths from inflammatory diseases of the respiratory organs, 162 deaths from pulmonary phthisis, ten deaths from tuberculous meningitis, sixteen deaths from simple meningitis. Twenty-one persons suicided and there were eleven deaths from other violent causes. Four hundred and thirty-three marriages were celebrated in Paris, and 1,084 births of living children were registered, 563 of whom were boys and 521 girls. Of the total number 795 were legitimate, 289 illegitimate. There were seventy still births, forty-five legitimate and twenty-five illegitimate.

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Practice of Medicine.

THE REAL NATURE OF ANGINA PECTORIS.

BY E. M. HALE, M. D., CHICAGO.

It is now the opinion of nearly all modern pathologists that angina pectoris is not due to any organic lesion, but a true vaso-motor neurosis. In many cases of death from angina atheroma and calcification of the coronary arteries are found. But it is not believed that this condition caused the attack which was fatal. The atheroma was a coincident condition, and increased the severity of the vaso-motor spasm.

Varieties.

It has been the custom with authorities to make several varieties of angina pectoris, namely: True angina; pseudo-angina, and hysterical angina. In my Practice, page 751, I give a differential diagnosis of the two former. More recent experience has convinced me that there is a form of angina which may be called hysterical, but the symptoms may be included in pseudo-angina. It may be stated in a general way that all anginas are due to an irritation of the vaso-motor centers in the medulla. This irritation may be idiopathic and not due to any organic change in the aorta or coronary arteries, but due to some constitutional taint of the same nature, as hemicrania, epilepsy and similar disorders. In aortic incompetency angina is common—also in sclerosis of the coronary arteries. But there must first be some tendency to irritation of the vaso-motor centers, for there are cases of those organic changes in which attacks of angina are absent. The angina which proves fatal is almost always attended by changes in the valves or arteries of the heart. Only rarely does pseudo-angina—so called—prove fatal. This run of the disease has an important bearing on the treatment.

Treatment.

Before prescribing with the view of a radical cure we should carefully examine the condition of the arteries, and ascertain if atheroma exists. Then examine the heart for valvular disease, especially aortic hypertrophy, or dilation. If none of these conditions exist, we may be sure that the case is a pure neurosis and treat it with Arsenicum, which in the majority of cases will effect a cure. In some cases Lachesis, Naja, Apis, Kalmia, and Latrodestus may be found useful. If arterial sclerosis exists the above medicines are of but small value except as palliatives. It has been found that the iodides are the only efficient remedies. The iodides of sodium, strontium, and aurum are the most efficient. The objection to the iodide of potassium is that potash injures the integrity of muscular tissue unless used in minute doses, which doses, unfortunately, are rarely of benefit. The curative dose of the iodides ranges from one grain of the 1x to ten grains of the crude. I find that in adults the average dose should be five grains three times a day. This should be continued for months and in old persons for years. There need be no fear of causing medicinal symptoms unless there exist some idiosyncrasy against the iodides, when smaller doses will be required. The action of the iodides is physiological. They prevent the accumulation of organic substances in the coats of the arteries and dissipate them when already present. Glonoine, as is well known, is the most valuable palliative in all kinds of angina because it relaxes the tension of the arteries. In arterial sclerosis it is often necessary to give Glonoine in physiological doses continuously along with the iodides. I have often given very successfully 1-100 or 1-50 grain three times a day with great relief to the patient. It aids the action of the iodides in a most decided manner. Another useful adjunct to the iodides is Cactus. It not only controls the irritation of the vaso-motor nerves but quiets and steadies the abnormal irritability of the heart itself when that organ is diseased. It is the only "cardiac tonic" that can be used in angina in material doses. All the others tend to constrict the arteries and increase the tension. If used at all they should be prescribed not lower than the third decimal dilution, while Cactus can be used below the third and in doses of from ten to thirty drops of the tincture. The size of the dose will be indicated by the muscular weakness of the heart. The weaker the heart the larger the dose should be.

Dr. F. H. Orme, of Atlanta, sends us an apropos clipping to illustrate his own great contempt for "that monstrous, abominable phrase which has slain its thousands—'heroic treatment.'" It reads to this effect: "Why, Pat, for heaven's sake, what's the matter?" "Well sorr, I swallied a pertaterbug, and although, sorr, I took some parrus green widin five minutes afther to kill the baste, shtill he's jist raisin' the divil inside me, sorr."

Rhinology and Laryngology.

THE LOCAL TREATMENT OF THE NOSE, NASO-PHARYNX AND LARYNX.

(First Paper.)

BY WESLEY A. DUNN, M. D., CHICAGO.

In considering the treatment of these organs there is a tendency among physicians to give too much stress to the local treatment, forgetting that the homeopathic remedy is the sheet anchor of successful treatment of these as well as all other conditions, but there are certain diseases in which local manipulation is of much aid to the properly selected remedy.

I do not believe, however, that local treatment is in any sense curative and should be used only as an adjunct to careful and scientific treatment of the patient in toto. There is a large class of physicians at each extremity of this proposition whom I believe to be wrong in their judgment as to the value of the local treatment. A large portion of the old school and many of the homeopaths seem to have conceived the idea that the nose and associated organs are mechanical factors that may be forced and driven into all sorts of changes by the topical application of various remedies, and treat all cases without regard to symptoms, reflex irritations or constitutional dyscrasia. This I believe to be as far wrong as those at the other extreme who claim to cure all sorts of nasal and intra-nasal diseases, both medical and surgical by extremely selected remedies.

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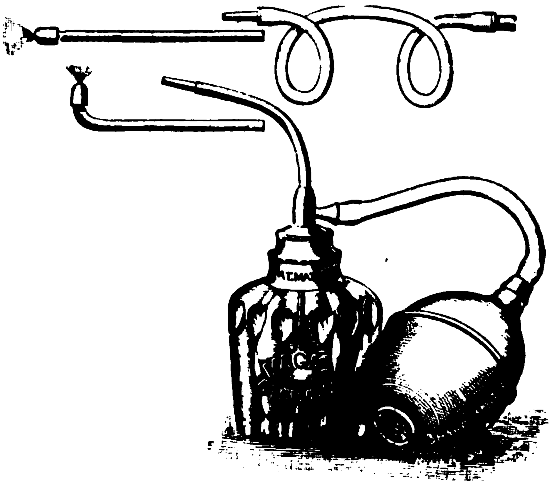
The most important quality of a successful physician is judgment, which prevents him from falling into that condition known as faddism, the most harmful state that a physician can possibly be in. It is my opinion that this class of cases are often badly managed from an over-estimate of the value of topical remedies and many cases are treated by physicians and specialists, too, with local applications that are not suitable for this class of treatment. A large number of intra-nasal diseases are essentially surgical, every one of which, had they been properly treated in the beginning should have been cured while in the early stage. This is not, however, in most cases the fault of the profession. The laity are impressed with the idea that a cold is nothing and does not require treatment. The result is that repeated colds terminate in a chronic inflammatory change that becomes so fixed that treatment is hardly successful in restoring the parts to their normal state, and even then they are loathe to consult the physician to get relief from the inflammation by the properly selected treatment. As time goes on the pathological changes produce a surgical disease which no amount of local or internal treatment can relieve. A scrofulous diathesis in children that is not marked by active symptoms soon shows itself in the throat, naso-pharynx or nose. The early appreciation of the diathesis and the properly selected remedy would prevent any future trouble.

It is my intention, however, to consider the best methods of making the application and remedies suitable for the various conditions of the throat and nose and not to consider the pathology of the diseases that require them. Every physician should be able to successfully apply remedies to the nose, naso-pharynx, pharynx and larynx and with a little practice and a good appreciation of the value of successful manipulation may convert a method of treatment that is useless from lack of proper application, into a valuable adjunct to the treatment of this class of diseases. The selection of a proper instrument is of more importance than physicians usually appreciate. The number of sprays and other instruments for application of this kind are without number, but the good ones are very few. The head mirror and tongue depressor are essential for the purpose of directing the application necessary to be made. While other instruments of examination are necessary from a diagnostic point of view, with these two adjuncts all treatments made are properly directed so far as general applications are concerned.

The atomizer is the most frequently used and perhaps the most valuable instrument to be selected for this class of diseases, as with it applications may be directed to any part of the nose or throat. For some cases a very fine spray is desirable, while in others a very large volume of solution is to be preferred. For the first, the most applicable instrument is a No. 5 Magic Atomizer.



MAGIC ATOMIZER NO. 5.

This instrument is supplied with a straight and curved tip, the latter of which is essential for post nasal applications. These points are of blocked tin with a very small opening that gives a finely vaporized spray and which may also be used for either aqueous or oily solutions.

The Davidson No. 59. is a very valuable instrument, with a curved and straight tip, but for medical application the opening is a little too large and carries too much solution for delicate applications. For a general service atomizer, however, the Davidson is perhaps the most useful. An atomizer for the anterior nasal opening or the pharynx is found in a Magic No. 30, which is moderate in price, but is limited in its use as the great number of chronic catarrhal cases require post-nasal spraying.

The most admirable instrument for applying oily solutions is found in the Vaseline Atomizer No. 33, which can be easily manipulated by the patient, and the oil inhaled through the nose or the mouth.

MAGIC ATOMIZER, NO. 30.

This is especially valuable for applying such applications into the trachea or bronchial tubes. It is necessary to have sufficient skill with the atomizer to manipulate it with a single hand, as it is so frequently necessary to employ the other hand to depress the tongue or conduct some other manipulation, that until one is sufficiently skilled to use the atomizer with one hand he will not be able to administer the application with success.

The atomizer should be held in the upper portion of the palm and between the thumb and first finger, while the bulb rests in the lower palm, where it can be freely pressed by the last three fingers. With a moderate amount of practice the instrument can be dexterously manipulated and the point kept perfectly steady.

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For washing out the nose after operations in atrophic rhinitis, etc., I have had made a post-nasal curved tip with a double opening, which gives a copious spray, which hastens the washing out process very much and is most desirable for this kind of work. It fits the Davidson atomizer No. 59 and can be had from Sharp & Smith, Chicago. The application of the spray to the anterior nasal region is easily performed, the only care necessary being to bear in mind the prominence on the floor of the nose just within the opening and that the nose extends parallel with the roof of the mouth. The current should be directed slightly downward and perfectly parallel with the septum. I still find many physicians who turn the point upward toward the eyes instead of backward and downward. In rare cases, however, the superior portion of the nose is the part affected and the spray should be turned in this direction. To reach the naso-pharynx or the pharynx, in nearly all cases it is necessary to use the tongue depressor. The application to the naso-pharynx is especially difficult, particularly in cases that are sensitive to foreign irritation in the pharynx. The tongue should be well compressed and the long curved tip of the Davidson or Magic atomizer quickly introduced well up behind the soft palate. The most frequent fault is the failure to introduce the point far enough upward to reach beyond the soft palate. Should this fail, the soft palate covers the point of the atomizer and interferes with the proper dissimulation of the solution. The spray should work promptly and a few quick compressions of the bulb may be made before the patient resists the irritation in the naso-pharynx. The body of the atomizer should be compressed low down against the inferior maxillary, which will cause the tip to point slightly forward and direct the spray into the nose as well as the naso-pharynx. Be sure to press the point well up behind the soft palate. There are a few patients that are quite devoid of irritation in the throat; that renders this manipulation very easy, but in many cases much dexterity is necessary to successfully treat this region. The posterior end of the nose and the naso-pharynx more frequently require local treatment than all the other organs of this region, so that skill in this direction is absolutely essential for the successful manipulation of the diseases of these organs.

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The application of the spray to the pharynx is easily accomplished, but is frequently poorly performed. The principal fault is the failure to properly depress the tongue. Especially is this true in children and acute cases with sensitive throats. Such applications can be of no possible value unless they reach the parts beyond the base of the tongue.

To make applications within the larynx with accuracy, it is necessary to use the laryngoscopic mirror; however, the larynx may be reached with a moderate degree of accuracy without the guiding light of the little mirror. The tongue should be well extended and held out with the fingers. I usually direct the patient to grasp his tongue between the thumb and forefinger with the handkerchief, and by the aid of the laryngeal mirror guide the downward curved tip behind the epiglottis, when the body of the spray should be lifted well up in order to direct the current downward and forward.

Directing the patient to say "A," the epiglottis is thrown upward, the vocal cords closed, preventing the secretion entering the trachea and the whole of the larynx is exposed to the action of the spray solution. A very quick pressure of the bulb will cause the larynx to be filled with the vapor and reach all parts of the organ.

The faults to be guarded against in this application are failure of the patient to properly elevate the epiglottis, the closure of the pharynx by elevation of the tongue against the soft palate in certain spasmodic, irritable throats; the failure to place the point behind the epiglottis and the improper direction from lack of properly elevating the hand sufficiently to turn the current downward and well forward.

For those who wish to practice this sort of treatment in the office the hand sprays are not sufficient and the compressed air machine is much more convenient and serviceable. A very good outfit can be had for from $25 to $40, including all the accessory appliances necessary for its use. However, for the general practitioner and at the bedside a good hand atomizer is all that can be desired and has become an essential part of every physician's outfit.

Obstetrics.

THE THIRD STAGE OF LABOR.

(*Second Paper.*)

BY R. N. FOSTER, M. D., CHICAGO.

In order to present the more modern doctrine respecting the treatment of the placental stage of the delivery, it will be in order to give the teachings of the latest authorities. And first we quote from Lusk, edition of 1892:

"The duties of the physician in the third stage are to guard against hemorrhage, to promote uterine contractions, and to further the expulsion of the placenta. These objects are best fulfilled by manipulations through the abdominal walls. Tractions upon the cord should not be resorted to before the placenta begins its descent into the vagina."

The author then goes on to recommend thoroughly what is known as Crede's method of expelling the placenta by firm compression of the uterus through the abdominal walls. "It is true," he says, "that the expulsion of the placenta will, as a rule, occur spontaneously. The unaided uterus, is, however, liable to relax and become the the source of hemorrhage, or where the delivery does not take place speedily, it may, on the other hand, close down so as to imprison the placenta within its "cavity."

After the placenta has, by "expression" only, been extended from the uterus into the vagina, "there is no objection to expediting delivery by drawing upon the cord downward and backward."

"The extraction of the placenta should take place slowly to avoid tearing the membranes. As the placenta passes the vulva, it should be made to revolve so as to twist the membranes into a cord, which should be withdrawn with the utmost care. If the membranes are felt to give way at any point, the finger should be introduced, if necessary, into the vagina to seize them above the site of the laceration, and the removal should be proceeded with by gentle manipulations."

It now seems probable that Lusk has attached too much importance to the method of Crede. That method has, like many other excellent things in medicine, been pushed beyond its legitimate field of usefulness. At all events it has been followed in Europe, according to authentic reports, by serious consequences in so many cases as to lead to a restriction of its use.

Lusk claims for Crede the sole credit of having elevated "placental expression to the rank of a recognized procedure of obstetric practice," notwithstanding the fact that many authors before him had taught its usefulness both in their writings and in their college lectures. Perhaps it would not be far from the truth to say that many obstetricians had taught and employed expression before Crede, but that he alone emphasized it beyond its value, and raised it to the rank of an obstetrical fad. That he compelled the profession to re-study the procedure, much to the final advantage of us all, we must admit. But the greatest result is that the study has not led us to agree with Crede.

Let anyone experiment with this method in a few cases and he will surely find that removal of the placenta by expression alone frequently requires an amount of force amounting to violence, and dangerous to the woman; while by the conjoint operation of traction by the funis, enucleating by the fingers when necessary, and expression, no violence is required. To this doctrine the profession is rapidly approaching, if it is not already there. And it is a safe and sound doctrine, compared with which the Crede method above is heresy.

Much nearer to the true mode of action is the plan indicated by Schroeder, as quoted by Leavitt: "I consider it the best procedure in the placental period, after the expulsion of the child, not to rub or press the uterus, but to wait quietly until the diminution and ascent of the uterine body and the protuberance of the symphysis indicate that the placenta is expelled from the uterine cavity, then by gentle pressure to expedite its passage through the vulva."

How long one is justified in "waiting quietly" for the uterus to spontaneously expel the placenta from its cavity is not here stated. But certainly there are cases when a little kneading and friction and pressure seem imperatively demanded.

Leavitt's own observations on the point seem very discriminating and judicious, although they indicate a leaning toward the endorsement of Crede. He says: "Though Crede's method of delivering the placenta seems simple and easy, many have in practice found it extremely difficult. This is probably owing in most instances to deviation from the prescribed rules. While in others it has probably occurred mainly through fear to apply the necessary amount of pressure. The author has found much greater satisfaction in combining the two general modes of placental delivery, namely: pressure on the fundus uteri, and traction on the cord. We believe this mode of treatment free from serious objections, while it proves remarkably easy and effective."

Prof. Leavitt has previously stated that this "mixed method" is certainly better adapted to the general practitioner's use.

But this remark implies that the thoroughly competent practitioner, say the obstetrical specialist, may be trusted with the Crede method as in reality superior. To this doctrine we object strongly. The Crede method is inferior in principle and in practice to the conjoint method, no matter who the practitioner may be. As Prof. Leavitt himself says, the latter "is free from serious objections." What higher recommendation can be given? This author further remarks: "Extraction should be slowly effected to avoid tearing the membranes. The latter are usually left trailing in the vagina after birth of the placenta, and in order to secure their complete removal it is best to twist them into the form of a rope, and extract them with the utmost care."

We must not omit here to add by way of comparison the practice of Ramsbotham. He says that in the third stage of labor our conduct "must be regulated entirely by the situation in which the placenta may be found. So long as the mass remains perfectly out of the reach of the finger, so long is it completely included within the uterus, and so long must no attempt be made to remove it by traction at the funis. Should it be found requisite, however, to remove it from the uterus, the agency of the funis must by no means be relied upon, but the hand must be introduced completely within the womb, and it must be extracted in the manner to be hereafter particularly detailed."

"It is not only necessary that we should remove the placenta, but the whole of the membranes also, if possible. Some practitioners are careless about the membranes, their whole attention being directed to getting away the placenta; but unless some management be used, the delicate fetal involucra are often torn and pieces are left in the uterus, giving rise to many evils. To obviate the chance of their being torn, some recommend that as soon as the placenta has passed through the externum, it should be twisted around two or three times in such a manner as to bring them away like a cord. This is scarcely necessary; all that is required being that we should bring them away slowly, or carefully work them out with our fingers if there be any difficulty in their extraction."

To which Keating, the American editor of Ramsbotham's treatise, adds very truly, "There is no stage of a natural labor which causes more uneasiness and anxiety to the accoucheur than the delivery of the placenta." He supplies an omission of his author in the remark that " Time is an element to be well considered in the removal of the placenta," and he allows from twenty to thirty minutes to elapse after the birth of the child before proceeding to hasten the expulsion of the after-birth. He adds, "Our experience has taught us that in the vast majority of cases of artificial placental delivery, it would be far better to introduce the hand carefully, and then remove the placenta, rather than make traction efforts upon the cord."

He then records for us a memorable quotation from Prof. Meigs, which contains a homely but most valuable illustration of one of the difficulties of this stage, and of the mode of overcoming it.

"Remember the placenta is a large body with the cord inserted in its middle. The os uteri is contracted to the size of a dollar. To pull directly from such a cord would be like pulling off a button from your coat instead of skillfully unbuttoning it. You must dexterously bring its edge to the buttonhole, as you would do with your coat button."

The views of Churchill are worthy of a brief quotation. After delivery, "the patient may be allowed to rest a little if there be no flooding; after which, when the uterus contracts, gentle traction should be made by the funis, to ascertain if the placenta be detached. If so it may be removed by continuing the traction, at the same time making pressure upon it. If the cord does not yield, the after-birth is not detached as yet, and no force must be used. A little patience with occasional tractions to the uterus will be all that is necessary."

Longeshore, in 1808, insists strongly upon the immediate removal of the placenta so soon as the cord has been ligated. This removal he effects by traction on the cord alone when this will avail. Otherwise, he recommends the additional means of introducing the hand even into the cavity of the uterus. The grounds upon which his treatment is based are that the time during which the placenta is retained in the cavity is a period fraught with interest and danger to the mother, which is all terminated at once with the complete expulsion or removal of the placenta.

Barnes' "Obstetric Operations," although omitting all reference to some important details, is very judicious respecting the main treatment of the third stage. "The rule laid down by the late Dr. Joseph Clarke, of Dublin, and indorsed by Collins and Beaty, is the one I recommend for your adoption: When the head and trunk of the child are expelled, follow down the fundus uteri in its contraction by your hand on the abdomen, and continue this pressure for some time afterwards, to keep the uterus in a contracted state. * * * This plan of causing the uterus to contract and expel the placenta by normal compression has, within the last few years, been introduced into Germany as a discovery by Dr. Crede, without a suspicion apparently, that it has long been a familiar practice in this country. It is insisted upon with detail by Hardy and McClintock. The great point is to let or make (the two words mark the difference between Crede and Barnes) the uterus cast the placenta by its own efforts; not to pull the placenta away. The "expression" or squeezing out the placenta should not then be always resorted to. It is meddlesome and injurious. * * * * *

* Timely applied "expression" aids and is aided by natural contractile efforts. In this lies security."

We will conclude this paper with an excellent presentation of the subject from the latest obstetrical text-book, A Manual of Obstetrics by Prof. Dorland of the University of Pennsylvania, Philadelphia, 1895: "The child being removed after a period of varying duration, generally from fifteen to twenty minutes, the pains return and the placenta is voluntarily expelled in the great majority of cases. This should be accomplished without any traction whatever being made upon the cord. *

* * After the expiration of this time, if the placenta has not appeared, Crede's method of expression, also known as the Dublin, or Kristeller method, may be employed. If this method of expression be properly applied, failure of expulsion will be exceptional. The placenta should be grasped by the right hand as it is emerging from the vulvar orifice and gentle traction made upon it and the after-coming membranes. This maneuver prevents tearing of the delicate membranes. A method that is largely in vogue, but which is not thoroughly satisfactory in its results, consists in rotating the placenta upon its axis so as to twist the after-coming membranes into a cord-like structure; not infrequently this very procedure results in laceration of the membranes, with retention of fragments thereof within the genital tract. An inspection should be made of the secundines to ascertain that no portion has been left behind; if some of the membrane be missing renewed efforts at expression will probably secure complete expulsion."

This last paragraph is palpably weak. The "probably" stamps it as self-conscious of its own deficiency. In obstetrics and especially in this third stage of labor, we long to pass beyond the "probably." There is no certainty that "inspection" will show whether or not the last vestige of placental membrane or structure has come away. And there is no certainty that continued "expression" will secure the expulsion of all that may remain.

OBSTETRICAL OBSERVATIONS.

Ectopic Pregnancy.

Dr. J. K. Warren, of Worcester, Massachusetts, called the attention of the Massachusetts State Society, upon the occasion of its last meeting, to the symptoms suggesting ectopic pregnancy, and cited a case of a patient aged thirty-six who presented the typical conditions. She had been married for some years, but had borne no children—the usual case in ectopic gestation—and had menstruated regularly until within two months of her attack. This was initiated with a sharp abdominal pain and a feeling of faintness. She was treated for flatulent colic and recovered rapidly, except for a slight bloody discharge from the vagina, which lasted about forty-eight hours. In about eight days the normal menstrual discharge seemed to set up and in a few days had become abnormally profuse. This yielded to internal remedies, but shortly thereafter considerable uterine pain rendered the patient uncomfortable, and a slight swelling was noticeable on the left side of the abdomen just above the pubes. A careful examination next revealed a badly prolapsed and retroverted uterus, which closed up the rectum entirely and constituted sufficient cause for the grave constipation from which the patient was suffering, along with her other disorders. After several attacks of acute pain the probability of extra-uterine pregnancy was recognized and an examination instituted. Palpation showed a tumor a little to the left of the median line, hard and unyielding, while a soft doughy mass, irregular and large, had possession of the pelvic cavity well down on the right side. All the abdomen was uneven.

The abdomen was opened in the median line and the first effort was directed toward the tumor on the left side. Much time was necessary to break up the adhesions of the tumor with the snarl of intestines in which it was embedded, and during the manipulations blood-clots of various ages and sizes were removed. Several clots were taken away from the omentum. The sac, formed by the stripping-up of the peritoneum with the broad ligament, was next punctured, and a well-nourished fetus, three and one-half inches long, followed a large mass of clots from the cavity. The fetus was sufficiently formed for the distinguishment of the sex and the organs of the face and head.

There was no hemorrhage following removal of the fetus, and the growth, tube and ovary were ligated close to the uterus and brought away. It was also necessary to take away a large clot of blood from the right side of the pelvis, after which the abdomen was flushed and reflushed until every vestige of clot was removed from every portion, when the wound was closed, carefully dressed, and the patient put to bed. She made a good and rapid recovery.

The case becomes a rather unusual one because of the great amount of intestinal adhesions to the growth without previous history of inflammation of any kind, and the excessive hemorrhage as evidenced by the clots, which had also given little or no sign of its occurrence or their existence.

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Phytolacca Decandra in Lobular Mastitis Following Childbirth.

The patient before giving birth to her child went through an illness with symptoms of chronic inflammatory lung affection. After the child was born immediate difficulty was experienced in drawing milk from its mother's breasts for it. A breast-pump was used, but failing of effect the nurse sucked the nipples and roughly manipulated the breasts. As none of these measures, though heroic enough, had effect, the idea of suckling the child by the breast was abandoned and the breasts left alone. But the mischief had been already done. Within a week there were small lumps in the right breast. In two months there was a movable hard lump of about one and one fourth inches in diameter just below the right nipple. The nipple was well retracted and the lump was the seat of lancinating pain. A chain of nodules extended from the breast to the axilla and some of the axillary glands could also be felt to be enlarged. Although the age of the patient was against cancer, her history showed that she had been subject to axillary gland abscesses. The retraction of the nipple was very marked, and while this may be caused by any chronic inflammatory process, it was not calculated to excite favorable diagnosis. Treatment was instituted with Bryonia in low dilution, without result. Then Silica in the 6th was tried, with like poor effect. Iodide of Potassium liniment was tried for some time without benefit. And the only reason quinine and iron were not given was because the patient, who had been reared on homeopathy, could not take it. She was finally given Phytolacca tincture, one pilule three times daily. Within a week the pain was much relieved and in three weeks the lump seemed softer. After three or four months on Phytolacca the lump was much softer, and in a few months more the whole condition had disappeared; the glands in the axilla were no longer enlarged and the breast was quite as soft as the other. Another child was born twelve months after the first, not suckled, and no trouble was experienced from the breast. Twelve months after the entire disappearance of the condition the patient was well and the breast normal.

Phytolacca's particular province in this case was its control over the pain. It was selected simply because it was known to be a breast remedy; the special indications for it were not known.—Mr. Shirtliff, in the Monthly Homeopathic Review.

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Fibroidal Obstruction to Delivery.

A fall during pregnancy probably precipitated trouble at the confinement in question. The condition presenting was not very satisfactory. The membranes were ruptured and the os fairly dilated; the head, which was very high up, was crowded back toward the spinal column. The bladder was full, the abdomen immensely distended and the pains were frequent and severe. When the bladder had been emptied the pains soon became so violent that another examination was resolved upon. This revealed no progress; the uterus stood out more prominently in the lower half than in the upper, and was hard to the touch in the lower half while the upper walls seemed thinner than normal. Rupture of the organ was feared on account of its peculiar appearance and the severity of the contractions. Delivery by the forceps was next attempted under an anesthetic, but without avail. Finally the child was delivered by version. Though deeply asphyxiated the infant was alive and yet lives. Upon examining the uterus after the child had been taken away it was found to be of stony hardness and a large fibroid tumor of the size of an adult head was felt occupying the anterior and lateral walls. Little bleeding followed the detachment of the placenta, and no attempt was made to remove the malignant growth. The patient was put on ergot and six weeks after delivery the tumor had materially lessened and in six months was gone. Dr. G. H. Balleray, in the American Medico-Surgical Bulletin, in reciting this case is not disposed to attribute the disappearance of the tumor to the ergot, but he fails to offer any other hypothesis concerning the result.

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A Similar Case.

Much difficulty was had in delivering the shoulders and head. The child was born dead, and after its removal, which was accomplished by version, the uterus was still as large as at the sixth month of pregnancy. Investigation showed a large fibroid located in the anterior wall. The patient having already been put through a severe siege, it was decided to promptly terminate the third stage, and in this behalf the placenta was separated by the hand quickly and gently. No hemorrhage of account followed, and the woman eventually made a good recovery. Eight months later she underwent another examination for the determination of supposed pregnancy. This examination revealed the entire disappearance of the tumor. The uterus was wholly normal and the bluish discoloration of the vagina, velvety feel of the cervix, together with the changes in the breasts, established beyond doubt the existence of pregnancy. The patient was safely delivered at full term and this time after delivery the uterus was found perfectly normal.—Dr. Balleray, American Medico-Surgical Bulletin.

Surgery.

CALENDULA OFFICINALIS.

Its Efficacy in Surgery.

BY JOSEPH O. GARRISON, M. D., EASTON, MD.

"There are more things in heaven and earth than thy philosophy dreamed of."

Some one has said "Fools step in where angels fear to tread," and it may be my ignorance which causes me to attempt a defense of calendula as a surgical dressing, when so many learned and scientific lights are condemning it. Still I cannot resist the temptation to say a word in favor of this drug which is an old and well tried friend to me. In spite of the criticisms of our friends, the disciples of the culture tube and microscope, this drug has some virtues and my aim is to call renewed attention to these virtues and if possible to induce some to give it a fairer and more extended trial.

I do not want to be understood as belittling the work of the disciples of the culture tube, for they deserve much credit for their patience and persistence in research, but they may not be the possessors of all knowledge. There may be and probably are processes going on in the human organism which are not demonstrable either on the lower animals, in the culture tubes, or under the microscope, and if we cannot explain the workings of a drug, which has proven itself of value, in accordance with our theories, we should not utterly condemn it. Facts and not opinions are the final test of any theory, and if the facts show calendula to be a model or even satisfactory dressing for diseased surfaces, it will continue to be used by the great majority of physicians who believe in the law of "similia," in the face of the criticisms of the "Knights of Bacteria," preferring proven facts to unsettled theories, especially when the facts are in accord with the law of cure as formulated by Hahnemann.

Comparative Statistics.

I have gathered a few facts and opinions from both sides, and, with some observations in a limited surgical practice, submit them, with the hope that they will aid in establishing the true sphere of calendula officinalis or the common marigold.

The author of the article on antisepsis in the new Homeopathic Text-Book of Surgery, Dr. T. L. Macdonald, in speaking of calendula, on page 135, says: "Calendula has been styled an antiseptic. Aqueous solutions varying in strength are applied directly to wound surfaces. The writer has applied bacteriological aid to determine the anti-pyogenic properties of this drug * * * without retarding their growth in the least. Not only that, but a large mobile bacillus * * * was found present and active in the drug fluid * * *. It is quite probable, therefore, that whatever clinical value it possesses is not due to the bacteriacidal properties that have been claimed for it."

Dr. Helmuth, in the 5th edition of his work on Surgery, on page 112, says: "Of all the varieties of topical applications which are recommended in the treatment of suppurations and lacerations, and of all the different medicinal substances which are supposed to possess an influence on the processes, there is not one that is entitled to a higher place than the calendula officinalis. * * * I have used it freely in almost every variety of surgical operations, after many kinds of suppurations, in resections, removal of tumors and in all classes of wounds. I have experimented with it side by side with the carbolic acid, now so much in vogue, and must give my testimony most decidedly in favor of calendula."

Again, on page 311 et seq. he says: " * * *that since the 'bacteria craze' and the carbolic excitement I have yielded to the popular cry and used carbolic acid in different proportions and in different solutions, yet I am convinced that, other things being equal, calendula, from its peculiar action on suppurating surfaces, is a medicine that sooner or later must receive the attention which its virtues deserve. I am quite sure of the following facts, that in the past five years when I have been employing carbolic acid preparations upon wounded surfaces that have not appeared to be progressing as favorably as I thought they should, I have substituted calendula with surprising results."

Prof. J. C. Wood in his Text-Book of Gynecology, page 145, says: " * * * It is questionable whether or not calendula exerts any power as an antiseptic.* It at least acts admirably in suppurating wounds of all kinds, and in purulent wounds is the sheet anchor of many physicians."

Dr. Bishop in Pacific Coast Journal of Homeopathy, June, '93, (Hahnemannian Monthly, page 768, 1893) gives accounts of several cases where calendula had given good results after failure with other so-called germicidal solutions. In conclusion Dr. Bishop says: "Such cases as these could be easily multiplied and are doubtless familiar to all homeopathic physicians. Do they not indicate that calendula is germicidal in its action? * * * The suggestion might be made that its action is not germicidal, but that it prevents and suppresses suppuration by stimulating the animal cells with which it comes in contact, so that they are able to resist the attacks of the pyogenic organisms."

Dr. Michener of Hulsey, Ore., in a reprint in The American Homeopathist for 1893, page 267, speaks very highly of its use in all classes of wounds and suppurating surfaces—in fact, in any case where there is a break in the continuity of the cutaneous surface or an abrasion of a mucous membrane, and especially in cases of burns and scalds, where it prevents the contraction which so often follows.

In the Cyclopedia of Drug Pathogenesy, page 730, we have a few symptoms, which would indicate calendula as being homeopathic to the conditions of surgical wounds, etc., as follows: "Swelling of glands; tenderness, as if suppurating; pressive pain beneath the angle of right scapula, with sensation as if everything were suppurating and bruised; a wound becomes inflamed, sore and painful as if it would suppurate; eruptions in left corner of lower lip."

Dr. Farrington, A Clinical Materia Medica, page 220, says: "Calendula is to be thought of when the injury causes a torn or ragged wound, possibly with a loss of substance. Calendula removes the inflammatory condition of the part and so permits of healthy granulation."

Lilienthal in his Therapeutics gives, under calendula: "Induration after surgical operations followed by suppuration; the wound looks raw and inflamed, with stinging pains, followed by throbbing as if it would suppurate, profuse and exhausting suppuration in traumatic abscess."

It will be seen from the above extracts that there is a great variety of opinion as to the germicidal and clinical value of this drug.

Its Efficacy.

While it is true that it may have no action on germs and bacteria, outside the human organism, as shown by boullion cultures and the microscope, yet, as viewed by what Prof. Goodno calls the "supreme test of clinical experience," it will be found to have a place, definite to be sure, but still a place, and that not a small one, in the ranks of surgical dressings, and its mild action and non-poisonous effects, will allow of its use in cases where the stronger and more severe germicides would be dangerous to use, and the milder ones of no effect.

It is probable from a study of its pathogenesis that it should be used internally as well as externally or topically in many cases of wounds and suppuration, especially where healing is delayed.

The indications for the use of calendula are: Excessive soreness and tenderness of the affected parts; contused and lacerated wounds, often with loss of substance, and which would naturally take on excessive suppuration if left to themselves; vesication with excessive soreness; inflammation of mucous surfaces with profuse muco-purulent discharge, accompanied by excessive soreness; and especially in all cases which have gone on to profuse suppuration.

Clinical Data.

My personal experience with calendula dates back to my boyhood days, when Dr. Phillips of Cape May, N. J., our family physician, prescribed it for all kinds of incised and lacerated wounds, and with the happiest of results.

My second experience with the drug was when I was clerking in the office of a machine shop, and procured, for the mashed and torn fingers of the men, from too close contact with hammer and cogwheel, a bottle of calendula, which was so satisfactory that to this day a bottle is kept handy. The men would cleanse, as best they could, a begrimed, greasy and mashed finger, apply the calendula solution, wrap it up in an indifferently clean rag, keep it saturated for a few days and then go to work—result, no soreness, very little tenderness and no pus or sloughing, and no cicatricial contraction.

Since commencing practice I have verified the use of calendula as a dressing for various diseased surfaces.

In one case of very extensive abscess of the cellular tissue extending from the clavicle anteriorly to a point below the lower border of the ribs posteriorly, which came to me from an old school doctor, who diagnosed the case as malaria, and from which on first opening there came not less than four pints of pus, I used bichloride of mercury, carbolic acid, permanganate of potash, hydrogen peroxide, Laborac's and other solutions, but with no good effect; the pus was sanious and offensive, the septic chill continued and the fever was increasing. I then began using calendula solution, after thorough cleansing with hot water, and at once the chills became less severe, the temperature gradually came down and the pus became more laudable and less in quantity until it ceased and the cavity healed by granulation, with final recovery of the patient.

I have never used any preparation except the tincture, although many use the succus calendulae, claiming less irritation and better results than from the alcoholic preparation.

I use the tincture in solutions of from one part to eight parts, to one part to one hundred and twenty-eight parts (teaspoonful to the pint) of hot water, mostly in the solutions of from one to ten, to one to twenty. I have used these solutions in cases of lacerated wounds in which there was much soreness and bruising of the tissues, with abatement of soreness and entire absence of pus, healing taking place by first intention where the integument was brought together, and by granulation where there was much loss of tissue, and with no or very little contraction.

In several cases of parturition, with bruised and lacerated tissues, after severe instrumental deliv-

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1 do not believe that Calendula is a germ destroyer.——. W.

eries, calendula has proved of great value, relieving the intense soreness and preventing extensive suppuration and apparently promoting healing; especially in one case, where bichloride of mercury in solution of 1 to 7,500 had proven poisonous, was it valuable.

It is also of value in leucorrhea when it is very free and purulent, and the patient complains of much soreness in the vagina, with or without external excoriation.

In one or two cases of obstinate gonorrheal urethritis, where the pus continued and great soreness was present, an injection of hot water, followed by a solution of calendula has rapidly cleaned up the case, after failure of the more commonly used solutions.

In suppurative otitis media the solution aids healing and cleansing, or after cleansing with simple warm water the meatus can be packed with a powder made as follows:

Tinct. Calendulae....................℥i
Sacch. lact...........................ʒi
M. and triturate to dryness and add:
Acidi boracici.......................ʒi

For the dry treatment of this condition this combination will give better results than boric acid alone.

In a recent case of double suppurative catarrh of the middle ear, after failure of Hepar and Silicea and the dry treatment as above, improvement set in at once under the internal use of Calendula 3x, continued until the discharge was almost stopped, when a return was made to Silicea on account of the great glandular enlargement, which was present on both sides; the improvement begun under Calendula continued until perfect recovery resulted.

I have been lately using this powder in a number of cases of minor surgery, simply covering the wounded surfaces with it after they were cleansed by hot water and ready for dressing; in cases of clean cut wounds, knowing to a certainty there would be healing by first intention, and in cases of laceration and loss of tissue, feeling sure granulation would come on quickly and healing take place with a minimum of suppuration.

Calendula cerate as made by our homeopathic pharmacists, has many uses, among them coverings for burns and scalds; some cases of eczema with soreness; almost a specific if used in the dry stage for herpes labialis, and promoting healing when vesicles and pustules have formed and are broken. Good for the fissured lips we so often see, covered with scabs. Any break or abrasion of the skin finds a reliable remedy in it.

In erythema of hands and face from either cold, wind or heat, it is almost a specific, either as calendula cerate or in a preparation which has given me much satisfaction:

℞
Tinct. calendulae...................ʒij
Tinct. benzoini.......................ʒj
Sp. vini rect..........................℥i
Glycerinae.............................ʒiv
Mucilago Cydonii..............q. s. Oij
M. Sig., apply locally.

This is more cleanly than the cerate and contains enough dilute glycerin to lubricate the skin and enough calendula to promote healing.

Conclusion.

In conclusion I would say I do not want to be understood as antagonizing asepsis or antisepsis, nor as belittling bacteriology or bacteriacides, but "There are more things in heaven and earth than are dreamt of in your philosophy, Horatio," and it may be possible that in our craze after germs and germicides we may be overlooking facts which are just as important and that lie nearer home, and one of these is the action of the vital force aided by proper medicinal substances. This force may and probably does act through phagocytic agencies of the blood, really natural bacteriacides, but any substance which stimulates their action will prove valuable and will aid the reparative processes, enabling the natural processes of the body to overcome any foreign poison.

Our friends of the old school are beginning to recognize the value of the marigold as shown by the frequent references to it in their later journals as a dressing for wounds.

Since writing the above I have read Dr. J. G. Gilchrist's remarks on homeopathic vulneries as quoted in the Hahnemannian Monthly News-Notes for September, page 118, et seq., in which he speaks of hypericum as having first place and calendula second and that the results were far superior to those in which the commonly used germicidal dressings were employed. His indications for calendula are "when there is a large surface to cover or cavity to be filled in, when granulation is to be promoted. Particularly have I found it useful when the discharge is laudable but scanty."

THE STUDY OF THE CASE.

BY EMMET L. SMITH, M. D., CHICAGO.

The study of the case often follows the surgical treatment, whereas it should precede all surgical measures. The study of the case limits the treatment to the part or parts affected. Thus the surgical treatment is only to be compared to the magician's touch or the tuner's key which tunes up the harp which produces discord instead of harmony. It may have been just one string that was the source of irritation, or it may have been several; but the expert musician will detect these and correct the offending tones, rather than give all the strings a twist. People are changing their ways of thinking and now are not expecting their surgeon in every instance to look like the patriarch in the advertisement. They even expect the surgeon to know or to study their ailments, just as they would expect the lawyer to do in a similar case in another court.

Diagnostic Accuracy.

The importance of an accurate diagnosis cannot be overestimated in any case, for by this method it is known what there is to cure and it also shows what cases the same treatment can be expected to cure in other similar cases. It is by accurate observation and just reasoning upon these observations that surgery can be brought to any degree of perfection. The prognosis of the disease must be known as well. The case may have cycles of disturbances and improvements. If the treatment should be applied at a time when it is natural for there to be an aggravation of that disease, such results should not be regarded as an effect of the treatment. The rule applies equally on the ascending curve of the cycle.

Etiology.

Nature has connected all parts of the body so closely and mysteriously that to study or treat one part we must know the other parts. All specialists must follow the same pathological laws. Just where the line of demarcation is located no one can decide. When we look to the nature and causes of diseases, the absurdity of all these distinctions is apparent. Thus, there is a fellow feeling between all the parts of the body. This bond of sympathy between different parts and organs increases in proportion to the number of cases examined. Experience in previous cases teaches that certain symptoms were cured by certain methods. The symptoms must be sifted as the wheat is sifted from the chaff. The treatment may have some chaff. Sift all until the symptoms as well as the treatment are limited to the actual conditions.

The study of bacteriology presents a great help in the study of the diagnosis and disease. The study of its methods shows the way in which nature protects itself through the circulation of the blood. The study of the phagocytes or the normal germicidal properties of the blood serum is not antagonistic to our present knowledge, but assists greatly in the understanding of nature's methods.

Nutritive Needs.

In order that the body may be increased in nutrition, it is necessary to study the needs of the human organism in each case. If the albumen of the body is to be increased it cannot be done by giving albuminous food alone, but there should be large quantities of fat and carbo-hydrates. If the quantity of fat in an individual is to be increased, then give a less amount of albuminous substances, with abundant non-nitrogenous diet. This would include a small quantity of fat and more carbo-hydrates. If to decrease the quantity of fat, give a very small amount of fats and carbo-hydrates with plenty of albuminous food and exercise to burn up the surplus fat.

The condition of the stomach must be looked after. Nature's laws must be enforced. Catarrhal conditions must be corrected as well as disturbances of peristalsis. The small intestines require consideration. They hold the key to the situation, as it is here where most of the absorption takes place. It is equally important that all the excretions should be studied in regard to amount, character and regularity. Pelvic symptoms should be studied in the light of the best works on anatomy, physiology and pathology. The symptoms presenting may be the result of some organic disease, and the prognosis of the case will depend upon the curability of that disease. Or, the initial symptom of some profound nervous disorder may be presented and should not be mistaken for a functional symptom.

The spinal cord is like a tree growing from the brain. When we see a tree in the forest of which one side is decayed, the trophic center of that part of the tree is dead and the leaves fall off and the branches lose their graceful movements. Likewise, when the posterior segment of the spinal cord tree has degenerated the nerves have lost their motor and sensory functions and atrophy takes place. In neither case do I know of anything that will restore life. Again, study the case and see if nature is slumbering or if the parts are really dead. Make the prognosis accordingly.

In the accumulation of facts, we must depend partly on our own observation, and partly on the testimony of others. The former source is necessarily limited in extent, but it is that in which we have the greater confidence—because from personal experience we can know what existed and what has been done, and from this the prognosis can be given with more confidence.

The coming surgeon must be able to point to the unbalanced body and after a study of the conditions say: "That is the cause of this disturbance and when that is put in normal condition the body will be in perfect harmony." Or, if the pathological conditions are such as experience and study have proved to be unyielding to any treatment, then the defeat should not be placed upon the surgical methods, but on the judgment used in the case.

Otology.

CERTAIN FORMS OF DEAFNESS AND THEIR CORRESPONDING REMEDIES.

BY ROBERT T. COOPER, A. M., M. D., LONDON, ENGLAND.

General Considerations.

That the diseases of the ear present for treatment many difficulties goes without saying, but it is equally evident that difficulties are not impossibilities, and that the former exist only to be removed. There are some points in which the ear, as a therapeutic study, posseses great stumbling-blocks to a system based upon the cure of disease by means of reliance upon the symptomatic indications. There are, as we know, many dyscrasiae which affect the general system, and which are known to influence every organ of the body, and that the ear is thus influenced follows as a matter of course. It is, nevertheless, a very remarkable fact how little the ear is differentially impressed by such powerful poisons as cancer, scurvy, syphilis, malaria, not to mention the fevers themselves. It is not that these morbid agencies that infect the general system are incapable of affecting, or fail to affect the ear, but that they leave upon the ear an influence, the peculiarity of which is not readily diagnoscible as when the same morbid tendencies are diverted to other organs.

Take, for instance, one of the commonest forms of ear affection, where deafness has been produced by a gouty tendency in the system. It would be difficult for anybody to say in what way that particular form of deafness differs from other deafness in which there is no gouty tendency present.

I do not for a moment say that there may not be appearances connected with the ear denoting a gouty disposition—all of us are aware of the contrary. What I do say is this, that the symptoms that gout produces in an ear are precisely like to the symptoms that are produced in the same organ in many other ways.

Cancer, too, when it affects the ear, may present characteristic appearances of the membranes, but its symptoms are very much like those produced by other causes; and, again, a like remark applies to secondary and tertiary syphilis. Every treatise on syphilis dwells at great length upon the way in which the throat, the nose, the skin, etc., are affected, but the amount of attention syphilographers allot to the ear, as a rule, is very little indeed.

The obvious reason is that not alone are the symptoms produced by this particular miasm upon the ear not characteristic, but it is even difficult to determine from the local appearances whether syphilis has been in operation in producing them.

If it be difficult for a disease to stamp its characteristic symptoms upon this organ, it is natural to suppose that it is equally difficult—nay, very much more so—for medicinal agents when taken into the healthy body to affect the ear in such a way as to render the disturbances thus created characteristic of any particular remedy. In treating disease we are dependent for our choice of remedies, as is well known, upon the characteristic symptoms,—that is to say, the symptoms that are characteristic of the particular remedy that we happen to be prescribing. This absence of a characteristic disturbance is one of our great difficulties in dealing with the ear.

Notwithstanding the difficulty in obtaining characteristic ear symptoms by pathogenesis alone, it is nevertheless a valuable aid; and I find that by bringing into prominence the experiences derived from a large amount of clinical observation I can single out certain groups of aural symptoms which, with fair uniformity, succumb to the administration of certain remedies, and which, if considered in groups, may be taken as characteristic of these remedies.

Calcarea Carbonica.—The first group, with its indicated remedy, that I wish to take up is met by an old friend to homeopathy, Calcarea carbonica. One form of deafness that characteristically calls for Calcarea is very obscure as far as its pathology goes. The deafness is one of child-life, and the cases that I have met have been chiefly in boys and girls from infancy to fourteen or fifteen years of age. The history is very uniform. The parents invariably describe the patient as never having heard really well. Their statement is that there has always been a certain amount of deafness present, and that they never remember the child to have heard perfectly. The history, in fact, given is that the child has been deaf since birth. These patients present nothing remarkable in their appearance. They are not always the characteristically stout and flabby children whose complaints are so well met by Calcarea; as often as not they are spare and wiry.

On examining the ear we may find that calcareous deposits exist on the tympanal membranes, but as often as not the appearances of these are normal, the naso-pharyngeal mucous membrane is in a fairly healthy state, and there is no enlargement of the tonsils, or there may be a slight amount of adenoid growth in the posterior nares. There is, in fact, a great absence of symptoms of any kind. The tuning-fork is heard fairly, and the watch at about fifteen or twenty inches on both sides. The two great points in connection with these cases are—first, the history of the case, dating, as far as the parents know, from birth, and the watch hearing not being very defective. These two features constitute with me an indication for Calcarea, and it may be my good fortune to have met none but curable cases, for at all events I have never yet been disappointed in its action.

The deafness clears away in a most magical fashion when a high dilution of Calcarea is given, often in a few weeks. Of this particular form of deafness it may be truly said its pathology is obscure, and its symptomatology does not exist.

If to these two features be added a tendency to excessive perspiration of the scalp at night and of the feet and hands by day, to general sensitiveness of the skin, to cold night sweats, and to constipation or acid diarrhea, with enlargement of the long bones or suppurative diseases of bones, we may expect that Calcarea will be all the more called for; but, as stated, these were conspicuous by their absence in the cases treated by me.

No one can be considered a successful treater of children's ailments who withholds the precious benefits of that infantile remedy, Calcarea carbonica, and it is a matter of astonishment to me to be told by homeopathic chemists that it seldom enters into the prescriptions that come to them.

As civilization advances there is a growing tendency to mal-development of the lower jaw; this is seen by the great narrowness of the anterior angle of the jaw as well as by an apparently insufficient size of the rami of the jaw itself, the consequence of which is that the jaw is not sufficiently capacious to contain the teeth while growing, without an amount of pressure upon the alveolar processes during dentition that reflects its influence on the entire nervous system. This is a most fruitful cause of nervous disease in child-life; and that brain disturbance—chorea, epilepsy, and other severe systematic derangements—are often due to it I have not the least doubt.

In rectifying imperfections of growth of the body, particularly the growth of the bones, there is probably no agent of greater usefulness than Calcarea. The deafness that accompanies enlarged tonsils, especially in light-haired children, coupled as it is very often by post-nasal growths, finds a very efficient help in Calcarea phosphorica in the 3x trituration. These cases are not unfrequently accompanied by the presence of lumbrici or of ascarides in the intestines, and frequently patients have recorded the passage of such after a few doses of Calcarea phosphorica.

I do not wish to dogmatise regarding the etiology of these post-nasal adenoids, to which so much attention has been paid since Meyer of Copenhagen drew attention to them in 1861, but to my mind there are two factors at work in their production: the first is the state of the teeth, for they appear with greatest frequency when the permanent molar teeth are coming; and secondly, a scorbutic disposition, for they certainly in my experience predominate in children who have a distaste for all kinds of vegetables. Both these causes are at work in the majority of cases, and Calcarea phosphorica, even in our third decimal trituration, probably acts as a tissue remedy; and when its beneficial action stops short, as it sometimes does in obstinate cases, the interposition of Staphisagria or of Agraphis nutans, prescribed in single doses, and in accordance with the prevailing symptoms, is attended with the most happy effects. At all events, I must protest against the indiscriminate resort to operative interference in all these cases; enlarged tonsils, post-nasal growths, and elongated uvulas are among the most easily cured chronic affections known.

Hepar Sulphur. — Turning now to another group, we find it met by our old favorite, Hepar sulphur. This definite ear trouble finds in it a most efficient remedial agent. From the time of Hahnemann to the present Hepar has not only been used, but has been esteemed a most precious agent in the treatment of purulent middle-ear catarrh; it is a remedy that I very often have prescribed, and with extremely good effect.

The power of Hepar to lessen the discharge is perhaps its least recommendation; it is in restoring the hearing that Hepar shines with such brilliancy, the indications for it being plain, simple and definite, namely, a carious condition of the tympanal cavity, with a history of scarlet fever and a most fetid discharge. Given a history of scarlet fever, a perforation of one or both membranes, a purulent discharge, and a deafness that is really pronounced, and we have a group of indications that can be proved to be reliable, and that call for Hepar.

I have not been able to satisfy myself that this deafness is really characterized by being better in a noise or not, and the amount of tinnitus present is, as a rule, not great. Of course Hepar proves successful in the treatment of aural furunculi and other more recent affections; it is in the above-described pronounced and more advanced condition that I wish to draw attention to its proved utility.

Magnesia Carbonica.—Another group is met by one of our old remedies. Its ear maladies contrast in every way with Calcarea; the bulk of the Calcarea cases are to be met with before fourteen years of age, and belong to both sexes; but Magnesia is applicable to all ages, and principally, if by no means solely, to the female sex.

Magnesia carbonica exerts its spell over sensitive, broken-down women, especially those who have lived a hard life and have had to struggle with the difficulties of life unaided by, or suddenly deprived of, their natural supporters; I have found the poor women workers from the east end of London derive especial benefit from it. The symptoms that call for it are a sense of numbness in various parts, a feeling of nerve prostration, and a sensitiveness to the least start, such as touching the body suddenly, loud noises, etc. A history of mental shock or severe nervous strain, and shocks from drowning or by lightning specially suggest it, as well as a pronounced tendency to constipation. The ear symptoms it meets are a considerable amount of deafness that has come suddenly, that has from time to time varied remarkably, and in which there is much numbness of the outer ear, a sense of distension in the middle ear, and a dullness, not always easily discernible, in the receptive powers of the brain. The patient seems rather dazed, and to be slow in replying and slow in calling to mind past events. Then there is sometimes a good deal of subdued tinnitus, a tendency to toothache and headache at the catamenial epoch, and severe dysmenorrhea, with or without a lessened power to hear the tuning-fork.

In fact, I do not hesitate to say that, as an alleviator of pain Magnesia carbonica in high dilutions is as much undervalued as Magnesia phosphorica is over valued. If any one doubts the efficacy of a high dilution he has only to watch the way in which the constipation of neurasthenic suffering ceases under its use. Magnesia carbonica indications are full and sufficient, those of Magnesia phosphorica scanty and not always reliable. The deafness of Magnesia carbonica, though great in degree, is not deep-seated; it is not due to inflammatory changes, involving stiffening and thickening of the ear structures, but is rather a neuro-paralytic affection. It is this purely nervous deafness that sometimes succumbs to electricity, and which has led to an over-estimation of various forms of electricity as remedial in deaf cases.

Magnesia phosphorica enjoys with Magnesia carbonica a power over constipation due to inertia of the bowels in rheumatic subjects greater than it has hitherto been accredited with, and in sleeplessness due to indigestion and flatulence it often acts most satisfactorily. The persistent nervous depression of young girls I have seen succumb to it.

A sense of distension as well as of numbness calls for Magnesia carbonica. In a case now under treatment the 200th has removed a feeling of distension in both the head and chest in a woman of forty-five, who has suffered much from grief and worry, and in whom there was present more of a catarrhal tendency than I usually associate with Magnesia's action.

The symptom found in Hahnemann's Chronic Diseases, "two wisdom-teeth made their appearance," is very interesting, for I have found Magnesia carbonica particularly useful when the wisdom-teeth are by reason of interstitial pressure causing deafness. This is a point upon which I wish to express myself guardedly, as the change effected may not at all be due to the remedy, seeing that the source of disturbance is liable to shift without any extraneous aid. My statement in favor of its utility is, however, dependent upon a large number of cases, and the matter has been before my mind for some eighteen years.

Ferrum Picricum.—Among the undoubtedly valuable addenda to our remedies in ear cases stands prominently forward Ferrum picricum. The very mention of it calls to mind so many allied remedies, notably Hydrastis canadensis, Sanguinaria canadensis, and Calendula officinalis, that I feel uncertain whether its consideration might not better be deferred to another occasion. But there is one feature in the action of Ferrum picricum that renders the mention of it almost a necessity. This is its power to complete the action of other remedies. For example, I had under me a case of catarrho-vascular deafness that had been going on some fifteen years, in which Calendula acted with the most charming effect, the impairment of hearing disappearing in every way satisfactorily, but in which the symptoms kept returning more or less frequently. The patient kept coming to me for his favorite remedy, and both he and I felt very disheartened at his hearing not keeping right. I then bethought myself of Ferrum picricum, which I gave in the 3rd decimo, and the hearing at once improved, and has, I have every reason to think, remained perfectly good these five or six years.

The symptom that calls specially for Ferrum picricum is the falling off of an organ's function under exertion; the voice falls off after speaking in public. Parenthetically I must be allowed to state, however, that the Calendula case just referred to was treated by repeated doses, and not by a single dose of the drug, and that it is exceptional to get such a very good result in old ear cases from repeated doses of any drug.

Picric acid is also a very useful remedy in ear cases, and its great utility undoubtedly is in the treatment of nervous deafness where there are singing noises that come on when the patient is fatigued by unusual exertion, while with Ferrum picricum the functions of the organ drop off during ordinary work; the basic pathological change that characterizes Ferrum picricum cases is diffused vasculitis, and where symptoms pointing to the liver or to any other of the solid viscera are present; whereas Picric acid cases are those of nervous deafness, the patients being neurasthenic and not the subjects of diagnoscible involvement of other organs. As an aggravation from Picric acid we get a queer sensation as if in overpowering air, with a weak feeling and a noisiness of the entire head, after which the limbs and eyelids twitch, the head and the jaw feel stiff, and the throat feels dry. Picric acid suits the blonde better than the dark-haired; Ferrum picricum confines its benefits to the dark-haired alone.

In old Indian officers who are full-blooded, with very sensitive livers and yellow conjunctivas and where there is irritability of the rectum or prostate gland, giving rise in the former case to too frequent evacuations, and in the latter to constipation, the Ferrum picricum acts with telling power; the more plethoric the patient and the more sensitive his organs the more necessary it is to give the Ferrum picricum in high dilutions, and care must be taken that its aggravations do not deter us from giving it a fair trial. Ferrum picricum often aggravates, gving rise to giddiness and disturbance of the brain circulation, with pain in the back of the head and inability to walk; also restless sleep and most unpleasant dreams, often of an erotic nature; pain in the right side of the neck extending to the back of the neck and down the right arm is characteristic: such symptoms call for temporary discontinuance, and not for cessation of the remedy.

In diseases of the heart the Ferrum picricum acts with great power, the special indication for it being a great weight and sense of heaviness in the chest, sometimes as if a lot of iron nails had been eaten, as one patient expressed it, with intermission of the pulse, or an irritability of the heart that shows itself on exertion, with indigestion and a foul tongue. Dark-haired, bilious-looking patients with skin discolored as if from bile, especially patients subject to xanthelasma palpebrarum and yellowish discoloration of the eyelids, or even dark circles round the eyes, are especially suitable, should their other symptoms correspond, for Ferrum picricum.

I have pointed out its special applicability to epithelial growths, to corns and warts. Such alterations call for it especially if of yellowish discoloration, or if the parts surrounding them are similarly discolored and if the patients are dark-haired. At one time I myself was in the habit of taking pretty frequently five or more drop doses of Ferrum picricum (one to fifty solution), and during this time not only did some small corns on the soles of my feet disappear, but the ordinary cuticular thickening on the outer flexures of the little toes, that had lasted within memory and had been looked upon as a normal condition, disappeared, and has not returned for some ten or twelve years. This sentence was hardly written when a gentleman of from sixty to seventy years of age and very deaf, and who had been prescribed for by me some two or three years, volunteered the statement that he had, since coming under me, lost a more than usually large and painful crop of corns that used to reappear almost as fast as he got them away, and that gave him at times excruciating distress: and this result, there is every reason to believe, short of absolute proof, was in consequence of his having taken prescriptions from me of Ferrum picricum.

I may appear to trespass from my legitimate specialty, but the action of Ferrum picricum is too interesting and far too valuable to allow of my omitting some symptoms that may be found as concomitants in any ear case. Such as are, for instance, the urethral and the vesical symptoms; I have noticed, as produced in a woman taking it, heat and burning all along the urethra, and in another it caused to disappear an irritation which existed similarly all along the urethral track.

The deafness that comes on in women before the monthly period, and is noticeable only at these times, calls for Ferrum picricum; and if the deafness is accompanied by a crackling in the ears and an abnormally low- pitched voice, it is all the more indicated; while an abnormally high-pitched voice, owing to blocked Eustachian tube, calls for Hydrastis canadensis, and one normally pitched, caeteris paribus, indicates Aloes. The menstrual symptoms that are met by it are pain, sickness and chilliness at the commencement of the illness, and backache with ringing in the ears, and a sense of constant tiredness and depression of spirits, with a weakness that seems to go to the tips of the fingers. The constipation produced by it is generally accompanied by thirst.

Kali Hydriodicum.

Kali Hydriodicum. The next group of ear cases comes under the sway of Kali hydriodicum. I have been taken to task more than once for recommending Kali hydriodicum, used in high dilution, for noises in the ears; it is said that it does not produce them. My answer to this is that I have been led to use it entirely by finding its dilutions to produce tinnitus in patients who were taking it. The character of the tinnitus that Kali hydriodicum produces is very varied, but that form that I myself imagine to be typical of it is expressed better by the French word agacement than by any word I know of. A patient taking the thirtieth, and in whom a silent deafness was present, complained to me that while under its influence, taking it thrice daily, a noise as of a saw working its way through stone distressed him. It disappeared immediately he left it off, to reappear on two or three occasions on resuming it. This I consider eminently characteristic—a form of tinnitus that is evidently due to a sensitive condition of the periosteum of the alveolar sockets, and which renders the dental nerve sensitive; hence this grating noise, even in the absence of impressions from without.

Periostitis, with or without pyorrhea alveolaris, is one of the commonest accompaniments, and is, I believe, the initial lesion in many cases of chronic ear disease. That it may give rise to silent as well as noisy forms of deafness is reasonable, and that Kali hydriodicum is an inestimable remedy for this pathological condition, used in the thirtieth dilution, I have often and often found. Of this there can be no reasonable doubt, and that in the improvement of the initial lesion the accompanying symptoms disperse is, to say the least, a well-attested supposition.

Among the other characteristics of Kali hydriodicum which stand out with pronounced and individual significance are, besides this grating, a hissing, singing, or buzzing with sharp shrill sounds, in contrast with the throbbing, pulsating noises that are synchronous with the pulse. But the chief characteristic is not so much the character of the noises as the fact of their being made worse by a combination of different causes. For example, a cold dry north-east wind, a damp condition of the air, and a sense of fatigue, or of worry or of excitement, will all contribute to increase the distress in the same patient. So that a combination of conditions causing aggravation, no one of which is in prominence, constitutes a key-note for its administration. There is sometimes felt a dull headache with stabbings inside the head, sometimes going from one ear to the other, and in children there is a decided meningitic tendency; the least movement increases the pain, and the child bursts out into a perspiration when crying, and every part of the body seems tender. He dislikes being touched, and is peevish. In children the sound of ringing bells is a frequent symptom, and calls for Kali hydriodicum, while the pulsating tinnitus is met by Belladonna.

This diffused tenderness, whether in child or in adult, whether confined to one organ or affecting the whole body, is characteristic of Kali hydriodicum, a special key-note being tenderness of the hepatic region, with or without sick headache after a railway journey or after any fatigue. Brushing the teeth or firing off a gun gives rise to earache or to tinnitus, and this too characterizes Kali hydriodicum. Great retraction of the gums or falling out of the teeth also calls for it, and I also incline to believe that we have in it a remedy for a very obstinate form of deafness which is always greatly increased during the act of mastication.

The deafness of Kali hydriodicum, however, is not nearly so pronounced as that of Quinine, but, except for this, in its high dilution the action of Kali hydriodicum approaches much more nearly to Quinine than one would suppose. For instance, a patient taking Kali hydriodicum 30, told me it produced a sense of astringency—a "sour cramp," as she expressed it—in the lower jaw, as if she had been eating alum, and a difficulty of mastication, as if the jaw were partially locked, exactly like what she had experienced whenever she takes Quinine, only with Quinine the whole head is affected and much deafness is felt, which is not at all the case with Kali hydriodicum.

I have among my notes this extract: "S. W. Rutledge took 30 grains of Kali hydriodicum. In two hours tingling, pricking sensation, with violent sneezing in paroxysms; would sneeze four or five times every ten minutes; nostrils alternately occluded—first the right, then the left. Great heat in the nasal sinuses. Discharge from the anterior nares very acrid, with excoriation. Excruciating pain in maxilla and teeth; great stiffness and immobility of the jaw. At 7 or 8 o'clock p. m. great difficulty in respiration. 'The heart seemed unequal to the task of circulating the blood;' pulse heavy, slow, irregular. Difficulty in going upstairs. Crackling in the right ear when attempting to swallow. About 2 a. m. sounds as of rain falling on the roof, 'and,' he says, 'I insisted it was raining;' sounds as of a river sweeping by; faint sensation in the stomach; headache in the back of the head and pain in the lumbar region."

Here, then, is as clear and definite a proof as can be desired that Kali hydriodicum does produce noises in the head. In this proving its action on the lower jaw is very interesting, and confirms the testimony of my lady patient, "great stiffness and immobility of the jaw." The crackling of the right ear without deafness is also noteworthy, while the pain across the back of the head is an almost invariable symptom in inflammatory disturbance of the cells of the mastoid process and adjoining bone.

A key-note to the selection of Kali hydriodicum is 'much ear symptom without deafness." This keynote deafness must be an indirect symptom, and the possibility of its occurrence as a pure drug effect is by no means satisfactorily proven. Probably deafness, as above stated, can be produced and can be cured by Kali hydriodicum, but this much ear symptom without deafness finds beautiful illustration in the case of a well-known American colleague who came to consult me in June, 1893, suffering from attacks of giddiness, together with most distressing and constant noises in the head, but without deafness. The noises went on all day and worried him beyond measure. For two years he had suffered in this way, and as his age was sixty-nine and the symptoms had taken a firm hold upon him, my expectation of being able to cure him was not very great. This is the note I took:

"Constant buzzing tinnitus, worse in the left ear, off and on for two years; came on with giddiness and constant eructations with flatulence, of which he has had two or three extremely bad attacks; the tinnitus is aggravated after sleeping and excitement." Our friend had had all kinds of advice and of medicine, but nothing had touched his complaint. The case struck me as a very bad one, and I told him plainly there was only one hope, and this was to let the indicated remedy expend itself in the system. For this purpose I gave a dose of Kali hydriodicum 30, and asked him to let me know at the end of six weeks or so how he was getting on, and particularly cautioned him against expecting any result before the termination of this interval. In the meantime he went back to the States, and after three months sent me the following testimony: "You may remember," he writes, September 12th, 1893, "that I consulted you on June 6th for 'tinnitus aurium," giddiness, etc. You gave me one dose on the tongue with the request that I should report at the end of six weeks or two months. I have to apologize for having waited three months before letting you know the result. * * * For a month after I saw you there was no perceptible change, but at the end of six weeks there was marked improvement, and at the expiration of two months it had entirely disappeared and has thus far not returned. For this relief I feel most grateful, and beg to tender you my most sincere thanks."

On coming to thank me, as his daughter did later on, she told me that their household, from being a pattern of domestic happiness and comfort, had been rendered miserable by the wretched, unrestful and fidgety state into which her father had drifted, and from which there did not seem to be a possibility of release. It was therefore, she said, extremely gratifying to discover a treatment that had so marvelously benefited him.

Headaches, with buzzing in the head that come on when lying down, find their remedy in high dilutions of this drug, as well as when the noises begin after rising in the morning. These settled miseries cannot get well at once, and the frequent repetition of remedies which have for their object the direct cure of the disease is worse than useless. When mere palliation is sought for, repetition may be enjoined, and may, in fact, possibly be commended; but palliation is not the object of homeopathy, and the constant seeking after it is certainly destructive to the best interests of scientific medicine. In one respect I have had great gain from resorting to palliation in the treatment of ear disease. This is particularly so with Kali hydriodicum, the high dilutions of which, the 30th and 200th, undoubtedly exert a palliative action upon painfully sensitive ears, very much like that accredited to Kali bromidum in material doses in other affections. For example, persons living in the midst of noisy surroundings or amidst machinery, and who suffer from their ears being weak and sensitive to all shrill sounds, derive the greatest comfort from frequently repeated doses of Kali hydriodicum 200, and a like effect is exercised by the same dilution of Kali bromidum. I cannot explain why this should be so; I simply record the fact.

Unsatisfactory from a second remedy having been given, but of immense practical import, is the case of a watchmaker, aged thirty-three, a dark-haired, plethoric man, who consulted me in January of this year for deafness, which had gone on for five or six years in spite of treatment at two special ear hospitals, and had been rapidly getting worse the last twelve months, together with a constant hissing tinnitus, both of which symptoms are worse in damp, heavy weather, and improve when the air is bright and clear. Hearing is best in a noise. Beyond that he dreams a good deal at night (from the noises?). Inquiry elicits no other symptom or family tendency to account for it. The right tympanal membrane over malleus handle is suffused; otherwise both membranes are anemic and thickened. Prescribed Calendula officinalis 0 A., and in three days to begin with Kali hydriodicum 30, two pilules, thrice daily.

In a fortnight he reported his ears felt clearer the same evening, and that he had gone on improving so much that he had heard every word three days back in the same theater where, before coming to me, the performance had been completely shut out from him.

The W. Hrg. had gone up from 2½ in R. and 3 in L. to 7 in R. and 8 in L. In this case improvement set in much sooner than is usual in vascular deafness.

To follow up this case. About two months after above report was taken I found this man again deaf, and at once suspected something wrong. He had in error gone on with the Kali hydriodicum. This of course I stopped, and a fortnight after found him hearing conversation perfectly. The repetition of the Kali hydriodicum 30 had been keeping him back!

* * * * * * *

I have given a summary of the actions of the most important homeopathic remedies upon certain obstinate affections of the ear. These remedies are selected remedies, and the diseases of the ear for which they are recommended are but varieties of a large class of aural affections. They are, in fact, nothing more than interesting selections.

Science, humanity, the cause of truth, the cause of all that is just and good, require us not to rest contented here, not to stay our hand. The obstinate and universally diffused gradually developing deafness—those cases which go under the term of stiffening and thickening of the mucous membrane of Toynbee, the proliferous catarrh of Roosa, or, as I have described them, the vascular deafness—present an obstinacy and rebelliousness that in spite of pathology cannot be allowed to sink into the slough of despond by those who profess to advocate a system for the better treatment of disease.

Fact after fact conspires to make me believe that these cases are not hopeless, however obstinate and tedious their treatment may be; and if I hesitate to enter upon such a subject on such an occasion as the present, it is because it would require for its elucidation a more lengthy handling than could reasonably be asked for, or than I imagine would be desired. Suffice it to say that remedies must be allowed to act in nature's way in the system; the single dose must be permitted to exhaust itself before a second is administered, and this especially so of our plant remedies, or else chronic deafness will ever remain a bugbear and a stumbling-block to him who endeavors to cure it.

Dr. J. H. Allen, late of Valparaiso, Indiana, has located in Chicago. He will give special attention to skin and venereal diseases. The Medical Century extends a cordial welcome to Dr. Allen.

Dr. W. A. Boyd has moved his place of residence from Rockford, Illinois, to Bloomington, same state.

Associations.

NEW YORK STATE HOMEOPATHIC MEDICAL SOCIETY.

REPORTED BY H. W. HOYT, M. D., ROCHESTER, N. Y.

The 45th semi-annual meeting of the New York State Homeopathic Medical Society was held in Rochester, September 22 and 23. It was a successful meeting in that the attendance was good and the character of the papers high. The three sessions on the 22d were held in the elegant assembly room of the Chamber of Commerce and one session on the 24th was held at the Homeopathic Hospital.

Between the morning and afternoon sessions a characteristic lunch of Teall's was served as a compliment of the Monroe County Society, at which about 150 physicians and wives enjoyed a social hour.

Besides the routine business of the society several important matters were brought forward. Dr. Moffatt offered a resolution to the effect that medical witnesses acting as experts ought to be chosen by the court and not by the lawyers on either side. The court ought to be furnished with a list of physicians who are competent to act as experts in the various branches and by calling on such men justice and science would appear to better advantage before a jury. A committee was appointed to report on the question.

It was moved by Dr. Porter and carried that a committee of seven from the leading centers of the state be appointed to advise in the formation of a State Legislative League of Homeopathic Physicians and friendly laity to assist in forwarding good medical legislation.

In connection with the report of the progress made in building the hospital for the insane at Collins and procured by the wise legislative management of Dr. J. M. Lee, of this city, the following resolutions were introduced by Dr. Couch and unanimously adopted:

Resolved, That for the inestimable services as chairman of the committee on legislation the thanks of this convention are due and hereby tendered to Dr. J. M. Lee, of Rochester, and

Resolved, That it is the earnest sentiment and request of the society that Dr. Lee be continued in the position for which, from results obtained, he has proven himself pre-eminently adapted and qualified.

Building operations are progressing rapidly at the site of the above institution, and by May 1, 1897, patients will be received.

The various bureaus vied in trying to excel each other in their supply of material. So many were present to read their papers that the customary long list to be read by title was very small. The one criticism on the scientific portion of the meeting was that there was not time for discussion of the papers, which in most instances was very much regretted.

Program.

The following is the program as presented and a few of the papers are given in very brief outline:

Tuesday Morning, 10 o'clock.

Prayer............Rev. J. W. A. Stewart, D. D.
Opening Remarks........................
.........President Edwin H. Wolcott, M. D.
Minutes of the last meeting.
Report of the Board of Censors.
Report of the Necrologist...W. S. Garnsey, M. D.
Bureau of Neurology........W. M. Butler, M. D.
Bureau of Laryngology and Rhinology.......
......................J. B. Garrison, M. D.
Bureau of Materia Medica....G. G. Shelton, M. D.

Tuesday afternoon, 2:30 o'clock.

Bureau of Public Health....C. R. Sumner, M. D.
Bureau of Gynecology..DeWitt G. Wilcox, M. D.
Bureau of Surgery.............E. G. Cox, M. D.
Report of the Legislative Committee.........
..........................J. M. Lee, M. D.
Report of Committee on Hahnemann Statue..
.......................A. R. Wright, M. D.

Tuesday Evening, 8:30 o'clock.

Bureau of Clinical Medicine....H. W. Hoyt, M. D.
Bureau of Ophthalmology and Otology......
........................E. J. Bissell, M. D.
Unfinished Bureaus.

Wednesday Morning, 10 o'clock.

Bureau of Obstetrics......L. L. Danforth, M. D.
Bureau of Pedology........W. S. Garnsey, M. D.
Executive Session of the Western New York Society.

Geo. R. Stearns, M. D., President.

Neurosis Indirectly Caused by Complete Removal of the Prepuce.

Dr. J. T. O'Connor cited several cases of serious reflex troubles in adults caused by complete circumcision in infancy. The emphasis was laid on the word complete; whereby so much tissue was removed that severe pain and reflex neurosis resulted when the organ was enlarged. No objection was brought to the operation of circumcision, when properly done, but enough prepuce should be left to allow for tension when the penis is engorged with blood.

Friends (?) of the Insane was both a serious and amusing paper by Dr. M. G. Allen of the Middleton Hospital. He said that wise friends were very useful in helping the patient to recovery, but most friends are unwise and better kept entirely away from the patient in a large majority of cases.

Multiple Neuritis.

Under this title Dr. P. Wyckoff Neefus said: Of the various varieties the degenerative form is by far the most serious. Extensive atrophy is the result and is responsible for the prolonged disability.

Seek diligently for the cause; it is by its removal that you add materially to your glory and the well-being of the sufferer.

Many cases have been reported as caused by arsenic, mercury, lead and alcohol. From these poisons, not immediately but seemingly after the striking symptoms have subsided, do we get the influence upon the nervous system. Where alcohol is the known cause it must be emphatically interdicted. A very small allowance will prolong your embarrassment and the patient's suffering indefinitely.

Symptoms found in diabetics, numbness, pricking pains, hyperesthesia and muscular weakness, may lead you away from the true state of affairs, therefore, the necessity for an examination of the urine.

A mixed nerve is affected, hence we find sensory and motor symptoms. Should your patient be able to walk, the feet will be dragged and the gait ataxic. Still further is found wrist drop and foot drop by the greater amount of weakness of the extensors of the hands, and flexors of the feet. The knee jerk will be lost early. Anesthesia will in time appear and atrophy be made very manifest. The sphincters will be unaffected unless spinal cord lesions complicate the case. Do not mistake multiple neuritis for lesions of the spinal cord. The history when properly understood will always help to a clear view of the case.

Rest is the first necessity in treatment. No electricity or massage during acute stage. Hot baths are of value. Arsenic, mercury and strychnia sulphur 2x, the latter every six hours, are always to be thought of. It is important to avoid contracture, so the limbs must be kept down if possible.

Adenoid Inflammations of the Naso-Pharnyx.

Dr. W. S. Pearsall described in detail the pathology of these troubles with the various methods of treatment. He was a conservative, advising in a large majority of cases the persistent use of remedies. He thought too much operating was done and very many chronic ear and throat troubles resulted from the common practice of removal by instruments.

Emphyema of the Antrum was treated by Dr. Geo. M. Haywood. He seemed to favor opening by means of the socket of an extracted tooth. Several cases were cited with favorable results. Dr. E. P. Swift in discussion told of a case where he, a general practitioner, treated a case by finding the nasal opening into the antrum and cleansing thereby, with a perfect cure.

The Middle Turbinated Body was the subject of a brief paper by Dr. Fred. D. Lewis, who explained how the hypertrophy of this body interfered with the welfare of man. Many reflexes, as asthma, headache, hay fever, supposed ocular disturbance, etc., were due to too large turbinates. Relief is easily secured by the cautery or knife and much can be done with remedies.

The Ulcerated Stage of Typhoid Fever.—Dr. W. W. Van Baun of Philadelphia read a very exhaustive paper on this subject, giving the pathology and post-mortem findings in many cases. He had photographs of a few cases showing the ulcerative lesions in the intestine.

The Present Scientific Status of the Roentgen Radiation was treated in two papers by Prof. H. E. Lawrence of the University of Rochester and Dr. Park Lewis of Buffalo. Prof. Lawrence gave the history of the discovery of the X rays in detail, so that all could appreciate the wonderful phenomenon that is just in its infancy of usefulness. No apparatus was available at the place of meeting so that the demonstration had to be dispensed with. Dr. Lewis spoke more from the physician's standpoint and what the rays had done in medicine. Both papers were finished productions and very highly appreciated.

Lycopus in Exophthalmic Goitre.—This paper by Dr. Geo. R. Stearns, was a clinical report of several cases of exophthalmic goitre, which would not respond to other remedies, but were very satisfactorily handled with Lycopus.

Heat Prostration Treated at the Flower Hospital: Mortality about 3 per cent.—Dr. E. D. Rudderow was interne at the Flower Hospital during the hot term last summer, and his descriptions of the methods of treatment at that time were very interesting. The patients were taken into the coolest rooms in the basement and sprayed with a fine and forcible stream of water about 70 degrees till the temperature was within safety. If it went up again the process was repeated. In most of the cases the temperature ranged from 107 degrees to 112 degrees. They had to obtain special thermometers on account of the extreme degree of fever. Remedies were given to keep the heart steady. The fatal cases were either those who were really moribund on being admitted or alcoholics.

Urinary Intoxication was the theme of a paper by Dr. H. W. Hoyt. He gave a brief review of the section on urine and uremia in the recent work of Dr. Ch. Bouchard entitled Auto-Intoxication in Disease.

A cheap and easy way of producing formic aldehyde for disinfecting purposes was explained by Dr. J. W. Candee of Syracuse. The penetrating power of this gas is truly wonderful, going through and disinfecting material under mattresses and many thicknesses of quilts. It is thought to be the coming germicide for use after contagious diseases, as it will not injure fabrics or ornaments in a room and is much more powerful than sulphur.

Sanitation of Drinking Water.—This furnished a fertile topic for Prof. Chas. W. Dodge of the University of Rochester. It is the duty of every city to provide the purest water possible and to do this the source of supply must be very carefully chosen and guarded. Over 200 species of bacteria are found in drinking water, but fortunately only few of them are dangerous to health. Filtration will do much to remove them and prolonged boiling is a sure way of destroying them. Much can be done by either deepening the bottom of the supplying source or causing the water to flow over shallow, exposed places to destroy the germs. It is possible that organisms of some sort may be cultivated which will act as the natural enemies of the dangerous bacteria and be a benefit rather than a menace to the users of the water.

Some Abdominal Sections.

Dr. Snow reported twenty-five abdominal sections, consisting of umbilical hernia (2); ventral fixation of uterus (4); removed of ovaries and tubes (11); removal of uterus and appendages (8). Each case made a good recovery. The conclusions drawn from the paper were:

1st. That little advantage is obtained from the removal of one ovary, as Tait teaches, when one is removed the other should be taken, thus saving annoyance and danger of a second operation.

2d. That each operation should be thorough and all diseased tissue removed. For this purpose the consent of the patient should be obtained, before the operation, to do whatever is necessary.

3d. That when both ovaries are removed it is better in most cases to remove the uterus at the same time if the condition of the patient will allow it. That hernia following removal of uterus may be due to too early coitus.

4th. That in removal of the uterus through the abdominal wall great advantage is derived from an incision through the vagina in addition.

5th. That in estimating the benefit derived from operation it is necessary to allow sufficient time to elapse for the patient to regain her strength.

How Much Should be Done at One Operation.—This paper, by Dr. S. F. Wilcox, advocated, in case of laceration of the cervix with rectocele and cystocele, two operations where the patient can give the time. He prefers to first do the cervix with silver wire, and by leaving the balance of the operation till another time more room is left by which the wire is easily removed. He had had better results than when using other forms of suture and performing the complete operation at once.

Heart Clot and Pulmonary Embolism.

Dr. Lee read a paper entitled Heart-Clot and Pulmonary Embolism, which reported eight deaths from the above causes. He did not believe that the cadaveric clot, or those fibrinous formations which sometimes develop in the heart during the closing hours of life and present no cardiac symptoms, should be regarded as a cause of death, even though they be chiefly composed of pure fibrin. All of the cases of cardiac thrombosis reported were those in which more or less characteristic heart symptoms appeared during life, and the post-mortem failed to reveal any other cause of death. Dangerous symptoms developed in part of the cases after they were declared to be convalescent, and several times the clots appeared in women who had had operations performed for the relief of fibroid tumors. In one of these the woman was convalescent from an abdominal hysterectomy. She had had no unpleasant symptoms of any description until the morning of the thirteenth day of her illness, when she was suddenly seized with dyspnea, cyanosis and great oppression of breathing. Although Dr. Sumner, her family physician, and the author of the paper were almost instantly by her side, and did all they could to relieve her, she died half an hour from the inception of the attack. Pathologist Hoyt of the hospital made a careful post-mortem examination and discovered pulmonary embolism as the cause of death.

Another case of this kind resulted from a pistol-shot wound of the phalangeo-metatarsal joint of the great toe. A Martin's bandage was applied about the leg and the bullet extracted. The rubber bandage was then removed and in a few moments the patient ceased to breathe. Although all known means were applied to resuscitate him, they were unsuccessful. The post-mortem showed the pulmonary artery to be completely plugged and distended with clots. The vessel itself appeared to be normal until we reached a point near its bifurcation, where two ancient thrombi developed. Of course these were not sufficient to completely occlude the artery, and it was apparent from their tough, fibrinous character that they were of several days' development. It is likely that the sepsis from the wound was a factor in the formation of the thrombi; then when Martin's bandage was placed about the leg, there was enforced stasis of the large veins, and as a result fresh clots formed. When the bandage was removed, they were immediately carried by the venous current to the inferior vena cava, thence through the right side of the heart, and so on to the partially obstructed bifurcation of the pulmonary artery, which they completely plugged for about an inch and a half, and caused instant death by cutting off the supply of blood to the lungs, or, in fact, arrested the circulation.

Dr. Lee stated in his conclusions, that it was his best judgment that a large percentage of the deaths ascribed to secondary shock are really due to heart-clot or pulmonary embolism. He was also of the opinion that many deaths which occur upon the operating table, during the administration of chloroform or ether, are by no means always due to these agents, but frequently to pre-existing thrombotic obstruction to the action of the heart or the plugging of the pulmonary artery.

Interscapulo-Thoracic Amputation. — Dr. Wm. H. Bishop had a very unique and interesting operation to describe. He gave the history of this operation up to date, finding only 25 per cent mortality. In his own case he had a prepared specimen of the amputated parts. There was a malignant growth involving the humerus and shoulder so that he removed the scapula and two-thirds of the clavicle with the arm. The result so far has been very favorable; the operation is a very feasible one in such cases.

Colotomy.—In a paper by Dr. Newton M. Collins entitled Colotomy he reviewed the history of the operation, showed its increase in favor and decrease in mortality. He compared it with extirpation by the old method and Kraske's operation, and gave indications for the various forms of colotomy, also the technique of the same.

He made a plea for early operation and said that when one considers the relief from intense suffering and the new lease of life it affords, one will not advise patients against it or some of the surgical means for relief in cancer or obstruction in the rectum or colon. He showed that an artificial anus in the left groin, when guarded by a well fitting pad in form of a truss, is not very objectionable and that one need not feel insecure except during looseness of the bowels. He finished by reporting some interesting cases in which he had operated both early and late. One showed the necessity of a guarded prognosis as to length of life in cancer of rectum in the young, say forty years or younger, and another the slow growth and great relief afforded in old people.

Caesarian Section.—This paper by Dr. Marcuria Sherman-Ricker gave a history of this operation in a very interesting manner. She had had three cases, two fatal, the last successful. The last case was taken to the Homeopathic Hospital and the technique of the operation was given in detail.

Iodized Phenol in Gynecological Practice.—Dr. E. E. Snyder of Binghamton reported a number of cases which would not yield to the curette and other treatment, but recovered nicely under this remedy. He uses it in a glycerine solution and by the local application to the interior of the uterus has seen chronic inflammation and polypoid growths disappear promptly.

Ophthalmology.—One of the most interesting papers in the Bureau of Ophthalmology was by Dr. Leigh Yerkes Baker of Washington, on "Aphakia for High Degree of Myopic." Dr. Baker is one of the few American oculists who has performed this operation. The result in the case he reported was highly satisfactory. The doctor outlined its sphere of usefulness and showed that it is applicable to only a very limited number of myopic patients.

Otology.—Dr. E. J. Bissell of Rochester read a practical paper on "Some Essentials in Aural Work for the General Practitioner." The doctor emphasized the importance of examining the ears of patients complaining of ear symptoms. Too many doctors are still telling their patients they will "grow out of it," or are ordering the syringe used in every case complaining of ear trouble.

He showed that ear diseases in their incipiency are quite readily arrested, but that when they have been neglected for a long time all therapeutic work is very unsatisfactory, as regards restoring the hearing.

BOSTON HOMEOPATHIC MEDICAL SOCIETY.

REPORTED BY H. O. SPALDING, BOSTON.

The Boston Homeopathic Medical Society began its winter meetings on Thursday evening, Oct. 8. After the business session, at which Carroll C. Burpee, M. D., and Charles E. Montague, M. D., were elected to membership, Dr. W. J. Winn presented four pathological specimens. They were four uteri which had been removed the preceding day at his clinic in the Homeopathic Hospital. All these operations were vaginal and each uterus had been cut in halves from the os to the fundus, and removed in two parts. Dr. Winn gave a short history of each case.

The meeting was then devoted to the Section of Electro-Therapeutics, F. L Emerson, M. D., chairman. Dr. Frank C. Richardson was the first speaker. He spoke entertainingly on the "Reaction of Degeneration: Its Significance and Method of Obtaining." At the outset the galvanic and faradic currents and their peculiar reactions on muscles and nerves were briefly discussed. This was followed by the demonstration, on healthy muscle, of the reaction of the galvanic current. Dr. Richardson dwelt strongly upon this method as a means of early diagnosis in cases of degeneration of muscle. As a portal bichloride of silver battery furnishes enough power for the work; it is an aid to diagnosis within the reach of the general practitioner.

Dr. E. P. Colby being unable to be present, his paper, the report of a case, was read by Dr. Richardson. It was a paper well fitted to follow Dr. Richardson's talk, as it was a case of wasting and paralysis of the right lower extremity. A remarkable point was that the boy had been paralyzed for 12 years before coming under treatment by Dr. Colby, but in 10 months the reaction of degeneration had disappeared. The writer urged the fact that the treatment must be continued regularly and faithfully if any good is to result.

Dr. Mary L. Swain presented an excellent paper on "The Effect of the Franklinic Current upon the Circulation of the Blood." She spoke of the methods of demonstration and gave several cases.

She was followed by Dr. Lucy Appleton, who had for her subject "The Value of Electricity to the General Practitioner." In her paper she cited several cases where it had been of great benefit. The knowledge and judgment of the effects of electricity were shown to be of great importance to the general practitioner.

A most interesting feature of the evening was the demonstration of the "Tesla Coil" by Mr. F. F. Strong. With this coil a current of something like a million volts, but of almost infinitesimal amperage can be obtained. Its value in medicine is still problematical, but it is known that it can "be taken" by a patient almost without his knowledge, the only sensation being that of warmth; and by it the combustion of waste in the body is greatly augmented.

Hering Medical College opened its course on Monday, October 5, with the regular programme of work for the coming season in its new home. Hering has now one of the most complete of college buildings and its class is equal to any that has ever entered its halls. With its own building and its connection with the Chicago Baptist Hospital it is better prepared to give a complete medical education than ever before.

A case of umbilical urinary fistula is reported (Quarterly Monthly Journal) in the case of a boy aged seven; since birth the bulk of his urine had dribbled through the umbilicus. Voluntary micturition occurred at the ordinary intervals, when as much urine escaped by the fistula as along the natural passage. The ordinary umbilical configuration was replaced by a single transverse slit. The surrounding skin was puckered into folds radiating outward for about one inch from the opening, perfectly natural and healthy. The prepuce and urethra were normal in size. There was no history of urinary trouble; examination showed that any cause of obstruction was entirely absent. An incision was made completely encircling the puckered skin, and this was dissected upward toward the opening. A stout director was passed through this toward the bladder, and a silk ligature tied round beneath the little flap of free skin to prevent any outflow of urine. The skin incision was prolonged downward for about one and one-half inches in the middle line toward the pubes, and the duct, as identified by the director in it, was freed from surrounding parts for one and three-quarter inches. A second ligature was applied, the director being withdrawn slowly while it was being tightened up, thus occluding the duct. The free portion above the ligature was cut off. The cut end was thoroughly cleansed, inverted and closed by a continuous silk suture, and the stump allowed to retract. The after process of the case was satisfactory. A catheter was used the first four days, after which micturition occurred painlessly and unaided.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - EDITOR
WILSON A. SMITH, M. D., EDITOR PRO TEM.

New York and Chicago, October 15, 1896.

Editorial.

THE HOMEOPATHIC MEDICAL SOCIETY OF CHICAGO.

The first meeting of this society held at the close of the holiday season was one of the best initiatory sessions ever held by any medical society in this city when numbers are taken into consideration. And it is not in considering numbers alone that its excellent character is thought of, for the papers were good, especially the one prepared by Dr. Sheldon Leavitt upon the "Use of the Forceps." This was an elaborate paper. The minutiae were entered into and instead of being a theoretical paper it was thoroughly practical.

Dr. Leavitt's paper was illustrated by the aid of a manikin, and the little points which make a successful obstetrician were presented in such a manner that not a single practitioner but felt repaid for all the time that he spent in going to the meeting.

Dr. Adams' paper, while a good one, was not up to the high standard that Dr. Leavitt had made for his preparation. Dr. Adams' paper consisted mainly of a recital of operations which had been bunglingly done or that never ought to have been done. We hoped that Dr. Adams would have presented some reasons for his opposition to so much operating. It appears to us that in this rapid age where things are required to be done in a day that formerly took weeks we are dropping into great speed in surgery, and that before a chance is given for remedies to act an operation is suggested. In the olden times we did our best to cure with the drugs that were apparently indicated, but in these days we first unsex the woman and then try to patch up the wreck with medicines.

Dr. Adams promised in the near future to give another paper, when no doubt he will present his reasons for opposing the too free use of the knife. And here comes up a question: Do we teach materia medica with the same force it was taught by the old teachers? When one watches the young men, who have but recently left their alma maters, rushing into the operating arena and ruthlessly removing the ovaries and uterus and all else that makes a woman a woman, without trying to cure her by medicine, one is compelled to admit that somewhere there is something lacking in that man's education, and wonders if it is not in the materia medica chair.

In regard to numbers there were between three and four hundred present and it speaks well for the future of the society. Dr. J. P. Cobb was elected secretary by a unanimous vote, in place of Dr. E. L. Smith, who resigned. Dr. Cobb will make a good secretary, for he is one of those hard workers who does all things well. What the society needs now is a good discussion of the papers and it will grow, but if discussions are not brought out it will not be long until the society will not be worth much. We do not think that it is a good plan to have one to open the discussion by notice on the cards. The one who is to do that ought to be notified privately and the plan originated by Dr. Weirick carried on. In that way it will be the best medical society in Chicago.

MEDICAL EXAMINING BOARDS.

The Medical Century has stood almost alone in its honest opposition to the Czar-like attitudes which the state boards of health have taken upon themselves in the position which they occupy towards medical colleges and all else connected with medical education. It has not been an opponent to those bodies when they have kept the place which they were created to occupy and attended to the sanitary duties by looking after the health of the citizens of the state. It is pleased to know that other journals are beginning to realize the evils that may come in allowing either ignorant or ambitious men to usurp a power which they have no legal right to hold, and it welcomes among the few that stand with it in its position the Hahnemannian Monthly.

In an editorial appearing in that journal October, 1896, is the following:

"The time has passed when any criticism of the medical examination fad was sure to be regarded as antagonism to higher medical education. Our position is well known. We want the highest possible standard, but we wish it to be a growth, and out of the colleges, not unjustly and inconsiderately impressed from without. We therefore urge a united and determined stand against the illegal and illogical encroachments of medical councils and medical boards of health not only upon the chartered rights of our colleges, but upon the liberties of individuals. Let our state societies now begin to have anti-legislation bureaus—of legislation we have had enough."

This vigorous protest is the result of the last document issued by the Medical Council of the

State of Pennsylvania. It declares that it matters not if the applicant can pass the examination in medicine which said board requires, it will issue no license to practice unless the applicant also presents with his application documentary proof that he is the possessor of a diploma of a college, an academy, seminary, high school or normal school, or a certificate that he had been a teacher, or that he had the requisite knowledge to teach, or a certificate of examination to the freshman class in a college. The board might have gone a little further in our estimation and required a candidate to be the master of German, French and one other language. It might have gone a little further and demanded that students who have a desire to enter the study of medicine shall be the possessor of a certificate of admission to the senior class of the University of Chicago, Yale, Harvard or some equally reputable institution. It might have issued a still further demand that only those would be permitted to enter the halls of the medical colleges who know everything about everything upon earth, with a complete education covering every known science, and then its work would be complete.

It is nothing more than the Century has believed all along would be the outcome of the over-legislation with which the medical profession has been cursed. The only reason that it is not all done at once is that it helps to keep the board before the people by its issuing supplemental requirements and gives the members a chance to spend public money.

Boards of health have duties to perform. Instead of laying down rules for medical colleges they could devote some of their time to investigating the new remedies that are offered to the profession for the cure of diseases; they could issue to the people full directions as to how to take care of their homes and make them models of sanitary habitations; they might, if they knew their business, educate the people in the different ways of disposing of the discharges from sick people. If they had the good of the people at heart they would look after the water supply of the public schools of the state as well as to the condition of the buildings where the little ones are compelled to live during their school lives.

THE AUTOCRAT OF THE SICK ROOM.

Chicago is advertisedly as full of colleges as a cocoanut is full of meat and about equally as full of training schools for nurses, every college having its hospital and nurse training complement. Yet in the face of so much effort toward flooding the market with nurses a thoroughly competent caretaker of the sick is hard to find. There are hundreds of young women graduates from our institutions and not one in each hundred who had any right to be graduated from any training school as a fit person to care for the sick. Only rarely do we meet with a nurse who understands what is meant by antiseptic scrubbing and cleaning, and rarer yet are those who can antiseptically clean and scrub. Most uncommon are nurses who are light of foot, deft of touch, skillful in all the routine work of the sick chamber, and almost unknown are those who add to such qualities intelligence and judgment. It must be at once admitted that the primary fault lies not wholly with the training schools but in large part with the material with which the institutions have to work. This is not of the best order always, nor often. Refinement and intelligence are too often subordinate to strength and robustness in the attributes of those who undertake the delicate work of tending invalids. While on the other hand, if refinement and intelligence constitute a part of the armamentarium of the nurse an impervious autocracy is also apt to enshield her so that life in the same block becomes a burden.

That the young person who assumes duties in the sick room also, and promptly, assumes charge of the entire household is a fact whose etiology is obscure, but it is one of the many stumbling blocks to the physician who is expected to harmonize discordant elements and prevent any friction from the household finding a way into his patient's room. This peculiar upliftedness when taken in connection with the usual incompetency of the nurse is not an agreeable adjunct to the disease in question and it is regrettable that its instillation seems to be a large part of the curriculum of training schools.

If a half hour each day in these institutions might be given over to a lecture on "How to be Unassuming," some good might follow the experiment; and if nurses were taught how to bathe patients without leaving them in a fine encasement of soap, and how to feed them per oram instead of per nose and neck and bedclothes, and how to make themselves more adaptably useful according to circumstances, instead of limiting their entire scope to the temperature three times a day and nothing else unless told to, why doctors would be a great deal happier and, we dare say, less explosive in their manner of speech.

The Eclectic Medical Journal in reviewing Martin's Manual of Nervous Diseases says, among other things: "The text is explained by thirty-nine illustrations, and is well indexed. It is arranged like the quiz-compends, in questions and answers and merely an outline of the diseases considered. It is a work of facts stripped of all elaborations. As a book of reference it will be a convenient and ready aid in diagnosis. Like all other new works of merit it is worth all it costs." We are glad to learn of the high esteem in which this work is held by our friends of the eclectic school.

Editor's Table.

GENERAL NEWS-NOTES AND COMMENTS.

Dr. Abbie G. Hinckley has removed to 174 West 58th street.

Dr. Charles R. Treat, of Sharon, Wis., was a visitor in Chicago lately.

Dr. Frank H. Honberger has removed to 3808 Indiana Avenue, Chicago.

Dr. H. G. Pyle has located in Springfield, Illinois, having left Champaign, for that purpose.

Dr. M. E. Burgess of this city has recently got into new quarters at 194 Oakwood boulevard.

Dr. G. F. Lazarus, formerly of Allentown, Pennsylvania, has moved to Brooklyn, New York.

Dr. F. W. Seward, of "Interpines," Goshen, spent August in New Mexico and Colorado.

Drs. Geo. A. Shepard and Chas. H. Helfrich, returned from Europe together on September 15th.

Dr. William H. Shaw, formerly of Portland, Maine, has recently moved to Winchendon, Mass.

Dr. T. A. Cheal has returned to this city from Hammond, Wisconsin, where he spent the summer.

Dr. S. B. Hoskins has gone back to Iowa City, Iowa, to enter upon his winter's work at the University.

Dr. F. F. Carpenter, Hahnemann of Chicago, 1894, has removed from Berwyn, Illinois, to Newark, New Jersey.

Dr. W. C. Cross, formerly of Niagara Falls, N. Y., has left that city and taken up his residence in Robertsville, O.

Dr. Emmet L. Smith of this city is the pleased and proud possessor of a bran-new nine-pound boy, a very recent arrival.

Dr. Harriett S. Taylor has moved to this city from Springfield, Ill., and is now located at 194 Oakwood Boulevard.

Dr. C. F. Stough, late resident physician and surgeon of the Cook County Hospital, has located at 3034 Michigan avenue.

Dr. C. L. Hawley has changed his place of residence from Joliet, Illinois, to this city. Dr. Hawley is at 6557 Wentworth Ave.

Dr. S. G. Tucker has returned from Honolulu, where he has been practicing medicine for some time, and located at Oakland, Cal.

Dr. J. M. Chaffee was rusticating in Chicago the first part of this month. He reports everything lively in his home in Kentland, Ind.

Dr. J. B. Wheelock has recently changed his place of residence in Minneapolis, being now located at 28 Hawthorn Terrace, that city.

Dr. W. J. Harris, of St. Louis, has recently changed his office and residence from 3107 Morgan Street to 3514 Lucas Avenue, that city.

Homeopathy is very firmly established in Baltimore. The city has over sixty-five homeopathic physicians, all of whom are very capable men and women.

Dr. Frederick A. Faust has just returned to his practice in Poughkeepsie, N. Y., after having a busy six months across the water in review work at the Berlin hospitals.

Dr. Susan J. Fenton has gone to Europe for an extended course of study. She graduated from the Hahnemann Hospital College of San Francisco several years ago with high honors.

Dr. G. W. I. Brown was in the city in attendance upon the Grand Lodge of Masons during its recent session. Dr. Brown has kept Dixon, Ill., people in good health for these many years.

Dr. J. H. Wilson, surgeon for the Big Four Railroad at Bellefontaine, Ohio, recently attended the annual meeting of the American Academy of Railway Surgeons, held at the Auditorium.

Dr. Curtis M. Beebe has returned from New Mexico where he went for his health some time ago. He is much improved, in fact, is as well as ever. His friends will be glad to learn of his recovery.

Dr. Theodore Nielsen, who has been practicing medicine in Withee, Wis., the past eighteen months, has returned to his old field in this city and has hung his shingle to the breeze at 389 West Chicago Avenue.

Dr. F. E. Boericke, of Philadelphia, the head of the house of Boericke & Tafel, made a business trip to Chicago early in October. The Century is always glad to shake hands with Dr. Boericke when he is here.

Prof. Wesley A. Dunn spent a couple of weeks enjoying piscatorial pleasure among the "banks and braes" of beautiful Wisconsin the latter part of September and came home with the usual number of fish stories.

Dr. Stephen H. Knight, of the Medical Counsellor, has requested physicians to forward him their experience in diphtheria. He desires to compare the results obtained with the results that the believers in anti-toxin have secured.

Dr. W. A. Dewey has removed to Ann Arbor, Mich., and settled into harness there for the winter's work. Besides his duties at the university he will devote much time to the preparation and completion of mss. already under way.

The National Medical College held its sixth annual opening exercises at the college building on Monday evening, September 28. A large number of friends were present to listen to the addresses and to welcome the incoming students.

Prof. A. C. Crofton, professor of bacteriology in Hahnemann Medical College, has just returned from a six months' course of study in Vienna, full of the latest advancements in this branch of medicine, and has located at 3035 Indiana Avenue.

Dr. Benjamin T. Roberts has been appointed lecturer on Physiology in the Chicago Homeopathic Medical College. Dr. Roberts is located in Morgan Park, having succeeded to the practice of Dr. Wilson A. Smith when the latter moved to the city.

During the recent reunion of the Grand Army of the Republic in St. Paul Dr. Chester G. Higbee pitched tents in his yard and entertained many of his old comrades in arms. Dr. Higbee was surgeon in charge of the Homeopathic Medical Corps during the encampment.

Halsey Brothers have placed with Matkin Brothers, corner of 43d and Berkeley Avenue, a full line of their preparations. This will be a great convenience to the physicians of Hyde Park and Woodlawn, as it will enable them to get these goods without going to the business center.

The Massachusetts Homeopathic Medical Society held its fifty-fifth semi-annual meeting at Horticultural Hall, Worcester, Massachusetts, Wednesday, October 14th. An unusually promising program was put before the assemblage, full details of which will appear in our next number.

Dr. Fisher, of the Medical Century, after a very grave and threatening two weeks, with a temperature of 104 degrees, exaggerated mentality and pronounced typhoid crepitus, entered upon his third week with a change for the better and his physicians now hope for a much milder attack than was at first anticipated.

Mr. A. E. Frankland, one of Halsey's popular traveling men, was married October 15th to Miss Belle Summerfield, at the bride's home in Little Rock, Ark. Mr. Frankland has traveled so long that he is pretty well known to nearly all the homeopathic physicians in the middle states and they will be glad to extend to him their best wishes, as does the Medical Century.

Dr. E. Senn entertained Prof. Wm. McEwan, of Glasgow, Scotland, one of the most famous surgeons of Great Britain, on Monday evening, last. Among those present were Doctors Andrews, Fenger, Owens, Etheridge, Belfield, Ferguson, Steele, Hamilton, Miller, O. W. Reynolds, Jas. Lydston, E. J. Senn, also Doctors Pilcher, of Buffalo, and Hartsuff, U. S. A., and Dr. Cole, of Helena, Mont.

"Did Fisher have a good time on his little outing?" "Yes, Indeed. I only saw him for a minute, and had no time to ask any questions, but could see that the skin was peeling off from his nose, his neck was so sore from sunburns that he could not wear a collar, his hands were blistered so that he could hardly use them, and he complained that he had rowed the boat until his arms were so lame that he couldn't hold a pen. Oh, he must have had a magnificent time, and I understand he got three or four fish, too. —Chicago Post.

The following invitation has been received at this office: Mr. and Mrs. H. S. Summerfield invite you to witness the marriage ceremony of their daughter Belle to Mr. A. E. Frankland, Thursday evening, October fifteenth, at eight o'clock, at No. 703 West Fifth street, Little Rock, Arkansas. At home after October eighteenth, The Arizona, 4200 Lake Avenue, Chicago. Congratulations are extended. Mr. Frankland is well known to our readers through the newsy letters which appear in the Century's columns over his signature.

The next issue of the Medical Century will be a special number devoted to the feeding of typhoid fever patients. Just before Dr. Fisher was taken sick he sent letters to a large number of practitioners requesting them to give their experiences and mode of feeding these sufferers. In answer to his request we have received enough replies to warrant the issue of a number given over exclusively to this important subject. The great necessity of knowing what to feed, and when to feed, these patients is realized by every physician who treats one of these cases. We take pleasure in expressing our gratitude to those who have so kindly furnished the articles that will make the coming number of such practical value.

Dr. Adam Given died at his home in Louisville early in September. For thirty years Dr. Given was a leading physician in that southern city and it was mainly through his efforts that the Southwestern College was made a success. He will be missed by a large number of friends and especially by a great concourse of patients to whom he administered for so long. The south has lately lost quite a number of its prominent homeopathic physicians but none who will be more missed than Dr. Adam Given. He was one of God's noblemen; an earnest, devoted student who gave his life to his profession. The sympathies of the profession will go out to the loved ones he has left behind. The annual opening of the Southwestern College was in the nature of a memorial meeting in his honor.

The state Homeopathic Medical Society of Pennsylvania held a most successful meeting in Philadelphia last month. About 150 physicians were present, quite a number attending from other states. At one of the morning sessions Dr. Pemberton Dudley read a paper entitled "Some Sanitary Needs of Pennsylvania," much of which received emphatic endorsement in the discussion which followed. Dr. A. P. Bowie read an interesting paper on the "Importance of Mental Symptoms in the Selection of the Remedy for the Sick." Other papers were read by Drs. E. H. Wolcott, E. R. Snader, B. W. James and A. W. Bailey. At an afternoon session Dr. B. W. James read a paper entitled "Remedies Proven for the Homeopathic Materia Medica Now in Use in the Old and New Schools of Practice," in which he ran down some flagrant plagiarisms in allopathy. Dr. Chas. Mohr, Registrar of Hahnemann Medical College, Philadelphia, delivered an address detailing a series of experiments conducted by the Pharmacological Society of the Hahnemann Medical College. Other papers of merit were also presented at the various sessions. In the evening an elegant banquet at the Hotel Walton was extended the visiting physicians by the Philadelphians, the guests being welcomed by the Reception Committee of the Homeopathic Medical Society of Philadelphia. The toasts and other festivities of the occasion were brought to a conclusion by the recitation of a Centennial Ode to Hahnemann, by the author, Dr. Wm. Tod Helmuth. The Philadelphia physicians are to be congratulated upon the eclat which distinguished the event.

NEW YORK NEWS-NOTES.

Dr. Lawrence M. Stanton has removed to 132 West 58th street.

Dr. Northway-Meyer has removed to 171 East 78th street.

Dr. A. W. Palmer is now occupying the house he recently purchased at 138 West 81st street.

Dr. Elizabeth Jarrett removed on October 1st to "The Sherman," 159 West 48th street.

Smith's Homeopathic Pharmacy has opened a branch at 343 Columbus ave., above 76th street.

Dr. Northway-Meyer has been appointed Demonstrator of Anatomy at the New York Homeopathic Medical College.

Dr. H. Worthington Paige had an interesting Japanese story, "Hari-kari," published in the Evening World of October 1st and 2d.

Dr. Alton G. Warner, of 194 Schermerhorn street, Brooklyn, announces that he will hereafter devote his attention solely to diseases of the eye and ear.

Dr. Sinclair K. Royle, a graduate of the N. Y. University Medical College, and previously a practitioner of the old school, has applied for membership in the Homeopathic County Society.

The new Homeopathic Medical Hospital was formally dedicated on Tuesday afternoon, October 6th, with impressive exercises. An extended account of the event will be given in the next issue.

The Executive committee of the Alumni Association of the N. Y. Homeopathic Medical College met on October 6th at the office of Dr. C. S. Macy. Dr. Greenleaf of Owego, President of the association, attended the meeting.

Drs. Geo. W. Roberts, A. B. Norton and E. H. Porter attended the recent meeting of the Pennsylvania State Homeopathic Society. Dr. W. R. King, of Washington, stopped at the meeting on his way home from the meeting of electricians here.

Among the physicians who found rest and recuperation in the woods in Canada, were Drs. Malcolm Leal, L. L. Danforth, and Sidney F. Wilcox, of New York. Drs. J. M. Schley and S. H. Vehslage tried the New Hampshire hills.

Dr. F. H. Barnes, of the N. Y. Homeopathic Medical College, '96, is now associated with Dr. J. J. Kindred in the conduct of the Stamford Home, an institution for mental and nervous diseases at Stamford, Conn. Dr. Barnes sustains the homeopathic department of the institution.

The National Society of Electro-Therapeutists held its fourth annual meeting at Berkeley Lyceum on September 29th and 30th. Three well attended sessions were held. Although non-sectarian, the homeopathic element largely predominated. Prominent in the discussions were President A. B. Norton, M. D.; Secretary F. M. Frazer, M. D.; Wm. Harvey King, M. D., of New York; Drs. F. A. Gardner, Wm. R. King, and Edgar Janney, of Washington. A number of well known electricians participated in the debates.

Dr. A. R. Morgan of Waterbury, Conn., formerly of this city, sustained a serious accident on September 26th last. While driving with his wife he was forced to turn suddenly across the trolley track by an approaching vehicle. A car was within a few feet, coming from behind, and it struck the rear of the carriage. Horse and carriage were overturned, and Dr. and Mrs. Morgan thrown out. Dr. Morgan's left clavicle and several ribs were fractured and it is feared that a lung was penetrated. Mrs. Morgan, it is thought, also fractured some ribs.

FOREIGN NEWS-NOTES AND ITEMS.

From the 20th to the 26th of September there were 722 deaths in Paris.

Dr. Paul Helot, late surgeon-in-chief to the Maternity Hospital of Rouen, died last month as the result of an accident.

Giovanni Urbanetti, an Italian physician of ability, who has been dead about a year, translated Grauvogl's Lehrbuch into Italian, but the translation was never published on account of the expense and the unpromising outlook for a market.

Lisle will have the International Hygienic Exposition to meet in March and April of next year. The exposition will be in charge of the municipal authorities, who have already placed the Rameau Palace at the disposition of the committee on organization.

An English physician, Dr. R. W. Barrow, of 3 Whiteladies Road, Clifton, has recently advertised a warning to his colleagues against one Dr. Muller purporting to be of San Francisco. Dr. Muller is said to be possessed of a striking appearance, overbearing manners and, according to himself, of great wealth. Dr. Barrow, without being more explicit, earnestly warns his fellow practitioners to beware of him.

Dr. Oskar Hansen, Copenhagen, has put out a little pamphlet of carefully collected statistics on mercury with the indications for the homeopathic treatment of syphilis and local venereal diseases. It is a reprint from the Allgemeine Homeopathische Zeitung, and it deals discriminatively with the various preparations and compounds of mercury in venereal diseases, the individualities and sphere of each.

Sir Joseph Lister, the this year's president of the British Association, took for the theme of his presidential address, "The Independence of Science and the Healing Art." Sir Joseph has been of late years rather severely criticized for his credulity toward medical novelties, but in his address he eschewed his critics and swept his audience into enthusiasm over each and every one of recent scientific and medical discoveries. Alack the day! there are so many of them that even a Lister must be exercised to remember their names.

M. Leon Dumas makes "the disease of great cities" the subject of his recent attention in la Revue de Belgique. The celebrated author considers that city life is diseased life, neurasthenic, abominable. The poisoned air, the lack of oxygen, the befogged light are potent factors in the disease-process. Shut out from the beneficence of the sun our red blood corpuscles attenuate. We are anemic. It is a fashionable idea, anemia. Confined to limited spaces the eye and ear grow enfeebled. Metropolitans are blunted in sight and hearing; the sense of smell is weak; touch, on the other hand, exaggeratedly acute. The physical deterioration reacts upon the mental, the psychic, the moral. We are not energetic; we are not broad; we are not unselfish. We are degenerates! Let's hie us to the country!

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Practice of Medicine.

NO ROUTINE DIET ADVISABLE.

BY F. H. ORME, M. D., ATLANTA, GA.

The diet, like the medical treatment of the typhoid fever patient, should be regulated by the peculiarity and varying condition of each case. Hobby treatment is inaccurate treatment.

Water and Milk. — Water is the most essential thing, and as the buccal and other secretions are generally diminished, and as there is a continual loss of water, nurses should be directed to give frequently small quantities of this most refreshing fluid, without waiting for an expression of desire on the part of the patient, who is often indifferent.

It is worse than indiscreet to try to compensate entirely with nutriment for the water in a fever, especially in the earlier stages, although something may be done to reduce it. Later on the system seems to appropriate suitable aliment to better advantage.

Milk is by all odds the best and most important article of food in these cases. The warnings seen in some of the journals as to the accumulation of casein in the intestines have not altered my opinion in this matter. I have never seen any of these exceptional cases and should not be appalled by them if they should occur. Certain valuable parts of the nutrient qualities of the milk have at least been assimilated, and the capacity of the bowels for retaining undigested or effete matter without harm is surprising. A trustworthy gentleman informed me that he had gone twenty-eight days during a typhoid fever without a movement of his bowels, at the end of which time he had a natural action without artificial assistance.

Broths and Solids. — The meat extracts or fresh broths come in well also, as do likewise many valuable prepared foods; usually, with me, in alternation with the milk, at intervals of two or three hours between portions.

I have had many mild cases do well by adding a snowflake cracker, or something of similar character, not oftener than four hours; but as a general thing solid food, especially anything containing hard particles, should be avoided—certainly until well advanced in convalescence.

Dr. ——, who in his enthusiasm, wished it put on his tombstone that "He fed fevers," may, like the author of that horrid solecism in medicine, "heroic medication," have caused the loss of many valuable lives. Feeding must of course be attended to in protracted fevers, but extreme caution in diet, as in medicine, should be the rule, for patients will bear abstinence from food, if they have water, better than is generally supposed—while one act of imprudence in feeding may be fatal.

Drinks.—Many refreshing drinks, according to the taste of the patient—ginger ale, for example—are allowable and serviceable, for refreshment is of exceeding importance at times. In advanced stages milk punch is often useful, and I am quite sure that lives have often been saved that otherwise would have perished—as, for example, in conditions of subsultus—by a rather free use of small doses, frequently repeated, of alcohol stimulants.

DIET IN TYPHOID FEVER.

BY ROBERT N. TOOKER, M. D., CHICAGO.

Importance.—I am inclined to place the question of diet in typhoid fever above that of therapeutics. I do not mean by this that the selection of the drug is unimportant or immaterial. My experience, however, has taught me that a patient suffering from this disease may go radically wrong at any moment in his progress toward recovery if a mistake is made in his eating or drinking.

The question of diet during the early stages of the disease is not so complicated nor so difficult of solution as it often becomes during the stage of convalescence. In the majority of cases the diet during the acute stage will be milk in some form, sweet milk, buttermilk or koumiss. Cases in which the bowels are in good or fair condition should take fresh milk undiluted. If there is much emaciation ordinary dairy milk may be properly reinforced in its fatty element by the addition of cream. If the bowels are constipated the addition of a suitable portion of Mellin's food will be advisable; or if preferred, Miekin's malted milk may be used. But if the bowels are loose the milk should be given clear and preferably hot. It should be clearly understood that the addition of any cereal food dilutes the milk without adding anything of consequence to its nutritive qualities.

No malt preparation of any kind should be given to a typhoid patient with loose bowels.

Besides milk typhoids may have mutton-broth thickened with barley, or freshly made beef tea. All of the commercial beef extracts are an abomination. In cases where there is great irritability of the stomach, or when the digestive power is greatly impaired, the expressed juice of a round of beef is an admirable nutrient. A pound of juicy beef, with all the fat removed, should be ground by the butcher or chopped very fine, and after being placed over a quick fire, just long enough to heat it through—say half a minute—it should be run through a strong lemon squeezer until all the juice is expressed. A good piece of meat should yield from an ounce and one-half to two ounces of clear juice. This may be seasoned and given in quantities according to the needs of the patient. It is much more nutritive than beef tea and infinitely better than any of the beef extracts. It may be given at any stage of the disease.

In Convalescence. — It is during convalescence however, that the greatest care and skill must be exercised in feeding typhoid patients. Every one has heard of typhoid convalescents who were nearly starved, or thought they were, by their conservative physicians and who saved themselves from impending death by a surreptitious visit to the larder, where mince pies, doughnuts, etc., were freely partaken of, to the benefit of the patient and the humiliation of the doctor. The majority of convalescents who have thus evaded the doctor's directions do not tell of it. They generally die and make no sign. The isolated instances where indiscretion has not been disastrous are too few to prove a rule save by exception. The greatest care in eating must be exercised until recovery is full and complete.

During the period of convalescence quantity is of more consequence than quality. The meals may be frequent if small amounts of food are partaken of. Indeed, I think the secret of feeding successfully on a weak stomach is embodied in the aphorism, "little and often." Nothing in dietetics is so dangerous as surfeit. Where appetite is nearly lost I have found lemon gelatin a welcome fillip. Albuminized water (dissolved white of egg) is sometimes better than nothing. All freshly made meat broths are usually well borne, but I have come to regard chicken broth as illy adapted to typhoid patients.

Perhaps my experience has been unique, but some years ago I had several patients who had relapses after eating chicken broths or chicken in some form. I talked to a number of physicians about the matter and found that several of them had had the same experience. Since that time I have scratched chicken from the diet list.

Stimulants.—A word now about stimulants: I seriously question their utility in any stage of typhoid fever. If they are ever admissible it is during convalescence, and then some old imported wine is far better than any home product. California wines are too crude, too rank, too new, and contain too much high wines for any stomach to take without injury. The better wines are claret or Burgundy, but best of all is the Hungarian Tokay imported by Lorenz Reich of New York. There is no question in my mind that Reich's "Tokayer Auschbruch" is superior to any other wine to be had in this country for the invalid recovering from severe illness. Even this should be taken in moderate quantities and according to the doctor's instructions, like any other medicine.

If I have not taken up more than my due share of the Century's space, let me tell its readers how to cook an egg for the invalid in a way to make it most tasteful and most digestible. It is well known that the yolk of an egg may be boiled much longer than the white without impairing its digestibility. The more the white of the egg is cooked (boiled) the harder it is to digest, but prolonged boiling does not affect the digestibility of the yolk. Indeed, it promotes it. Now, there is a very simple way of boiling an egg so that the yolk shall be hard or at least stiff, while the white is left fluid. This is accomplished by immersing the egg in boiling water, and then removing the pan or kettle from the fire so that the water shall cool slowly. The egg may be left in the hot water from fifteen minutes to half an hour and when served the yolk will be solid, while the albuminous portion will be only partly boiled.

TYPES AND APPETITES.

BY O. W. CARLSON, M. D., MILWAUKEE, WIS.

Should I be compelled in a few words to state the diet of typhoid fever patients, per se, the word that would stand out boldly would be milk—sweet milk, sour milk, hot milk, cold milk, sterilized milk, pasteurized milk, malted milk, condensed milk, buttermilk, milk punch with all the variations, matzoon and koumiss. But in considering the subject at length one must be governed by a long train of circumstances, the environment of the patient, habits of the patient in health; even the nationality of the patient must be considered in directing the diet of the sick.

There is no arbitrary rule that can be laid down in feeding patients sick with typhoid fever or any other disease. During the early stages and during the height of the fever they usually take but little nourishment. It is during the convalescent period when the appetite begins to return that the question of diet requires our special attention.

The Sailor. — Go with me, Doctor, down to Jones Island, and we will visit Capt. Olson, who sails a fishing schooner on the lake and is just recovering from a severe attack of the fever. The question uppermost in his mind and that of his good wife is what to eat. He says: "Doctor, can I have filbunke or sill and potatoes?" This is evidence to me that his normal appetite is returning, for these articles of diet are very near to a Scandinavian's heart when he is in full health, and while we shall not let him have a full meal, we will caution his wife to feed him sparingly of the articles he desires.

The Dutchman. — Now let us go over the viaduct to Teutonia street, where we will visit Fred Leahammer. His wife tells me that he has rested well and this morning asked for a small glass of beer, and for dinner he wants sauerkraut and wienerwurst. This may not sound well as a diet for a typhoid fever patient, but when we consider that these are the things that a Dutchman loves best when he is well, there is no reason, with careful judgment, why he should not be indulged in a small degree when he is recovering.

The Irishman. — Now we will take a turn down near the docks on Detroit street, where Pat Corcoran is just recovering. His wife tells me that she gave him for breakfast a little gruel and "a bit of biled petaty with butter and salt on it," and after giving instructions to her to be careful and not overfeed him, and that she had better give him a soft piece of toast and a glass of milk for his dinner, Pat turns over and with longing eyes says: "Doctor, would it harm me if I should take a small bit of whiskey?" And this puts me in mind of another friend of mine, Tim Kearney, alderman from the third, who said to his wife when he was getting better, "Bridghut, if the Docther comes and prescribes whishkey, and I won't take it, you make me take it, Bridghut."

Miss Knickerbocker.—Let's turn up this street and go to Summit avenue on Prospect Hill, the most aristocratic part of the city. We will stop here and enter this brown stone mansion where we are met at the door by a colored butler. After waiting a few minutes and removing our coat and hat we are ushered into the elegant apartment of the young lady of the house, a girl about twenty years of age, who is just recovering from typhoid fever. The house is fragrant with the scent of American beauties; the trained nurse is present, with her cap and stripes, and all the appointments of the sick chamber are everything that wealth can command. What does this little patient want? Her first request of the doctor is: "Do you think it would hurt me if I should have a little ice cream or lemon ice and a piece of angel food cake?" As it is my habit never to say "No" to my patients, I answer: "To be sure you can. I will speak to the nurse about it and see that you have it soon." My arrangements afterward can be made with the nurse about the quantity.

It is readily seen that the varied diet in these patients is governed by the circumstances surrounding them and their habits when they are well. We could not exchange the diet of Fred Leahammer for that of Miss Knickerbocker on Prospect Hill or vice versa. Therefore it appears to the writer that the diet of typhoid fever patients must be governed by the mode of life and the surroundings of the patient, and controlled by the judgment and advice of the attending physician.

NATURE THE GUIDE IN FEEDING PATIENTS.

BY O. S. RUNNELS, M. D., INDIANAPOLIS, INDIANA.

Individualization.—I used to be a great advocate of enforced feeding in typhoid fever. I insisted upon the regular dose of milk—25 per cent water—every two hours, so that the aggregate amount would be two quarts in twenty-four hours. But in later years I have not made hard and fast rules upon the subject. I have found it is best to individualize my patients, and that positive harm can be done in cramming the stomach under some conditions. I have learned to respect the behests of nature and I have found that my success has been better all around. I now believe it to be cruel to inflict food upon a system that repels it with loathing.

I have finally learned that nature is the premier physician and that the M. D. is the deuxieme or adjuvant physician. It is his business, therefore, to inquire diligently what help nature requires to effect the cure and to furnish it only upon demand. If food can be taken without protest, i. e., with a relish, I advise it; otherwise not. I permit, however, only such nutriment as can be disposed of by stomach digestion and that will leave as small a residue to pass on as excrement as possible. All solid foods, therefore, even to milk toast, are countermanded. Nor will I allow solid food until the normal temperature has been established in convalescence for at least two days.

Nutritious Foods.—Diluted milk, peptonized or not, according to need, koumiss, buttermilk, whey, matzoon, or malted milk I consider the best nutriments during the progress of the disease. Grape-juice, non-salicylated, serves as a delicious drink if diluted. Care must be taken during convalescence that all seedy food, such as berries, grapes and tomatoes, and all skins and cores should be ruled out. And I am persuaded that this care should extend over a space of at least four weeks after convalescence begins, or until all the diseased patches have become well and thoroughly healed.

FEEDING IN TYPHOID FEVER.

BY D. H. BECKWITH, M. D., CLEVELAND, OHIO.

In all cases I secure, if possible, pure spring water and have the patient take from four to eight glasses daily. If spring water can not be obtained, filtered or boiled water is used in less quantities, the water used hot or cold, as the patient desires.

Milk of good quality is given to the patient once in three or four hours, warm or cool, but never iced. In the night I often use Horlick's malted milk, as it may be more convenient to administer and is preferred by some patients to cow's milk. This diet in many cases is continued until the patient is convalescent. If diarrhea should take place flour, boiled from four to six hours, is grated into the milk in the proportion of a tablespoonful of the flour to a glass of milk.

Patients often tire of one kind of food, and if so Imperial Granum, cooked for one hour, is given alternately with the milk. Rice, well cooked, farina or strained oatmeal is often substituted.

A patient now under treatment refuses to take any of the above food on account of the nausea produced, and so he has been given corn meal, cooked for four hours, and this has been his diet for the past ten days.

When convalescence has taken place great care should be exercised; the food should be taken in moderate quantities and of such kind as may be easily digested. Two teaspoonfuls of good whiskey to a glass of milk—eggnog—juice of beef pressed from choice lean parts can be given hot or cold as the taste requires, custard, bread well toasted, cooked codfish, lamb chops, beef rare cooked, baked apples—the above articles of food cover in the main the food for typhoid patients during the period of disease as well as convalescence. For over forty years I have never permitted a patient to suffer for the lack of nourishment in typhoid fever, unless some organic disease accompanied the fever, but I have seen scores of relapses and many deaths from overfeeding convalescent patients in typhoid fever.

HOW I FEED PATIENTS IN TYPHOID FEVER.

BY T. GRISWOLD COMSTOCK, M. D., PH. D., ST. LOUIS.

On the tombstone of the celebrated Dr. Graves of Dublin, author of A Practice of Medicine, is inscribed the following epitaph: "He fed fevers." Dr. Graves was so impressed with the results of his practice that before his death he requested that the above simple inscription should be his only epitaph. Before his time the aphorism, "Feed a cold and starve a fever" went for the saying, and such was the orthodox practice of the old school. This was false doctrine, and the opposite is true: viz., feed a fever and starve a cold—that is, feed with moderation a typhoid fever.

At the commencement of an attack of typhoid fever it is my usual practice to leave the patient alone as regards diet for two or three days, giving him little or no food unless he asks for it. This course will meet with opposition from the friends around, but such a proceeding will certainly have a favorable influence upon the disease. I often treat gastro-intestinal affections and summer complaint in children in this way, when after a complete absence of food for forty-eight hours a little nourishment may be cautiously given; it will be well borne and the child soon begins to recuperate. In a great many cases of infants thus treated by allowing rest to the stomach—which as a rule had been previously overloaded—it has soon recuperated its lost tone, and we had a ravenous appetite to look after.

Fluid Diet.—During the progress of a typhoid fever, I prescribe a fluid diet, usually of sterilized milk, milk-whey, buttermilk or matzoon. Often we hear the assertion made by patients: "Milk makes me bilious." Frequently there is no truth in the saying or belief, but the practitioner should know that there are a certain few patients who cannot bear milk. It is well for us to take cognizance of these exceptions and prescribe accordingly. Such patients may be fed upon chicken broth or granola. Chicken broth may be given for a day, and then junket, whey, or granola prepared with hot water, to which a little cream may be added, and this used for two days, when we may again resort to chicken broth, if the latter seems grateful, and thus make grateful changes.

These rules are somewhat flexible, as the peculiarities of every patient may require modifications of the treatment. During convalescence, for about ten days after the temperature has become normal, I still keep up the liquid diet. At this period of the disease, after the case has turned favorably, if there is the least imprudence in the diet or quantity of food taken, there will be great danger of a relapse. At each visit I am particular to write out a list of the articles of nourishment that are allowed for the day, and state the frequency of their repetition. When there is diarrhea I prescribe milk-whey or buttermilk. In the list of reliable preparations that I am in the habit of prescribing during convalescence I place Carnrick's soluble food, Mosquera's beef jelly and beef cacao, beef peptonoids, panopepton, Mellin's food and granola. In some cases I allow the whites of eggs beaten, milk toast, cereal pudding made from sago, the juice of oranges, syrup of certain canned fruits, e. g., pineapple, ice cream, whipped cream, baked custard, cream toast, clam juice, poached eggs, and finally tender beefsteak—at first masticated well and not swallowed. As already stated, in order that there shall be no mistake or errors in the diet, I make out a written list daily and specify just what nourishment the patient can have. When patients have a very delicate stomach I have found the following ideal food most grateful and well borne:

Take the whites of two eggs and put them into a bottle containing two ounces of lime water, and shake the whole for five minutes. Now pour into the bottle half a pint of new milk, and shake again; finally add a little sugar, sherry wine and nutmeg to suit the patient's taste. This preparation I have used for many years in serious cases of the various infectious fevers, especially in puerperal fever, with the best results.

Alcoholic Stimulants.—For many years past I have given stimulants moderately in typhoid cases, knowing that alcohol had the property of inhibiting the oxidizing tendencies of the red corpuscles, and thus rendering the poisons of infectious diseases less energetic and intense—even in malignant scarlatina I have prescribed them. From the results of more extensive clinical experience and recent physiological investigations, I am beginning to prescribe alcoholic stimulants less frequently in fevers—except in diphtheria—than has been my custom in former years. Wines, Schreiber's dietetic Austrian wine, champagne, and whiskey certainly have their place in rational therapeutics, but they should be administered with due caution, and by no means so universally given as has been the custom of some well known clinicians.

Finally I wish to add that in typhoid fever a diet specially selected, a well ventilated apartment, proper bathing during the height of the fever, such as we have learned from our rational modern clinical experience, and a daily change of clothing and bedding, are as auxiliaries quite as necessary as the indicated homeopathic remedies for each case.

HOW I FEED TYPHOID FEVER PATIENTS.

BY H. E. BEEBE, M. D., SIDNEY, OHIO.

Prison Diet.—I am asked how I feed typhoid fever patients. Well, I will answer: "Unless my patients have appetites, which is not common with this fever, I feed them by not feeding them." I direct that they be placed on prison diet—bread and water—minus the bread. That is, good, pure, fresh water, and when I say pure water I mean just exactly what the term pure water implies and not impure water. This is indeed a very important matter in the care of typhoid fever patients, and not alone to the invalid, but to all those about the place. Examine the water and be satisfied it is all that is desired. Water that appears pure and sparkling may be chemically the very vilest.

But some one says, "What! Do you starve those patients?" No, not in the sense that starvation is usually understood. We contend that too often feeding in typhoid fever is starvation. The organism is almost wholly unable to digest and dispose of food, to say nothing of the non-assimilation of the same. The effort to get rid of it is so great that this labor to do so does more than starve the system; it in addition wears it out most rapidly. Generally, to prevent feeding these patients is no small task. The nurse and over-anxious neighbors and friends are so solicitous of the sick one's welfare that many times death results from their good intentions. Here, above all other places, see that your orders are carried out. Too often in typhoid fever more patients by far are fed to death than die of starvation.

Be it fully impressed upon us all that food inside of the stomach is far from being in the body. Digestion and assimilation in typhoid fever are not to any degree the same as in health. Pathology is sick physiology. Physiological functions should be considered as well as pathological deviations therefrom. This fever is due to a morbid state in the intestinal canal, and when we consider that a large part of the digestive process, as well as of assimilation, is carried on in this portion of the alimentary tract, is it not plain that the parts diseased should be kept at rest? Few today believe in giving physic in this fever, knowing its deleterious effects. We believe the same will apply, in a degree, to the use of food.

Let the patient's desire govern the question of diet, unless that desire be morbid, and then we ought to be able to judge what is necessary, if anything at all. If a natural appetite is present, such as a few, but very few will have, unless made to believe they have by those about them, then resort to liquid or semi-liquid foods, depending largely on pure milk and good milk preparations, providing the patient relishes it and be not too much constipated. Here milk at times is contra-indicated, especially so in the latter stages of this fever. Again, milk does not agree with some people in health or disease. Sometimes with a prolonged milk diet masses of curd will accumulate in the bowel and prove very serious and are removed with difficulty. Colon flushings are useful in preventing these masses as well as in aiding in keeping down the temperature, but they are today carried to extremes, I believe, when extensively used for antiseptic effects.

No Routine Diet.—There can be no fixed rule of diet for any disease any more than there can be a stereotyped drug therapy for a disease. We must always be prepared to individualize our cases, not only in drug remedies employed, but in regimen and diet as well. I may be considered a hydropathist in a measure in treating this fever, for in my practice, during the fever stage, it is very exceptional if I do not insist upon the patient taking water, water, water, internally, externally and persistently. If food be positively desired, let it be liquid food almost alone; if the bowels be relaxed abstain from liquid meat foods. When will the dear people learn the little value of the so-called beef tea, better called slop? Above all in typhoid fever, give liberally of the compound tincture of rest to the intestinal canal, thereby aiding largely in preventing the lesions so common in this disease, by giving nature a fair chance to do her part well. Do not thwart her efforts.

If I had been asked, "How do you feed your patients convalescing from typhoid fever?" that would be "another story" and I should answer: "A bland and liquid diet is necessary with the average convalescent from this fever, and then with care and caution, especially so if there has been diarrhea or much tympanites. This watchfulness is obligatory until after there have been a few natural evacuations, and even then return to solid food gradually and in small quantities, but often repeated. There is no other disease where no feeding but a suitable diet at the proper time during convalescence is more important than typhoid fever. Cultivate well the sixth sense, common sense, in caring for this disease.

MILK NOT AN IDEAL FOOD IN TYPHOID.

BY WM. OWENS, SR., M. D., CINCINNATI, OHIO.

Diet in typhoid fever cannot be said to be a settled question, if I may judge from the articles published some time past in the Medical Century. There was scarcely even a general agreement in treatment or diet among the contributors.

First Stage.—In the first stage of typhoid fever I recommend cooked fruit, particularly apples, no fine seeded fruits, or berries, no meat, but plain bread and butter, beef or lamb broths with rice or vegetables, always taken warm; and I use water freely; in large cities it should be boiled if not otherwise pure.

Second Stage.—During the second stage of the disease the diet should be about the same, with added juices of fruits; pineapples, lemons and oranges are preferable. Beef tea for typhoid patients should be made as follows: Take one pound of fresh beef, remove all fat and membrane, cut it into small pieces, place it in a vessel, add one pint of cold water, let it stand two hours, then place the vessel on the back part of the stove or range, where it is allowed to remain two hours. The temperature should at no time exceed 170 degrees F. Then pour off the liquid and flavor with lemon, add a pinch of salt and give two ounces every four hours. One may add stale, well-baked bread and rice-water. Use water sparingly; it may be flavored with lemon or pineapple.

Third Stage.—During the third stage of typhoid fever I use soups or broths with rice water flavored with port or sherry wine, or preferably Liebig's extract of beef, as a stimulant. During the second and third stages the utmost care must be exercised in feeding, that the food may have plenty of time for digestion. Diet which under ordinary circumstances would digest in three or four hours will now require six or eight hours, owing to the feeble digestive functions. Undigested food will tend to obstruct the lumen of the ileum at its opening in the colon, aggravate the irritation of Peyer's patches and prolong the diarrhea and tendency to ulceration. For the same reason I never allow the use of milk unless it be well malted. The curd of the milk is seldom digested, acts as an irritant to these parts by obstructing the ileo-cecal valve and favors the ulcerative process which frequently takes place here.

MILK THE IDEAL FOOD IN TYPHOID FEVER.

BY. C. F. MENNINGER, M. D., TOPEKA, KAS.

There is nothing particularly new in my method of feeding my typhoid cases. Some few years ago when I had quite a deal of troublesome cases I came to the conclusion, after no little amount of experimenting, that milk was the sine qua non food for typhoid.

Ever since, with slight modification of the manner of administration, I have adhered rigidly to an exclusive milk diet with the highest degree of success. This is true not only in typhoid fever, but also in malaria and malario-typhoid fever. The nurse is instructed to give two ounces of fresh, sweet cow's milk every two hours during the day, and every three hours during the night. For the early morning, forenoon and fore part of afternoon, the milk is to be given warm or even hot. The remainder of the time lukewarm or cold.

As the fever increases the temperature of the milk is lessened, and vice versa. If the milk causes distress or is undigested recourse is had to the appropriate remedy. To avoid a recurrence the milk is peptonized with Fairchild Bros. and Foster's peptonizing powders. I use these because of uniform success with them. As convalescence sets in the quantity of milk is increased ounce by ounce (to eight ounces) and the time is gradually extended to three and four hours. When six ounces of milk are taken every two and a half hours without the slightest ill effect, which usually occurs when the patient is quite well along on the road to health, I order one and one-half to two ounces of beef-juice, taken hot, every five hours. The beef-juice is freshly prepared each time.

This is practically the way I feed my cases of typhoid, until health is fully restored. Then and then only will I permit the taking of semi-solid and finally, after a longer time, solid foods.

I can and want to learn from others. Maybe there is a better way. I am sure that if this method is intelligently applied, success will follow. It has with every case in my practice.

THE IMPORTANCE OF WATER IN TYPHOID FEVER.

BY W. A. EDMONDS, A. M., M. D., ST. LOUIS.

I prescribe plentiful fresh water drinking at a moderate temperature for the first ten days as the best diet in typhoid fever. As it is now conceded on all sides that the primary local lesion is in the mucous and glandular apparatus of the digestive canal, it is at once apparent that that function can only be expected to act in the simplest possible form. To amuse the family and patient additions of agreeable fruit-juices may be added. This form of administration, while furnishing the needed nutriment, incidentally addresses itself to the cutaneous, pulmonary and renal functions with a resulting general depuration of the blood and other bodily fluids.

As soon as there begins to be some abatement of symptoms with a demand on the part of the appetite let the diet consist of semi-liquid forms of food, as rice, barley, or corn-meal gruels. A little further on meat broths and milk may be allowed, with a soft egg once in the twenty-four hours.

It is doubtful if solid food can be safely given until the period of convalescence shall have been established.

During the convalescent stages many cases seem to get promotion from the moderate use of stimulants.

DIET DURING TYPHOID FEVER.

BY F. M. LANKTON, M. D., OMAHA, NEB.

Peptonization of Milk.—I do not consider milk the simple diet that I once did. To many healthy stomachs it is difficult to digest, and the fact of having a continued fever, with all secretions changed in their chemical properties, cannot make it less so. I have seen curds of milk ejected, almost as hard as cheese. These passing over inflamed surfaces must be quite as irritating as the so-called "solid" foods. I therefore use in all milk given, some of the liquid peptonoids, in the proportion of one teaspoonful to one cup milk.

Grape Juice.—Milk, thus prepared, and unfermented grape juice are the foods depended upon; the latter diluted one-half with boiled water. It is a pleasant drink and more nutritious than milk. It is more easily digested; more readily converted into blood. This is my main reliance in cases with profuse hemorrhages. I let them drink all they want, and find that they will call for the grape juice much oftener than the milk. They do not tire of it. There is less emaciation and a more rapid restoration of strength after the termination of the fever. Toast water is made by browning stale bread and pouring boiling water over it, covering it and steeping like tea, then add a bit of sugar or salt, as the patients may prefer; let them have this to drink when thirsty. Beef preparations I use only to break the monotony of foods and give a pleasant change, lest the patient tire of those upon which I depend; nourishment every two hours during the day and every three hours at night; all the water they wish, not a particle of solid food until the passages from the bowels are normal. Usually the first food with adults will be raw oysters. But nothing—absolutely nothing—until the bowels are normal.

There are cases where the fever continues after the bowels seem to be restored to soundness again. But this, I think, is only seeming. I believe there are still patches of ulceration, and I believe there is no safety in allowing any solid food until the temperature is normal and remains so. At least this is my practice and I have no cause to regret it, or to change it. There should be no risks taken in so serious a disease.

MILK IN TYPHOID FEVER.

BY A. R. WRIGHT, M. D., BUFFALO, N. Y.

"How I feed typhoid fever patients" may be answered with one little word, milk. A rare case may be found in which milk cannot be tolerated. To such I give malted milk, liquid peptonoids, beef tea or extract. If milk does not digest peptonize it, or if it sours on the stomach put it in lime water. The quantity of milk should be about two quarts in twenty-four hours, yet some cannot bear more than a pint, and will get sufficient nourishment from this small quantity.

Solids. — Milk diet is continued during the first three weeks or until the temperature is nearly normal; then begin carefully with light solids such as ground rice, tapioca, farina, corn starch, etc., coming later to scraped beef balls, raw or lightly cooked oysters, eggs, raw or lightly cooked, calf's foot jelly, ripe fruits, etc., watching with great care the digestion and stools after each essay. At the turn of the fever a tablespoonful of ice cream is very grateful and generally harmless.

The quantity of all these should be as carefully ordered as the quality, for there is more danger in over-feeding than in under-feeding.

This briefly is my general course of diet in typhoid fever.

HOW I FEED TYPHOID FEVER PATIENTS.

BY M. J. BLIEM, M. D., SAN ANTONIO, TEX.

Versus Food-Forcing.—The more experience I accumulate the less inclined do I feel to force feeding in acute diseases. Especially is this so when the disease is accompanied by fever. The whole system is laden with poisonous and waste matters which it is earnestly striving to eliminate. The processes of digestion, absorption and assimilation are greatly crippled. The almost universal loss of appetite is nature's hint not to force feeding. There is enough reserve nutrition laid up in the bodily tissues to supply the demand for some time. It is well known that life may be sustained for many days if only water be taken. I have often noticed how in sick animals the appetite promptly fails and for days they will refuse food of any kind. The first sign of improvement is a returning inclination to take food. To force food under such circumstances not only does not yield increased strength to the assaulted system, but only further embarrasses the already over-worked excretory functions with an additional mass of useless debris. And yet the first and most anxious plaint of the acute sick and their friends is "no appetite," and they most urgently desire the doctor to stimulate and preserve the appetite; all sorts of tricks and ingenious devices are set to work to crowd food into the unwilling stomach. Candidly, I consider all this a mistake. I believe no increased vitality is obtained from food thus taken and that the period of sickness is even prolonged by the additional burden.

These remarks will sufficiently indicate my position with regard to the feeding of typhoid fever patients. Indeed, I might almost be said to have answered the question put to me by saying, "By not feeding them!" However, I would not go so far as that in so prolonged a fever as typhoid. But the principle of not forcing food is especially applicable in the disease under discussion, because of the fact that the pathological process attacks the very organs of digestion and absorption.

Where Appetite Exists.— In the first place, then I let my patients have all the cool, fresh water they, want; that alone will carry them pretty far. Then, again, I am guided largely by their desire or lack of desire for food. Some patients in the milder forms of typhoid maintain quite a moderate appetite. I allow it to be indulged with such food as mild buttermilk, soft boiled or poached eggs, beef tea and even coffee diluted with plenty of milk. I aim, though, to give no solid food whatever, although I sometimes allow the cautious use of a very light salt biscuit. If there is no diarrhea, I permit the patient, if he craves it, the juice of a sweet orange. I also let him drink lemonade freely. And I have even ordered ice cream. Indeed, I think I have observed some really good results from ice cream—at least no harm. When you come to think of it, ice cream is a fine food, for it is nothing less than an appetizing combination of milk, cream, eggs and sugar. If it be taken slowly and in small quantities at a time, it is not only refreshing to the parched mouth, but will not in the least chill the stomach, which receives it gratefully.

I prefer regular feeding so far as is possible—say once in two or three hours, if only a small quantity is taken at a time. But I never allow a patient to be awakened from a natural sleep for either food or medicine.

Where There is No Appetite.—Now, if my patient is very ill and has absolutely no desire for food, and if, as is likely, he is nauseated and can with difficulty retain food, then I come nearest to applying my principle of not forcing food. I will select a few kinds of liquid, concentrated diet, the most easily digestible possible; I may even add pepsin to assist digestion. Of course Bovinine, liquid beef peptonoids, Valentine's beef juice, milk, buttermilk, grape juice, beef tea, malted milk, all are old friends under these circumstances. These I will give in such quantities as my patient can tolerate, alternating at intervals of several hours. It is true my patient may become exceedingly weak before his fever ends, but this is due to the exhausting effects of the disease, and will come just as surely if I literally stuff him with food; and I believe he will reach the end quicker and will make a swifter recovery under light feeding. I never force milk upon a patient; many people loathe it like poison.

Case.— A young miss of 15, temperature ranging 104 to 105 degrees; great antipathy to food; nausea and vomiting on slightest provocation; diarrhea. For four weeks I fed this girl on liquid peptonoids and Horlick's malted milk; a teaspoonful to tablespoonful of the former, as she could take it, and two to four ounces of the latter. She became very weak of course, but not alarmingly so, passed through the ordeal nicely and made a fine recovery, greatly astonishing the skeptical speculators. But of course, "One swallow does not make a summer."

Stimulants.—One word about stimulants. I never give them in routine; I reserve them for emergencies and then I use them strong. Whisky or brandy in some form and plenty of it. Many cases never get a stimulant through the whole course of the fever. I never allow solid food until the temperature has remained normal at night for five days. Then I begin slowly with light crackers or toast in milk, eggs, and finely chopped chicken and beef.

FOOD A POISON.

BY H. W. CHAMPLIN, M. D., TOWANDA, PA.

A Diet of Abstinence.—In my early practice I followed the prevalent method of feeding typhoid fever patients by allowing milk freely. In later years, having profited by personal experience and feeling more independent of routine methods, I have almost discarded the milk diet in fever cases.

A patient will not starve if given no food before the decline of the fever. This decline in temperature will come much sooner if no food is allowed. Complications and sequelae are less frequent and recovery quicker and more certain if the patient refrain from food. During the height of the fever the patient has no desire for food nor ability to digest it. Food in the alimentary canal of a typhoid case is a foreign substance which will only rot and poison the patient, as indicated by increase of temperature and irritation of the bowels. It is not food in such circumstances, but a poison and an irritant—a patient will live longer without it than with it.

The Exceptions.—The foregoing generalization is my confession of faith and rule of practice, to which I make some exceptions according to circumstances. To speak more specifically, I would say that I order water to be given freely. Toast-water, orange, lemon and unfermented grape-juice are allowed. Mutton-broth is frequently a valuable nutrient and may be given throughout the fever with good reults. Milk is sometimes harmless, but should be allowed with great caution and generally avoided entirely. Buttermilk may be used in the beginning of the attack and later if it does not aggravate an existing diarrhea.

I do not consider alcohol a food and do not make any use of it for any supposed sustaining or therapeutic effect. At the decline of the fever I begin very cautiously with meat broth, milk, raw eggs, strained gruels and perhaps baked apples, given every three or four hours; blanc mange pudding and bread in milk are soon added to the list, followed shortly by a tender steak and baked potatoes. At this point the convalescent is very happy and ravenously hungry, the friends and neighbors are over generous with good things to eat, and the doctor will need to regulate his patient's diet for two weeks after the cessation of fever. At the decline of the fever I often have the patient chew gum for a few minutes several times a day to excite action of the salivary glands.

I think that I ought to say to the credit of the above rules that they are based upon a large experience in the treatment of typhoid, covering a little over fifteen years with only two fatal cases. No case has passed from under my hands to die under another physician's care and no case has been lost in the last eight years, during which time this exceedingly cautious feeding has been carried out with increasing emphasis.

HOW I FEED TYPHOID FEVER.

BY W. H. DICKINSON, M. D., DES MOINES, IA.

I regard a careful and watchful attention to diet as a most important adjuvant to the treatment of typhoid fever.

There is such an excessive and continued hyperoxydation of tissue in this disease that the utmost pains should be taken to support the patient with food easily digested and assimilated and which contains the greatest variety of elements needed for the nutrition of the body.

Milk and Broths.—After an extensive experience I have found milk to meet all the requirements better than any other form of food; it is food easily digested, agreeable to the palate of the majority of patients, and is readily taken. I prefer to give it fresh, unboiled and unmixed with other food. It should be given once in two or three hours according to the age and digestive organs of the patient, and in quantities varying from three to five ounces. If digestion is weak it may be peptonized or have added to it small quantities of lime water. If not properly digested it will be evidenced by the presence of curds in the stools.

Beef tea or soup of beef or mutton should be occasionally given, and, boiled with barley or rice, may constitute the principal food if milk is repugnant or is not tolerated. From two to four ounces of beef tea or soup may be given each time.

Manner of Feeding.—The manner of giving food is important. It is not best to inquire of the patient if the food be desired. The nurse or attendant should quietly bring the food and give it as a matter-of-course proceeding. Regularity in time and quantity and a quiet, assured air on the part of the nurse are essentials. Food should be given from a vessel with a convenient spout or may be drawn through a glass tube. The first way is preferable, particularly with patients apathetic, delirious or very weak. I also recommend a small quantity of cold water or powdered ice after the ingestion of food. In many cases I allow small quantities of ice cream and find it is well relished and tolerated.

In mild attacks of fever a more varied diet is allowable, such as eggs beaten up in milk, thin gruel, soups, etc.

Water.—Water should be given often in small quantities. In the apathetic condition of the patient there may be considerable suffering from thirst by reason of his inability to recognize the cause of the suffering. Small pieces of ice placed often in the mouth are grateful to the patient.

During convalescence I do not allow solid food to be given unless there is assurance of absence of ulceration in the intestinal canal. Until all diarrheic and intestinal disturbances have ceased careful attention must be paid to diet. Weakened in will power and constantly and often ravenously hungry, typhoid convalescents are incapable of moderation and need constant supervision and restraint for a considerable period.

THE IMPORTANCE OF DIETARY DETAILS.

BY ALFRED P. HANCHETT, M. D., COUNCIL BLUFFS, IA.

A generation ago our brethren of the older school of medicine, observing with what great care the details of hygiene, diet and all that pertained to the management of the sick were personally directed by the homeopathic physicians of their day, sneeringly called them "a pack of old women." A little later, when statistics became available, and when with the greatest uniformity the percentages were in favor of our treatment, or at least of our patients, they would explain it by saying, "Oh, well, it is chiefly a question of nursing and diet, anyway, and we will admit they are skillful in these particulars."

So I say, look carefully to the feeding of the sick under your care always, and thus sustain the reputation of our fathers, but look especially to the feeding of all typhoid cases. Do not trust any one, but give as careful and explicit directions when you have a trained nurse as when the patient is left to the care of a friend or relation. It will save vain regrets often and often.

Early Stage.—When a patient is seen in the early part of the disease, during the first week, perhaps, and there is not much indication of failing strength, no appetite, great thirst, etc., it is my practice to prescribe the free use of cold water without other food. For a week it is no way important that any food be taken, and with the intestinal canal nearly empty, frequent flushing out of the stomach and the lower bowel also with good pure water helps materially in reducing the temperature, rests the digestive organs, gives every opportunity for the indicated remedy to do its work, and in a large majority of cases convalescence will be established and the fever cut short during the second or at the latest the third week.

Later Nourishment.—Should the fever continue and the question of some nourishment present, my first choice is in most cases good, fresh milk. This will occasionally be a little rich, and may be given diluted with water, hot or cold as most agreeable. Buttermilk I have often used, generally giving it with water, diluted about one-half. I have found it well to direct that a definite amount be given at stated intervals. For an adult there is required about a half-teaspoonful of milk every four hours. In some cases milk in all forms is very unpleasant to the patient. He may insist that he has never liked milk, or that it always disagrees, and you will be compelled to select some other food. My first resort in such cases is rice water, prepared by boiling a half-cup of rice in a quantity of water slowly for nearly an hour, adding from time to time if necessary to keep the quantity to about a pint when strained off. This may be given in the same amount and frequency as milk. Barley water prepared in the same way is good and makes a change.

Beef extracts and all manufactured foods have proven unsatisfactory to me, but a nice beef or mutton-broth carefully prepared, with no fat allowed in it, is in order in the later stage of the fever, and can be given in quantities varying from one to three ounces every four or five hours.

As the fever becomes more decidedly remittent and the morning temperature nearly normal, a raw egg alone or broken in a glass of milk or a tablespoonful of some light wine is allowed. At this stage I prescribe unfermented grape-juice or blackberry juice, diluted one-half with water as desired, or at least four ounces two or three times daily.

Not until the morning and evening temperatures are nearly normal for at least two or three days do I permit any departure from liquid food. Then I begin with the ordinary farinaceous foods in small quantities every four or five hours, or a lightly cooked egg, small piece of toast, small piece of baked potato or a little scraped beefsteak broiled.

For two weeks at least after every trace of fever is gone I direct that the same care regarding the character and quantity of food taken be observed, increasing gradually from day to day in the amount, but adhering to the plainest food and least possible variety. Much care and decision is necessary in safely conducting the convalescent patient back to a full diet after a severe run of typhoid fever, and I contend that it is much better to make the mistake of unnecessary care than to have even an occasional relapse.

TYPHOID DIET.

BY NANCY T. WILLIAMS, M. D., AUGUSTA, MAINE.

It is hard for me to give a set rule or plan as being my mainstay and guide in the management of typhoid fever, for in all my experience I have never fed two patients just alike. The domestic and surrounding conditions have varied so much in all cases that I have always been obliged to be governed thereby. Moreover the whims of the sick are always individual and always I think more or less worthy of consideration. I have never lost but one case, a patient who was almost dead when turned over to me, and who only lived two days thereafter. Most of my patients know what they like and very much prefer to eat what they like. These likes are seldom harmful—mush or milk, boiled rice, milk-toast, baked potato, cracker and milk and occasionally jellies. Only a small amount of any of these foods is given at a time, and at times almost no nourishment at all is given. A change of diet is an essential feature. I seldom use any meat juices or stimulants.

Cases.— I well remember one case, a boy of nine years who had been sick ten days when I saw him. He would not eat anything, was unconscious, delirious, could not even take milk. I obtained some ice-cream and fed that to him. This he allowed to remain in his mouth and it was used as his food night and day until he became able to take other light food.

Another case was that of a man of thirty-five years who had been given up by his allopathic physicians; he could not turn himself in bed, had been sick for eighteen days and seemed to know nothing of what was going on around him. Did not speak at all and the only nourishment he was taking was a little weak table tea, just colored with cow's milk. I had been with him two or three days when he said to me abruptly, "I'll take no more of that—now what will you give me to eat?" He had been told many times that he must take it. I met him by feeding him only with pure cold water from a well, using it both internally and externally, employing large quantities for bathing and changing it for fresh often. After a bath he would be quiet for an hour or two, then grow restless and be bathed again. Some cornstarch gruel was made to take the place of the tea, and after being sweetened and flavored was frozen. This he took well and fed upon it alone until he was able to eat other food, which was for about two weeks, during which time he continued too weak to feed himself. He made a good recovery, though it took many weeks to bring it about. The ice-cream I used in his case was not very rich, being made in large part of milk.

My cases have all done well, and rounded up well, the fever running from fourteen to twenty-eight days, though only one had so long a run as twenty-eight days.

Another illustrative case comes to my mind here. The patient had a run of fever lasting twenty-eight days, though he had been down with it for ten days before I saw him. I was informed every morning and evening upon the occasion of my visits "He will not live." For two weeks he was fed on milk only. He made a good recovery. He had almost to learn to walk over again, but he accomplished it.

To summarize then, these cases will suggest that I rely in great part upon cow's milk in some form for food and cold water for bathing, and that I never use stimulants, eschewing alcohol in baths as well as for internal use.

A WELL-TRIED DIETARY.

BY C. R. MAYER, M. D., NEW ORLEANS, LA.

Articles Allowed:—Milk, liquid peptonoids, eggs, albumin and water.

Method of Administration. — Where attendants are sufficiently intelligent to prepare it properly all milk is peptonized before administration. Where those in charge are inefficient or careless milk is given plain, each portion being followed by a teaspoonful of essence of pepsin; this is alternated every two hours with one teaspoonful of liquid peptonoids, the quantity of the milk varying with the ability of the patient to digest it, the average for an adult being eight ounces every fourth hour. In a few instances where there is an obvious inability to digest the casein of milk, even though peptonized, freshly prepared whey is substituted for milk.

In the intervals I use albumin water—prepared by whipping the white of one egg in a quart of water—two quarts being allowed in twenty-four hours; in this manner the ingestion of sufficient water is insured, experience teaching that even trained nurses will not supply the semi-comatose patient with water in sufficient quantities unless under the guise of nutriment.

Of course pure water is allowed ad libitum, and is fed to the parched tissues by the mouth, by cool spongings, and if deemed necessary by enema of normal saline solution.

During the stage of convalescence, day by day the quantity and variety of food are increased, beginning with broths, soft-boiled or poached eggs, milk toast, the soft part of raw oysters, cornstarch and rice custards, etc., and ending about the eighth or tenth day with roast beef or broiled steak.

Should sub-normal temperature or great prostration be a marked feature of this stage—and it usually is—nutrient stimulants in the form of milk-punch, egg-nog, egg and ale, coca wine and old sherry are permitted freely, and generally taken with relish.

Having had exceptionally satisfactory results from the above dietary, I never vary it.

INDIVIDUALIZATION IN DIET THE PROPER METHOD OF FEEDING.

BY E. D. AYERS, M. D., LITTLE ROCK, ARK.

First, then, with as sound individualization as is observed with the medication.

Water.—I maintain that of all nourishment in fevers the most important is water. It must be pure and there is no objection to its being cold, save in cases with severe lung complication, or where vitality is dangerously involved; however it should not be too cold. It must be taken freely and nurses must be instructed to press it upon patients where there is not sufficient consciousness to call for it. Frequently in the first few days water is the only thing in the way of nourishment that can be retained. That intense thirst is nature's demand for what it needs. It flushes out the primae viae, the kidneys, liver and skin, thus aiding the elimination. It is comforting, quieting and supplies the tissue salts. Dr. Tanner, we know, lived fifty-five days on water alone.

The Problem.—Now as to the "sure-enough" diet, what is the problem? It is to nourish and sustain the vitality, to prevent that last danger, the trial to the circulation, in a word heart-failure; here indeed that phrase has a forceful significance.

I never expect to see a typhoid fever case where the digestion is unimpaired. The saliva is at times entirely absent, hence the phthyalin essential to the digestion of starches is not furnished. The gastric fluid is altered in quantity and quality, sometimes containing little else than a mucus of neutral or alkaline reaction. So the free acid necessary to the operation of the active ferment of the stomach, pepsin, is absent. It follows, then, that all solid food must be inhibited with a purpose fixed and unalterable.

Ingenuity is sometimes taxed as greatly as with the diet of children in muco-enteritis. I have a patient now who, while she is recovering nicely, has not been as well nourished as is my custom from the fact that she could not force down the food, although having the extensive repertoire I shall indicate below to draw from. Quite a point is the consulting of the patient's taste if that be not vitiated.

Food.— Ordinarily in the absence of gastric disturbance where there is no looseness of the bowels or where constipation is present buttermilk or gruel, either of oats or corn meal, according to the patient's choice, will do until next day, and often for several days.

Looseness of the bowels calls for cow's milk, reduced one-third with water and rendered alkaline with soda. This in many cases will do for several days, when it must be changed for barley soup or rice soup, the grain being cooked soft and the coarse part strained out. Any and all of these should be flavored with salt and sometimes with a little lemon juice, orange, nutmeg, etc., to the taste. These soups from the cereals contain all the essentials of the fever diet—the water, the tissue salts and the carbo-hydrates, so essential to supply the waste of tissue caused in keeping up the extra heat. Horlick's malted milk affords a reliable and sometimes an agreeable change.

Fruit juices are nearly always admissible and besides being quite nourishing are comforting. If acid they must not be given too close to milk of either kind.

Grape milk is generally well liked, is as nourishing as any of these foods and frequently is very useful. Often where there is bitter vomiting it will be retained, reduced one-half with water and iced, when nothing else will.

Meat juices are irritating so long as the skin is hot and dry, but when perspiration is at all free are useful. Chicken broth, mutton broth, either alone or in sufficient quantity to flavor barley water or rice water to the taste, are often agreeable and always nourishing.

Bovinine is a form of meat juice, often of extremest value in great debility or where any considerable quantity cannot be retained.

Beef tea is disappointing, containing but the water, salts of potash, the flavor of the meat and little else. Crackers rolled and cooked in it will convert it into a food. I have frequently had malted milk prepared with beef tea instead of water or milk and have found it palatable, agreeing well and very nourishing. Beef tea may be used for a day or so as a stimulant, in alternation with other foods, and as such I prefer it to the wine, brandy, coffee, etc., etc., so much in vogue with some.

In some cases where all else has seemed to fail I have been helped out with malt extract, Hoff's, reduced one-half with water.

In some cases where there was much complaint of hunger I have allowed a semi-liquid diet, as mush and milk, but I always say "heavy on the milk and light on the mush," and then use it only a day or two.

DIET IN TYPHOID FEVER.

BY J. B. DUNHAM, M. D., WENONA, ILL.

Personal experience in the feeding of this type of fever has proven to me that whoever would cure his patient must feed him liberally. As soon as I become convinced that I have typhoid fever to deal with I prohibit all solid foods. If, as is usually the case, the patient has been gradually losing appetite and strength and the bowels have been evacuated once every twenty-four to forty-eight hours, I allow no effort made to disturb them, rather preferring that they remain almost dormant the first week. I never give cathartics, but if it seems advisable I have the nurse give a warm water enema.

Milk. — Of the liquid foods good milk, sweet or sour, hot or cold, prepared in any of the numerous modes that the culinary art can devise, is the foundation for all my typhoid fever feeding. However, such a diet does not answer in all cases. Within the past year I have treated two cases that were quite intolerant of the milk diet. In one case equal parts of milk and good rich coffee agreed where pure milk had failed. In another case Bovinine was tolerated in very small doses and assisted materially in the patient's recovery.

Rules for Guidance.—A very simple rule which I think we should always follow in these cases is "If a milk diet does not agree or becomes distasteful to the patient make a close study of the diet question and find some liquid nourishment he can take."

Allow all typhoid fever patients all the pure, cold water they want. Never allow any return to solid food so long as there is the slightest tenderness in the ileo-cecal region or any symptoms of diarrhea.

MY DIETARY IN TYPHOID FEVER.

BY J. D. GEORGE, M. D., INDIANAPOLIS, IND.

I can well give my plan of feeding typhoid patients in brief, for—in brief—I feed my cases. I believe in letting the appetite guide in the amount of food given, and let that food be of the simplest form and most easily digested.

First Two Weeks.—First of all, I secure for my patient the best possible hygienic surroundings, pure air, bathing and sunshine. Copious enemae of hot, or even cool, water, containing salt or any good disinfectant, are used to thoroughly flush the bowels. Plenty of pure water is given and given often; filtered rain water, any pure mineral water, and, late in the case especially, natural lithia water.

I am still of the opinion that milk is the food par excellence. Patients may not be able to take it in its natural state, when it may be diluted with a third part of water; the milk should be fresh and well shaken with lime water. Buttermilk, fresh, koumiss, not too old and not too new, serve an excellent purpose, though the latter comes in better in the later weeks of the attack. Toast water, made from baker's bread well toasted and the water strained, and barley water are both commendable drinks. The above is a brief outline of the food I allow during the first two weeks of the fever.

Later Stages.—Later and during convalescence I add to the above some form of beef tea or prepared beef extract. I prefer Wyeth's, Valentine's or Wampole's. Beef tea as usually made is of little account.

As an aid to the crippled digestion I dissolve papoid tablets in hot water and give after each feeding, one to three tablets per dose.

No solid food is given until after the temperature has remained normal for at least a week, and then only that which is easily digested. This I give in small quantities, keeping a careful watch for rise in temperature. I do not believe in crowding food against the patient's appetite or desire.

CONSERVATISM IN DIET.

BY J. W. MEANS, M. D., TROY, OHIO.

More typhoid fever patients die from over-feeding than from under-feeding. The concentrated foods usually prescribed are more suited for able-bodied men preparing for some great athletic feat than for one prostrated by disease.

Water. — During the first two weeks, or while the fever is on the increase, water is the food par excellence and in a great many cases nothing else is needed. Meat broths, bean soup, oyster soup, and buttermilk are my standbys. I never mix foods, one article at a time—this rule is good even after convalescence has set in.

After the fever subsides, beefsteak, corn-bread and milk can be given in small quantities.

Acidulated drinks after meals will aid digestion and hasten recovery.

THE DIETARY OF TYPHOID FEVER.

BY N. G. BURNHAM, M. D., DENVER, COLO.

As this is the season when typhoid fever prevails most extensively throughout the country and as Denver and its vicinity are no exceptions, the time for such a discussion in the columns of your journal seems most appropriate.

There are three factors that enter into the care of the typhoid fever patient that must be carried out with the most consummate skill to attain the greatest degree of success.

1st. The proper hygienic surroundings with the attendant care in nursing.

2d. The selection of the indicated remedy.

3d. The appropriate dietary adapted to each individual case.

Negative Propositions.– All solids should be avoided. Over alimentation should be faithfully guarded against. All agents incompatible with any given idiosyncrasy in a patient should be omitted.

Positive Propositions.– Of agents giving the best result in the greatest number of cases, undoubtedly sterilized milk takes precedence. A milk diet exercises its peculiar action on the entire alimentary tract, and from the changes the milk undergoes in digestion it renders the alimentary canal in a condition of partial asepsis. It is also a food that is digested with the greatest ease, and leaves behind the smallest amount of residue. It may be diluted with lime water, aerated water, or sterilized water. In case of any disagreement it is best to substitute in part either mutton or chicken broths or beef juice. Milk whey or buttermilk is more acceptable to some patients.

Thin barley gruel well strained forms an excellent diet. White of egg in water, beaten and flavored to the taste, forms an agreeable change. Fever patients should be fed regularly during the day, but not awakened at night unless from weakness or stupor the conditions demand it.

It is my observation that as a rule we do not advise and insist upon the patient drinking a sufficient amount of sterilized water, either hot or cold, as best adapted to the case, to act as a depurative to wash out and free the system of the accumulating debris in the various organs of the body.

I also advise acidulated drinks, either of lemon or orange juice. I have found the juice of an orange mingled with a goblet of water, to which is added one or two teaspoonfuls of glycerine, very acceptable to most patients.

It has been my experience that the majority of fever patients do better to have the bowels flushed with warm water once or twice a day to aid in carrying off effete accumulations.

Permit me to suggest in conclusion that in typical cases with looseness of bowels, more or less tympanitis, extreme exhaustion, dry brown tongue, with pallid complexion, I have found in Pyrogenum, 6th potency, a very salutary remedy.

Associations.

ANNUAL MEETING OF THE HOMEOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

REPORTED BY W. D. CULIN, M. D., PHILADELPHIA.

Additional interest was attached to the Annual Convention of the Homeopathic Medical Society of the state of Pennsylvania, in consequence of the fact that this year is the centenary of the date when the theory of homeopathy was promulgated by Samuel Hahnemann. The sessions of the convention were held at the Hahnemann Medical College on September 29th, 30th, and October 1st. The large lecture hall was very tastefully decorated with palms and flowers, and the walls draped with bunting in blue and yellow, the college colors. Behind the president's chair was a large portrait of Hahnemann, with the years 1796-1896 upon shields on either side.

Opening Session.

About a hundred delegates were present during the opening session, which was called to order by the president, Dr. William W. Van Baun, of Philadelphia. The proceedings were opened with prayer by the Rev. Dr. W. N. McVicker, of Holy Trinity Protestant Episcopal Church.

A cordial address of welcome to the visiting members was made by Dr. T. S. Dunning, and it was responded to by Dr. Z. T. Miller, of Pittsburg.

It was decided to dispense with the roll-call, so the report of the treasurer, Dr. J. F. Cooper, of Allegheny, was next read, and an auditing committee appointed.

The corresponding secretary read two letters, inviting delegates to attend the interstate convention of the American Institute of Homeopathy, and the World's Congress of Medico-Climatology respectively. To the first there were appointed as delegates Drs. Pemberton Dudley and J. H. McClelland; to the second, ten delegates, as follows: Drs. Pemberton Dudley, B. W. James, J. H. McClelland, Hugh Pitcairn, A. T. Bowie, Edward Cranch, W. E. Rotzell, Sarah J. Coe, Jos. E. Jones, J. R. Horner.

Committee Reports.

Next in order was the reading of the various reports, very few of the chairmen of committees reporting. The bureau of organization reported a gain of fifteen active members during the year, making a total of 287 active members in the state organization. During the year there have been organized the Homeopathic Practitioners' Association of Reading and the Hahnemann Association of Western Pennsylvania. The report of the necrologist, Dr. T. S. Dunning, of Philadelphia, showed that the following members have died during the year: Drs. Mahlon H. Preston, Amos Russell Thomas, Mahlon M. Walker and Chas. G. Raue.

Gynecology- "As to the Wheel."

The first department taken up for discussion was the bureau of Gynecology. The first paper, entitled "As to the Wheel," was read by Dr. Anna C. Clarke, of Scranton; she restricted her remarks to the question of the use of bicycles by women, and said in part: We can scarcely realize what an important factor the bicycle has become until we are confronted with the fact that there were over 2,500,000 used during 1895 in the United States, and it is estimated a million more were sold during the recent summer. This represents a manufacturing investment of over $75,000,000. We are asked daily for opinions as to the use of the bicycle. What shall we say? There is no question that it elevates the mental and moral natures of the people who use it, but there is a divergence of opinion as to whether its use is as beneficial to women as it undoubtedly is to men.

I have no hesitation in saying that it is well adapted to the use of our sex as it is to that of the other, provided it is properly used; if there is any difference the advantage is in favor of the woman. She needs all-round physical development. A certain set of muscles are exercised constantly in the despatch of the home duties, and the wheel seems to have come just in time to save the others from atrophy, for there is not a muscle which is not called into action in wheel-riding. Balance must be maintained. This cannot be accomplished without the complementary action of the muscles of the trunk. When a woman is beginning to ride, I advise short lessons, with frequent rests between the attempts. Ten minutes are long enough to remain in the saddle, however strong the assistant may be. The wheel should be low-geared, the saddle comfortable, and the position upright. There is no other form of exercise that brings into play so many of the muscles, therefore dress becomes an important factor. It should be such as to combine freedom of movement with lightness of weight and warmth, and close enough fitting not to hang on the person, and yet avoid pressure upon any part of the body. An ideal garment to be worn next the body is the light weight combination suit; the outer garments should be next, and plain, whatever the mode, and while the bloomers are, perhaps, the most convenient, the divided skirt, or short over-equestrian trousers with a short skirt are nearly as convenient and have the advantage of being less conspicuous. The craze for cycling has brought about great physical changes. Through a demand for greater freedom of movement and respiration the waist and chest measurements have increased from three to five inches. With better developed muscles the corset has, in many cases, been found unnecessary and has been abandoned. With increased muscular action come deeper respiratory movements, stronger heart beats and better circulation. Any one with organic heart disease should be forbidden the use of the wheel, lest she be led to overtax that organ and cause instant death. It is my custom to caution against riding steep grades, or at such a distance or speed as to produce shortness of breath or a weak feeling in the chest. I believe that for the early stages of consumption and as a preventive against that disease the wheel is as useful as the horse.

Discussion.

Dr. T. H. Carmichael recommended care in the choice of saddles, avoiding the hammock type, and preferring one with a broad firm seat.

Dr. B. W. James favored the Vienna plan of compelling every rider to procure a certificate of competency in riding before venturing to ride on the streets.

Dr. Isaac Crowther recommended the use of low-geared wheels.

Dr. Z. T. Miller cited a case of a woman with spinal trouble who was benefited by riding a wheel.

Dr. Clarke related a case of a girl with "physical" weakness, coupled with a taint of insanity, who had been strengthened both physically and mentally since she had taken to cycling, having had less frequent attacks of insanity than at any time for the past ten years.

Other Papers.

The next paper was read by Dr. G. W. Smith on "Certain Mental and Physiological Changes Following Removal of the Ovaries," discussed by Drs. Isaac Crowther, B. W. James and John E. James.

Other papers presented were—one by Dr. B. F. Betts on "The Development of Salpingitis in Young Women." Dr. Emma T. Schreimer read "A Remedy Useful in Climacteric Flushings," and Dr. J. E. James "Capital Operations in the Gynecological Department of the Hahnemann Hospital of Philadelphia During the Six Months of the Session of 1895 and 1896."

The bureau of Pathology and Pathological Anatomy was represented by J. E. Jones, M. D., who presented a paper on "Ulcer of the Stomach," and Dr. F. M. Lawrence who read a paper entitled "The Relation of the Pancreas to Diabetes Mellitus," which created considerable discussion.

Afternoon Session.

Papers read by members of the Bureau of Pedology occupied the first part of the afternoon session, Dr. M. Margaret Hassler, of Allentown, chairman of the bureau, presenting one on "Preputial Adhesions in Little Girls."

Dr. C. A. Yocum, of Pottstown, read a paper on "Heredity, and its Modifications in Childhood." An interesting paper on "The Treatment of Pneumonia in Children" was read by Dr. C. E. Myers; and one on "Erysipelas in Infancy" by Dr. Julia C. Wayland. Papers were also presented by Dr. J. E. Harner, "Marasmus;" Dr. W. H. Cooper, "Enuresis;" Dr. S. G. A. Brown, "The Mosaic Rite of Circumcision—A plea for its performance during childhood." Dr. W. J. Martin, "A Case of Tubercular Meningitis Cured with Iodoform;" Dr. Mary A. Cooke, "Some Thoughts on Chest Diseases of Children;" Dr. W. W. Van Baun, "Ulcerative Endocarditis in Childhood;" Dr. C. Bartlett, "The Clinical Relations of Infantile Convulsions."

The Bureau of Surgery reported with seven papers, Dr. Carl V. Vischer, chairman, presenting one on "Resume of Progress." Dr. W. B. Van Lennep read an interesting paper on "Treatment of Fractures," illustrating his methods with the application of various bandages and splints to a living subject.

An excellent paper on "Hip Joint Disease, Its Early Diagnosis and Mechanical Treatment," was read by Dr. Geo. W. Roberts, surgeon-in-chief of the Hahnemann Hospital, New York City, who attended the convention at the invitation of the Pennsylvania Society.

Papers were also presented by Dr. H. L. Northrop on "Strangulated Hernia, and the Murphy Button;" Dr. Walter Strong on "Fractures Involving the Elbow Joint;" Drs. W. D. Bayley and C. V. Vischer on "Cases Illustrating Brain Localization and Surgery;" Dr. D. P. Maddux, "A Case of Brain Abscess;" Dr. J. W. Hassler, "Shock after Anesthesia." It is to be deeply regretted that in this bureau as well as the others, owing to the number of excellent papers presented, lack of time, without extending the session at least a week, prevented proper discussion.

Evening Session.

At the opening of the evening session President Van Baun invited Dr. Charles B. Gilbert, of Washington, D. C., to address the audience. Dr. Gilbert spoke a few words about homeopathy in the national capital, and Dr. Van Baun then read his annual address, in the course of which he referred to the epidemic of Asiatic cholera, which swept over Europe in 1831, and which was so successfully combated by Hahnemann, thus placing homeopathy on the same level with the other natural sciences. Speaking of the care of the insane Dr. Van Baun said it became the duty of each member of the State Society to make an individual and systematic appeal to the members of the Legislature for the establishment of an insane asylum, to be under the sole medical care of physicians of the homeopathic school. Concerning medical expert testimony in courts, Dr. Van Baun said: "The standard has been gradually sinking through incompetent experts until it has reached an unenviable level, and reflects discreditably upon the medical profession. It is desirable that the physicians to give expert testimony be named by the courts and not by the attorney for either side. The courts would have no difficulty in picking out competent experts, and as court officers they would receive the protection that in many cases is now denied them, the disgrace and injustice arising from incompetent physicians giving expert testimony would be done away with, and the results obtained would be decidedly better."

Dr. Augustus Korndoerfer delivered an address on "The Homeopathy of Hahnemann," reviewing Hahnemann's early life and the growth of homeopathy.

Dr. J. C. Guernsey read a paper entitled "Samuel Hahnemann, the Medical Reformer of the Eighteenth Century."

Dr. T. L. Bradford told the "True Story of Hahnemann's Grave." He said that while Hahnemann had died July 2, 1843, and was buried in Montmatre Cemetery, Paris, on July 11th, it was only within the past year that the exact locality of the grave had been determined. During the past summer Professor Platte, of Hahnemann College, with the aid of subscriptions from fellow members of the faculty, had had the grave repaired, and had made arrangements to have it kept in good condition.

September 30th. Morning Session.

The early part of the session was devoted to consideration of the report of the Bureau of Sanitary Science, Pemberton Dudley, M. D., Chairman. The first paper was read by Dr. Dudley, who is a member of the State Board of Health. It was entitled "Some Sanitary Needs of Pennsylvania." He said in part: "We are within five years of the close of this wonderful nineteenth century, with its marvelous achievements in almost every department of medical science and art, and during which the existence and spread of numerous forms of disease have been brought absolutely within human control by sanitary methods and measures; and yet we are still compelled to confess the fact that not more than one or two of our most important and powerful commonwealths are provided with proper systems of state sanitation. Pennsylvania is very far behind most of her sister states in the registration and collection of her vital statistics. The recording of marriages has been secured, to a partial extent at least, by the recent law relating to marriage licenses, lame and crude as it is. But outside of our large cities and a portion of our boroughs, it is possible for a birth or a death to occur without the slightest official record of the fact being made." In proof of his assertions Dr. Dudley quoted freely from the report of the secretary of the State Board of Health for 1895. Among the sentences contained therein are the following: "There is left the unpleasant reflection that Pennsylvania, while having nominally a Central Bureau of Vital Statistics, and a State Superintendent of Vital Statistics, is almost alone among civilized governments in failing to furnish the machinery by which such a system can be efficiently maintained. The prompt registration of vital statistics has an essential use in preventing the concealment of crime. The statement will scarcely be credited that in this state, outside of large cities and a certain number of incorporated boroughs, a human being may die, and be put under ground like a dog, without official record, while the death of a blooded horse or Alderney bull is at once carefully registered in the Stock Book or the Herd Book. Is it any wonder that graveyard insurance has flourished in Pennsylvania?" He then referred to the fact that the State Board of Health is so seriously crippled in funds that it is impossible for it to carry out its duties. On the question of a pure water supply, he said: "There is no single sanitary need that more strongly impresses itself upon the local and general health authorities of this state than that of police protection for its public water supplies. No legislation on this subject which fails to place our public streams and lakes under the immediate and peremptory control of a 'police power,' can ever meet the requirements of the case. The present position of the question, even in the minds of our jurists, appears to be insufficiently defined. Public sentiment is still quite entrenched in the view that the pollution of a running stream is not at all criminal in character, because it is not explicitly declared so in law; or, at least, because our legal authorities have failed to provide adequately for its prohibition and punishment, and so we are left to the resource of a suit at common law, with all its difficulties, its delays, its cost and its uncertainties."

"There have been several battles fought before our Legislature in defense of our water supplies, but there must be waged a far more determined conflict before this particular conquest will be gained. The conflict is not so much against ignorance as against cupidity and avarice. The foe of this particular department of the public weal is strong, determined, watchful, and backed by vast business interests. In the controversy are involved the interests of manufacturing establishments, public institutions, municipal corporations, mining operations, the coal oil syndicates, and even our immense agricultural industries. To cope with such tremendous antagonism seems a hopeless undertaking, and yet, little by little, progress is being achieved, and little advantages gained now and then are preparing the way for larger and more substantial victories."

The part of Dr. Dudley's paper urging the necessity of police control of the water supply of the state received emphatic endorsement in the discussion that followed the reading of the paper, the concensus of opinion being that pollution of water supplies could only be remedied by state action.

A paper on "Hygiene" was presented by Dr. I. B. Gilbert, followed by a paper on the "Importance of Mental Symptoms in the Selection of the Remedy for the Sick," read by Dr. A. P. Bowie of the Bureau of Clinical Medicine. In the course of his address he said: "In disease the mind has special power over the body. The very word disease, indeed, is coined to express a mental idea—the opposite of 'ease' and not a physical change. The cortex or surface of the brain, the seat of conscious mind, is a special factor for good or evil in every disease. Every organ and function is represented there, and there brought into vital unity." He quoted the Organon on the subject, including the following extract, wherein after referring to the power of the mind the writer says: "We shall, therefore, never be able to cure conformably to nature—that is to say, homeopathically, if we do not in every case of disease, even in such as are acute, observe along with the other symptoms, those relating to the change of mind and disposition, and if we do not select for the patient's relief, from among the medicines, one which will produce the desired result on the mind." He then mentioned a number of remedies calculated to relieve the mental symptoms in various cases.

Other papers were read by Dr. Edwin H. Wolcott, on "Albuminuria;" by Dr. E. R. Snader, on "The Danger of Neglecting Bronchitis;" by Dr. B. W. James, on "Sanitary Notes," and by Dr. A. W. Bailey, on "The Disinfection of Sputa."

Afternoon Session.

At the afternoon session Dr. B. W. James read a paper entitled "Remedies Proven for the Homeopathic Materia Medica now in Use in the Old and New Schools of Medical Practice." Among these he enumerated Glonoinum, Belladonna, Thuja, Occidentalis, Cuprum, Sanguinaria, Canadensis, Ipecacuanha, Nux vomica, Naja tripudians, Sepia, Rhus toxicodendron, Mercurius, Calcarea carbonica, Spongia tosta, Hepar sulphur, Calcarea and Aconitum napellus.

Dr. Charles Mohr delivered an address on a series of experiments conducted by the Pharmacological Society of the Hahnemann Medical College, with a view to prove the result of certain drugs. He said that a request was made to a class of 275 students in last year's college class for volunteers to submit themselves to the action of drugs. Only thirty-two men offered themselves, and of these only thirteen fulfilled the required conditions. He said the tabulated record of results was very voluminous, but extremely valuable, and he urged the pursuance of similar experiments.

Papers were also read by Dr. R. T. White, "Rational Hypotheses of Drug Dynamics;" Dr. C. S. Schwenk, "The Materia Medica;" Dr. F. W. Burlingame, "Gonorrhea;" Dr. J. C. Morgan, "Cases of Gonorrhea in Male and Female Patients;" Dr. Chandler Weaver, "A Case of Neuritis of the Sciatic Nerve Cured."

The Banquet.

The members met at dinner in the evening in the banquet room of the Hotel Walton, where they were welcomed on their arrival by the reception committee of the Homeopathic Medical Society of Philadelphia County. The room was prettily decorated with palms and foliage plants, while the tables were graced with red and pink roses and asters. Behind the president's chair was a large oil painting of Hahnemann, with the dates 1796-1896 on either side. Covers were laid for 250, and among the guests were the wives of many of the members. Dr. William H. Keim acted as toast master, and the exercises were opened by Dr. T. S. Dunning, president of the Philadelphia County Society, who delivered an address of welcome.

The first toast of the evening, the toast to Samuel Hahnemann, was drunk in silence, and then followed "The Centennial of Homeopathy," which was responded to by Dr. Wm. C. Goodno. "It seems hardly possible," he said, "that it is 100 years since the beginning of the Hahnemannian era in medicine, and that the lives of some but recently with us reached back to the grand old man who brought order out of chaos in matters therapeutic, so that they became, for the first time in history, of substantial use to man. Prior to Hahnemann's day it would have been better for a man to have trusted to his constitution rather than to physicians, and to say with Hamlet, 'Throw physic to the dogs.' "

The toast of "The American Institute of Homeopathy" was responded to by President-elect J. B. Gregg Custis, M. D.

Dr. Edwin H. Wolcott, president of the Homeopathic Medical Society of the State of New York, responded to the toast "Our Sister Societies."

The following toasts were also responded to: "The State Society," by President Wm. W. Van Baun, M. D.; "The College," by Dr. Pemberton Dudley; "The Journalist," by Dr. Eugene H. Porter, of New York, and "The Ladies," by Dr. Margaret Hassler, of Allentown. The exercises were brought to a conclusion by the recitation of a "Centennial Ode to Hahnemann," by the author, Dr. Wm. Tod Helmuth, of New York.

Third Day.

One of the first papers presented at the morning session was entitled "What Should be the Aim of the Refractionists?" by Dr. W. H. Bigler, of Philadelphia. The paper treated of the function of the oculist in relation not only to the health of the eyes, but of that of the whole body. He explained in some detail how a strain in the eye, due to some optical defect, reacted on the nervous system, causing acute and chronic headaches, and said that the wearing of proper glasses will not only improve and strengthen weak sight, but relieve the nervous system of the patient from needless irritation.

Discussion.

Dr. A. B. Norton, of New York, said there are many cases of persons suffering from persistent headaches as a result of going without glasses, when they ought to wear them, or of wearing glasses that are not suited to their eyes. The advanced civilization of the day, he said, is causing a greater strain upon the eyes, and statistics show that the eyesight of the race is deteriorating. A great deal of harm and a great many defects would be avoided if young children were taken to an oculist once or twice a year, just as they are taken to a dentist, and thus defects, by being taken in time, would be cured, or at any rate prevented from developing into more serious harm.

Dr. W. R. King, of Washington, said it is very desirable that the general practitioner should watch the eyesight of his patients, for there are many persons of a delicate, nervous temperament who are injuriously irritated by slight defects in the eye which would hardly be noticed by persons of a sounder constitution.

A paper on "Orificial Surgery with Relation to the Nasal Reflexes," was read by Dr. W. G. Steele. He cited several cases that have come under his notice where chronic headaches were caused by inflammation in the nose. He said that whereas at one time he made it a practice to first examine the eyes in cases of persistent headaches, he now always directs the first attention to the nasal cavity.

Other papers were read by Dr. H. F. Schantz on "Ophthalmia Neonatorum;" by Dr. Ella D. Goff, chairman of Bureau of Obstetrics, on "Dropsy in Pregnancy (With a Case);" by T. J. Gramm, M. D., on "The Present Status of Puerperal Infection;" from Dr. J. R. Horner, on "The Great Lying-in Hospitals of London;" by Dr. W. S. Bigelow on "A Case of Breech Presentation with the Funis Wound Around the Leg Above the Knee," and by Dr. Pearl Starr on "Anomalous Pregnancies."

Afternoon Session.

At the afternoon session Dr. Z. T. Miller presented the last paper read before the convention, entitled "The Middle of the Road in Medicine," at the close of which the final business of the sessions was considered. Report was made by the Board of Censors that twenty-six new members had joined during the convention. When the subject of the convention of 1897 came up for discussion, Dr. Horace B. Ware, of Scranton, extended a cordial invitation to the society to hold its meeting in that city. The proposal was warmly seconded by Dr. Anna C. Clarke, of Scranton, and the invitation was accepted by the society.

The committee appointed to consider the recommendations contained in the president's address made a report containing the following suggestions, which were unanimously adopted:

"We recommend that the executive officers of the society be authorized and instructed to take the necessary steps to have this society incorporated under the laws of this commonwealth.

"We recommend that the Committee on Legislation be authorized and instructed to favor the enactment of laws providing for the appointment of medical experts by the courts as a substitute for the methods now in vogue, with a view to securing more able as well as more trustworthy aid in judicial proceedings.

"We recommend that a vigorous and general effort be again made under the direction of the Committee on Legislation to secure state hospital care and homeopathic treatment for the insane of that large class of our citizens who employ the homeopathic method of medical treatment, on the same basis as this care and treatment are now provided for other citizens of this commonwealth."

The election of officers took place and resulted as follows: President, Dr. Z. T. Miller, Pittsburg; first vice-president, Dr. Wm. H. Keim, Philadelphia; second vice-president, Dr. Horace B. Ware, Scranton; treasurer, Dr. J. F. Cooper, Allegheny; corresponding secretary, Dr. Edward M. Gramm, Philadelphia; recording secretary, Dr. George B. Moreland, Pittsburg; necrologist, Dr. T. L. Bradford, Philadelphia; censors: Drs. Ella D. Goff, Allegheny; C. W. Roberts, Scranton; and F. M. Lawrence, Philadelphia.

The convention then adjourned.

THE THIRD ANNUAL MEETING OF THE MISSOURI VALLEY HOMEOPATHIC MEDICAL SOCIETY.

REPORTED BY S. J. QUIMBY, M. D., OMAHA, NEB.

The third annual meeting of the Missouri Valley Homeopathic Medical Society convened at Omaha, Neb., September 1st, 2d and 3d, Dr. M. T. Runnels, of Kansas City, president, in the chair.

This being the week of the State Fair the city was in gala attire and offered a variety of diversions. The sessions were well attended, eighty physicians enrolling themselves as members. The exercises were generally of a high order and instructive. There was manifest a spirit of hearty good fellowship and desire to arrive at practical facts.

After prayer Mayor Broatch in a neat little speech welcomed all to the freedom of the city and quietly suggested that if the Malt Nutrine should prove too exhilarating the police would be very lenient. Dr. Runnels responded appropriately, after which routine business closed the morning session.

Afternoon Session.

The afternoon opened with the "President's Address," the subject being "Some Obstructions to Medical Progress." It was excellent.

In the Bureau of Clinical Medicine, to illustrate the power of remedies versus surgery, Dr. S. J. Quimby, of Omaha, presented a clinical case. The subject a lady, twenty-two years of age, came under treatment April 14, 1896. There was an enlargement of the entire chain of deep and superficial lymphatics upon the left side of the neck, forming a broad, hard mass of nodules, extending from the clavicle below to the mastoid process and occipital protuberance above, two of which were broken down and suppurating profusely. Upon the right side of the neck two glands were enlarged and hard. Several of the old school physicians had been consulted and pronounced excision as the only hope for cure. A careful history of the case pointed to Bacillinum and Calcarea phosphorica as the constitutional remedies. The first prescription was Bacillinum 200, one dose every eight days. Improvement was rapid for six weeks when it ceased. Calcarea phosphorica was then given in frequent doses without any change of remedy. During this period the Faradic current had been used every eight days, negative pole. The improvement has been slow but marked. Since the first, one gland has broken down and discharged blood and matter, and another a dry cheesy substance. The remainder have slowly decreased without softening. As a result of the treatment only about one-fourth of the original mass of enlargement remains. The glands upon the upper portion of the neck are nearly normal.

Erroneous Prescribing.

Dr. E. L. Alexander, of Omaha, read a paper upon "Erroneous Prescribing." He strongly urged faithful adherence to the single remedy and that it be relied upon in cases of pain instead of Opium.

Dr. Quimby remarked in discussion that among strict homeopaths there can be no division of sentiment in regard to alternation, but the question is frequently asked, what shall a physician do when he cannot find a similimum which will stop the pain in a given case?

Dr. Hawkes, of Chicago, replied that the medical remedy is the only safe expedient to rely upon and cited several cases as proof.

Dr. Finney, of Lincoln, uses Opium to produce rest in incurable cases.

Dr. O. J. Montgomery, of Council Bluffs, regards the use of Opium safe only when the cause of the distress is known.

Dr. Gilchrist, of Iowa City, remarked that he never used Opium in any of its forms to subdue pain, but in surgical cases depends absolutely upon the medical remedy.

Dr. C. G. Sprague, of Omaha, cited a case of sciatica wherein Opium had been used for years and the case was finally cured by the use of Ammonium carbonicum.

Dr. W. A. Hubbard, of Cedar Rapids, promptly cured a similar case with Hepar sulphur.

Dr. C. W. Hayes, of Omaha, reported several severe cases of sprained ankle which were promptly relieved and cured by the injection of Morphine into the parts.

Dr. W. Worley, of Omaha, uses Opium, particularly where the sympathetic system is involved.

Dr. E. N. Leake, of Fremont, Neb., in a paper on the subject of "Hidden Dyscrasia" related a case of typhoid fever wherein several seemingly indicated remedies failed and Lachesis finally cured.

Dr. Wm. J. Hawkes, of Chicago, in discussion remarked that Lachesis was probably the indicated remedy at first. As to the C. M. potencies, he does not believe that they really exist.

Dr. L. C. McElwee, of St. Louis, related a case which presented all of the marked symptoms of Gelsemium which was given without results and the case was finally cured by Caladium.

Uterine Hemorrhage.

Dr. C. G. Sprague read an interesting paper upon "Uterine Hemorrhage."

Dr. L. C. McElwee remarked in discussion that he uses a tampon and leaves it in place twelve hours.

Dr. D. A. Foote, of Omaha, cited a case of hemorrhage, after an early abortion, in which he grasped the uterus over the abdomen and injected into the vagina a copious supply of hot water and vinegar with prompt results.

Dr. S. J. Quimby believes that the class of cases require both external means and the indicated remedy. He uses injections of lemon juice with the tampon.

Dr. W. A. Hubbard tampons with a silk handkerchief.

Dr. E. N. Leake uses hot water and plenty of it, never saw it fail to stop hemorrhage. Uses tampon in atonic, subinvoluted women. Had a case of placenta previa, where the placenta was torn through and rapid delivery brought the child away without much hemorrhage. Would consider it criminal to use a common silk handkerchief as a tampon.

Dr. Hawkes considers uterine hemorrhage usually due to dyscrasia in which are indicated Phosphorus, Calcarea phosphorica, Sebina, Ipecacuanha and Secale cor. with China for conditions incident to much blood.

Dr. Max J. Breckenridge, of Omaha, gave some "Clinical Reports" showing the prompt effect of the indicated remedy when guided by the peculiar symptoms.

The session was closed with a paper on "Circumcision in the Treatment of Nervous Diseases of Children," by Dr. E. B. Finney, of Lincoln.

Wednesday Session.

Dr. D. A. Foote opened the Wednesday morning session with an address on the subject of "Homeopathy and Surgery." After expressing regret at the unavoidable absence of several of the members of the Bureau of Surgery he entered upon his theme by stating that the ills of mankind demanded for their alleviation two crutches, Medicine and Surgery. He gave a lucid explanation of their relationship and spoke of the enviable record of homeopathic surgeons, particularly that of Dr. Ellis, of Michigan, who first ligated both carotid arteries, and Dr. Geo. B. Beebe, who first removed a large section of the intestines with benefit to the patient. This record he believes to be largely due to the use of homeopathic remedies.

In discussion Dr. Streeter warmly eulogized his old friend Dr. Beebe and gave a discription of his mode of operation and manual dexterity. Surgery was not then what it is now and his success was wonderful when we consider the technique compared with that of today.

Dr. Gilchrist remarked upon the phenomenal success of Dr. Beebe and regarded it as due to a natural aptitude for surgery, together with sound practical sense, careful attention to detail and thorough application of homeopathic remedies.

Dr. L. C. McElwee of St. Louis read a paper on the subject of "Home Surgery." He gave a comprehensive description of the evils and advantages attending general hospital service and pointed out the mode of rendering rooms at home sufficiently clean to provide for serious surgical cases. He contrasted the care of a wife, mother, sister or friend with that of a hired nurse.

Dr. Streeter stated that nine years ago he established a private hospital when there was not another in Chicago. Now there are about one thousand beds provided in private hospitals and the service is increasing. Home can be made as comfortable and safe and is cheaper than the hospital. There is, however, fuss, worry and nervous strain which are lost to the patient if removed to hospital.

Dr. Leake considered the suggestions as important to physicians situated in locations where hospitals are unknown, where the surgeon's skill is severely tested and more difficulty is experienced in the preparation for than the operation itself.

Dr. Humphrey has performed laparotomies at the homes of the patient with good results. By care there need be little excitement and nervous strain in the preparation.

Dr. W. H. Hanchett read a paper upon "Appendicitis." He believes that there is too much surgery in these cases and that the indicated remedy will afford a larger percentage of cures. To illustrate what medical treatment will do he gave the results of several severe cases in his private practice.

Dr. J. G. Gilchrist read a paper upon "The Morals and Ethics of Specialism."

The Bureau was then closed by a paper from Dr. E. B. Finney upon the subject of "Pelvic Abscess and Its Treatment.

Afternoon Session.

The afternoon session was opened with a lecture by Dr. Streeter upon "The Treatment of Retroversion of the Uterus."

The session was closed by Dr. J. L. Hanchett, of Sioux City, with an illustration of an improved method of preparing plaster of Paris splints.

Thursday Session.

Thursday a. m. the "Bureau of Materia Medica" was called and Dr. A. P. Hanchett, of Council Bluffs, opened with a paper upon "Eupatorium Perfoliatum." He gave a lucid sketch of the more important indications for the use of the remedy, dwelling particularly upon the bone pains. He had found it often indicated in the influenzas of this region. Dr. Quimby then read a paper upon "What Shall We Do with Our Materia Medica?" He noted the fact of the severe criticisms upon the voluminous compilation of symptoms in our larger works; that much of the so-called chaff may be found nutritious if assimilated by proper study; that to aid in this effort we need a new work with Farrington's idea more fully developed, explaining conflicting symptoms and giving a clearer idea of the modalities.

Dr. Hawkes in discussion stated that almost every doctor has a plan for a materia medica. In his own experience the characteristic and peculiar symptoms of the drug have given the most frequent satisfactory results.

Dr. E. G. Linn of Mt. Pleasant read a paper upon "Alternation." He took the ground that the alternation of remedies was not at war with the spirit of homeopathy; that in the repetition of the new remedy the former one had ceased to act.

The paper brought out a sharp protest from several of the members with an assurance that its doctrines were not those of the meeting.

Thursday Afternoon Session.

The Bureau of Mental and Nervous Diseases opened the afternoon session with a paper from Dr. H. V. Halbert, of Chicago, upon "Neurasthenic Headache, Its Cause and Its Cure."

This was followed by Dr. Dorris, of Lincoln, with a paper upon "The Effect of Modern Civilization upon Mental Disease."

The discussion which followed emphasized the necessity of rest in all of these cases, which may sometimes be obtained by change of employment.

Dr. Delamater then gave a lecture upon "The Selection of the Remedy in Nervous Diseases."

This was followed by a paper from Dr. J. E. Mann, of Omaha, upon "Refraction," which was illustrated by charts in a very lucid manner.

Dr. Freda M. Lankton, of Omaha, read a paper upon "The Indicated Remedy vs. The Knife."

After the election of officers and the report of committees, by unanimous vote Des Moines, Iowa, was selected as the next place of meeting.

WASHINGTON HOMEOPATHIC MEDICAL SOCIETY.

REPORTED BY RICHARD KINGSMAN, M. D.,
WASHINGTON, D. C.

The Medical Society held its September meeting in the parlors of the Ebbitt House. Owing to absence from the city of the president and vice-president the meeting was presided over by Dr. C. B. Gilbert.

The Board of Censors made a favorable report on the application of Dr. Arthur C. Rautterberg for membership, and he was unanimously elected. He is a graduate of Hahnemann College, Philadelphia, class 1896.

Dr. C. B. Gilbert was elected as visiting delegate to the meeting of the Pennsylvania State Association; and Dr. L. Y. Baker was elected to represent our society at the New York State meeting.

The Bureau on Genito-Urinary Diseases, Dr. H. H. Hawxhurst, chairman, made its report.

Gonorrhea.

Dr. F. A. Swartout presented a paper on Gonorrhea, and remarked that while a student he had been led to believe that all cases could be cured in three weeks' time. But his own experience has been that it very often takes six weeks and longer to complete a cure. He then reported a case of an ex-soldier who had a reminder of the late war in a stricture; there was also a yellowish discharge, severe burning on urinating and other symptoms of gonorrhea, as well as three chancroids. In spite of all this, the patient very strenuously denied that he had had any chance to contract the disease. He was put on Cannabis sativa, which seemed to relieve the pain, but the chancroids became worse, even though he had, under direction, used a bichloride wash to keep the parts clean. It being necessary to give closer attention to the chancroids they were thoroughly cleansed three times a week with bichloride washes and hydrogen dioxide, and then dusted freely with iodoform. Under this treatment they improved, but the gonorrheal discharge did not abate, although Pulsatilla tincture, Cantharis 3x, and Sepia 30x, were given. The thought suggested itself to try the same treatment by injections as was being followed for the chancroids, which was done with the result that the discharge began to lessen at once and the other distressing symptoms to abate, a cure being completed in about five weeks.

The next case was that of a young man, aged twenty-five years—his first experience. He was given Cantharis, Pulsatilla, Cannabis sativa and Gelsemium, but without relief. At the end of the second week a distressing chordee began. This would awaken the patient from a sound sleep two or three times in the night. It was partially relieved by bathing the penis in cold water. Injections of boracic acid, mercuric bichloride, hydrogen dioxide, fluid extract of hydrastis and alum all failed to give any relief. In desperation, the case having reached the sixth week, the patient was put on Luyties Gonorrheal Tablets, the main constituent of which is sandal wood, and also Luyties Buchu Tablets, dissolved in warm water and taken three times daily. Under this treatment the patient began to improve slowly in about a week, until the chordee disappeared, when there was a lull, or the improvement was so very slow as to be hardly noticeable. At the end of about four weeks the discharge finally ceased, but the burning and smarting on urinating remained. All injections had been stopped, except the bichloride, 1-5000, which he continued for two months longer and then stopped that for about two weeks. Thereupon the burning upon urinating gradually began again, so that he was compelled to resort to the bichloride injection once daily. It has now been eleven months since the disease commenced, but if he stops the injections for a few days the smarting will return again, though there is all the while a slow improvement.

Discussion.

In discussing the paper Dr. Kingsman said that he had had very good success in the treatment of such cases, but that he never expected to cure a case in less than six weeks. He always commenced the treatment with Aconite 3x, for about one week, then followed with Cantharis 3x, for a week or two, and finished with Pulsatilla 3x, Hydrastis 3x, or Sepia 30x. He does not use any medicated injections, but uses plain hot water injections freely, and pays particular attention to the diet of the patient. The diet should be plain and nourishing, free from spices, coffee and tea, and all alcoholics.

Dr. C. B. Gilbert said he did not believe that gonorrhea was ever cured, and thought that it was a worse disease than syphilis so far as its effects upon the human system are concerned.

Dr. G. W. N. Custis was of the opinion that many of the nervous diseases with which children are afflicted are due to the fact that their fathers have never been cured of the gonorrhea they contracted in their early years.

Dr. Krogstadt thought that all cases should be watched for months after a supposed cure had been effected to see that no stricture made its appearance, as many times a mild stricture presents itself but passes unnoticed by the physician.

Dr. Z. B. Babbitt believes in plain hot water injections, the indicated remedy and the necessity for the use of sounds to be sure that no stricture remains.

Renal Dropsy.

The next paper was read by Dr. H. H. Hawxhurst, the subject being Renal Dropsy. He said that no one now fails to recognize that dropsy is a symptom, and not a disease per se, but its frequency in kidney affection, being present in about six out of seven cases, and its prominence as a symptom, overshadowing most others as a cause for alarm and suffering, justify particular attention to its relief, just as though it were the primary disease.

The pathology of renal dropsy is as yet complex and not clearly understood. Dropsical exudations take place from the capillaries and may be brought about by low arterial pressure or by high venous pressure, either of which conditions brings to pass a stagnation in the capillary circulation and increased exudation of fluid through the capillary walls into the lymph spaces. Low arterial pressure may be due to a weak heart, or to a relaxed artery; high venous pressure may be due to a mechanical obstruction to the return blood current, or to a damming up of the venous blood by imperfectly emptied heart cavities. Besides pressure the character of the fluid itself determines to some extent the amount of exosmosis through the capillary filters; hence hydremia is accompanied by dropsy because the more readily transuding material, water, is in excess.

Another element in dropsical pathology is the nutritive condition of the capillary endothelium. Lowered vitality here may be effected by constitutional states, as in anemia, or by local injuries of the capillaries, as by cold, or the erythema of eruptive diseases.

Lastly, considering the capillaries and their endothelial lining as glands whose function it is to secrete serum, irritating substances in the blood or in the tissues may bring about hyper-secretion.

From these general theories the probable explanations of renal dropsies are: First, in acute nephritis the dropsy is due to inflammatory changes in the skin and is especially frequent when the nephritis is caused by scarlet fever or by exposure to cold. Second, in chronic parenchymatous nephritis it may be due to irritating substances in the blood, to changes in the composition of the blood, or to changes in blood pressure. Third, in chronic interstitial nephritis the dropsy which comes on late in the disease is caused by changes in blood pressure due to heart failure.

Treatment.

The treatment now suggested is not strictly homeopathic, but it is to be availed of as a last resort when all the known homeopathic remedies have been faithfully tried. Recent studies have demonstrated that in sugar of milk (U. S. P.) in full doses of two to four drams dissolved in a quart of water, given daily, we have a most efficient substance for reducing renal dropsy. Its diuretic power is very great, and inasmuch as it acts directly upon the kidney and has slight, if any, effect upon the rest of the organism its value is apparent. It acts best in cases where there is no albuminuria.

Mercurius dulcis, in one grain doses, three times daily, will secure good results. If a diuretic effect is not apparent within forty-eight hours it should be discontinued.

A diuretic of great value is citrate of potassium. Its action differs from that of the other drugs mentioned, or it does not seem to be a renal stimulant but a solvent of the casts which, collecting in the tubules of the kidneys, plug them up and diminish considerably the excreting area of the kidney. Casts are rapidly soluble in an alkaline medium. Ten grains in a little water, three times daily, given during digestion, make up the routine dose.

In connection with the citrate of potassium I have had excellent results from the administration of digitaline, 1-100 grain, three or four times daily.

Caffeine is a very useful diuretic and may be used in any renal dropsy except that with acute nephritis, where it and all renal stimulants are contra-indicated. The dose is two to five grains, three times a day.

Strophanthus (three to six drops, t. i. d.) and convallaria (five to twenty drops, t. i. d.) are encouragers of the heart and circulation which may be remembered.

Diuretics and heart stimulants cannot be used in all cases; for example, in a patient with increasing dropsy who is already passing from ninety to one hundred ounces of urine a day diuretics are not indicated. In others the kidney is so hopelessly diseased that stimulation has no effect whatever upon it. The intestines and the skin must then be intrusted with the work. Upon the former elaterium, one-sixth grain, taken by the mouth, acts promptly, producing very large, watery, painless passages which markedly reduce the dropsical effusion. By the hot pack or the hot air bath the skin should be excited to activity twice a week, every alternate day or daily, according to the urgency of the case and the condition of the patient. An enormous amount of fluid can be abstracted from the skin. The diet in such cases should be mainly milk.

A death from a peculiar cause was that of Dr. G. H. Powell of Toomevara, Ireland. While eating an apple a wasp in the core stung him on the tongue, producing glossitis from which he died in three hours.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - - Editor
WILSON A. SMITH, M. D., Editor Pro Tem.

New York and Chicago, November 1, 1896.

Editorial.

DIET IN TYPHOID FEVER.

It is with pardonable pride that we present to the profession this especially valuable issue of the Medical Century. In its columns will be found a symposium of the experience of the men and women who have been successful in professional life in their treatment of disease and it is this experience which is of so much value to the practitioner. Theories are well enough to discuss in societies, at club meetings and around the social board, but in this number the truth, stripped of all unnecessary verbiage, is given to those who read this journal.

The importance of giving patients who are suffering from typhoid fever plenty of water is strongly emphasized. The intense heat rapidly destroys the liquids of the body and physiological sense teaches the importance of supplying this waste. In all the articles presented one will notice the caution concerning the return to solid food. The main reason given therefor is the fact that the particles of food (solid) which are not taken into the system but pass through as fecal matter in solid food are irritating to the inflamed surfaces of the intestines and the serious condition which exists there is aggravated.

To our mind there is another reason which bears upon this point strongly and this is the fact that the stomach is affected by the disease and fails to digest anything which is put in, and hence it is necessary to provide a diet upon which the stomach will have but little work to do. In typhoid fever, as well as in any continued disease, the stomach ceases to be an organ of digestion and becomes simply a receptacle for the food which is to go through the process of digestion after it has passed through the pyloric orifice. The intestines suffer less than the stomach and hence their power of digestion is not so greatly affected. The return to solid food too soon is contra-indicated from two standpoints:

First, the patches which have been ulcerated require time to heal, and

Second, the stomach being the first organ of the digestive system to fail is the last organ to regain its tonicity, and instead of digesting food which it ought to do and would do if in a healthy state permits it to pass through unchanged and become a source of irritation to the intestinal tract.

Several papers bring out one point which we trust that the readers of the Century will read and ponder. It is this: Individualization is as necessary in selecting the diet as in selecting the remedy. "What is one man's meat is another man's poison" is as true today as when the axiom was written and is particularly true in all diseases affecting the alimentary tract. There are quite a few to whom milk is not only disagreeable but from some idiosyncrasy they are unable to digest it, with the result, as noticed by many of those who have contributed, that the resulting curd produces disastrous effects. Dr. Carlson draws attention to this peculiarity of individuals in his characteristic way and in such language that one will not readily forget. The whisky story will remain with us after we have forgotten what he says about milk.

We believe that the successful method of feeding typhoid fever patients is that method which looks after each patient's diet with the same individualization which we use in selecting the remedies.

CONSERVATISM IN MEDICINE.

The practice of medicine has the tendency to lead one into conservatism. After it is faithfully followed for a number of years, whether we will or we won't, we unconsciously drift into certain methods and adhere to them, whether it be operations, or remedies, or teaching, or illustrating, and it is with great difficulty we throw the old aside to take up something new.

It is a good thing that this is true. It proves that physicians as a class are not so apt to take up everything which happens to occupy the public mind and accept it as gospel truth before it has stood the test of experience. It indicates, to our manner of thinking, that the profession stands in favor of that excellent proverb which teaches us "to prove all things and to hold fast that which is good." Better than all else is the evidence which it gives of the steadfastness of the profession to adhere to those principles which by years of use have been found to answer all the requirements to which they have been put, whether it is operations, drugs or manner of teaching and illustrating.

The latter point is conspicuous in our thoughts at the present time in consequence of a short communication which fell into our mail-box the other day from one of the esteemed contributors to the Medical Century. It shows that the medical profession is thinking; it illustrates the fact that as a profession we do not change rapidly; it presents—but here is the note:

"It is to be hoped that the new silver party will not change the size of our dollar. All of our text-books on obstetrics tell us to wait until the os is dilated to the size of a dollar. Besides the expense of changing our text-books some doctors might wait until the os became as large as the sample silver dollar now on the market."

We do not think the fear of the Doctor is well founded but it is a straw which shows the natural inclination of physicians to adhere to the old and tried methods of teaching and illustrating.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. Marstella, of Geneva, Ill., was the guest of Prof. C. T. Hood in October.

Dr. A. D. Patten of Montreal paid a visit to Chicago early in October.

A Chinaman has just died in Montreal from leprosy, the disease having been established by a coroner's inquest.

The vibratory habit is the name given a certain nervous condition said to result from the excessive use of the bicycle.

Dr. A. H. Tevis, formerly of Boulder, Colorado, has moved to Highlands, that state, with his residence at 329 Douglas street.

Dr. Geo. Chittenden, of Janesville, Wis., is taking post-graduate work among the hospitals of this city. He expects to put in a month of hard work.

Boston's old school dispensary completed one hundred years of work October 8th, having administered to 1,334,162 persons during its century.

Dr. Chas. Thayer, Minneapolis, Minn., shook hands with Chicago doctors last month. He reports all things in good condition in the Northwest.

Salem, Mass., has had to close all of its schools on account of a diphtheria epidemic there. About thirty cases have been reported to the authorities up to date.

The students of the Chicago Homeopathic College were tendered a reception by the members of the Y. M. C. A. on October 3d. A very enjoyable evening was reported.

Several insurance companies have recently decided to place the premium on physicions' life insurance at advanced rates, holding that physicians constitute a class of unusually hazard risks.

Dr. P. Sharpless Hall, of 1604 Arch street, Philadelphia, writes us concerning Washburne's Manual of Pathology: "I find it clear and concise and will take pleasure in recommending it to the class."

Dr. Ernest Nyssens, of Brussels, Belgium, made a recent visit to Chicago. Dr. Nyssens will remain in America for about eight months in attendance upon clinics in New York and Philadelphia.

Dr. W. D. Barnhill, of South Whitley, Ind., enjoyed the society of Chicago people in the early October days. Dr. Barnhill says the Indianians are all going to vote for William ——, but he forgot the last name.

Dr. John H. Vincent, of Springfield, we were going to say Illinois, was recently in Chicago upon business connected with the State Board of Health. We regret missing a call he made while here.

Prof. J. H. Buffum had the misfortune to dislocate his shoulder on October 15th. From what we learn the good Doctor is getting along nicely and the Century trusts he will have soon wholly recovered.

One very unlooked for result seems to have been due to the Roentgen rays as reported by Prof. Ramsay. One of his friends who had submitted the bones of his hand to the rays subsequently lost all the finger nails on that hand.

Dr. C. L. Dreese, of Goshen, Ind., made a short stop in Chicago on his way home from a hunting trip in Arkansas. He was enjoying good health and had had the usual amount of hair-breadth escapes and mammoth catches of fish.

Dr. Siddons, the leading homeopathic physician of Downer's Grove, Ill., died from diphtheria the latter part of September. He had been in poor health for some time and was unable to withstand the ravages of the virus of this disease.

The Board of Health of Chicago has just been petitioned to revoke the license of a practitioner of the old school who has advertised in the daily papers to furnish parents of children with certificates of vaccination entitling children to admission to the public schools—without the vaccination.

The regular meeting of the Homeopathic Society of Germantown, Pennsylvania, was held at the office of Dr. Edward S. Sharpless, 1329 North 12th street, Philadelphia, on the evening of October 19th at nine o'clock p. m. The November meeting will be held at the residence of Dr. Northrop.

Dr. W. B. Clarke, of Indianapolis, is convalescing from a severe attack of typhoid fever. While ill Dr. Clarke received the jeweled badge of the British Red Cross Society, conferring the rank of surgeon-major. The membership medal of the Turkish society was also bestowed upon Dr. Clarke.

The Homeopathic Record, that earnest and pushing little sheet from Montreal, Canada, doubled itself in size in its October issue and promises its readers to keep doubled. The physicians of Montreal deserve—and get—a great deal of credit for the good work they are doing with untiring hands.

Dr. Fisher continues to improve, although his convalescence has been retarded by one or two slight relapses. It is hoped that within another fortnight he will have recovered sufficient strength to enable him to set out upon a much needed trip to the Pacific Coast in a search for rest and recreation.

The Board of Directors of the Montreal Homeopathic Association met at the hospital in September, the particular purpose of the meeting being the discussion of the necessity of inaugurating a course of lectures under the auspices of the Montreal College of Homeopathic Physicians and Surgeons. The result was a request for a series of lectures on medical and surgical subjects homeopathically considered. This is taken to mean the practical opening of the regular session of the college and becomes at once another milestone in homeopathy's progress in Canada. The series of lectures will be free and open to the public.

Prof. Phillip Greiner died at his home in this city of typhoid fever October 20th, '96. He was professor of physiology in the National Medical College at the time of his demise. For twelve years he had been physical instructor in the Northwestern University and was considered authority on physical culture.

Typhoid fever epidemics are by no means rare. Chicago has her quota of the dread disease; Indianapolis has quite an epidemic; Utica, New York, has just recovered from a terrible scourge which prevailed there; Cambridge, Mass., has also had a severe experience with the disease, and Evergreen, Pa., is just emerging from the throes of an epidemic.

"Professor Washburne's Manual of Pathology, a neat little volume of 122 pages, is out. The author, realizing that a student has not the time to wade through an exhaustive work on the subject, has, by a system of "boiling down," admirably succeeded in producing a book which meets the requirements of the class room. The ground work of each subject is tersely and concisely given, while a list of questions at the end of each chapter makes it at once a text-book and a quiz compend combined. We understand the book has a heavy sale."—Homeopathic Student.

According to the report of the Department of Health there were 1,658 deaths in Chicago from all causes during the month of September. Of the acute diseases diphtheria and membranous croup carried off ninety-three victims, while typhoid fever has a mortality of eighty-seven charged up against it. There were seventy-eight deaths from pneumonia, one hundred and seventy-four from consumption and fifty-two from bronchitis. One hundred and ninety-six deaths were reported from acute intestinal diseases, including infantile diarrhea. There were eighty-one deaths from diseases of the heart, one hundred and twenty-four from nervous diseases and forty-five from cancer.

"A Manual of Nervous Diseases, and Their Homeopathic Treatment. A Compend for Students, Colleges and Physicians. By George H. Martin, M. D., Professor Mental and Nervous Diseases Hahnemann Hospital College, San Francisco. Published by Medical Century Company, New York and Chicago. We find in this work a treatise on nervous diseases that is more complete than the quiz compends, and will, therefore, be of more service on this subject, to students, and yet sufficiently complete to be of use to the homeopathic practitioner as well as those of other schools, as but a few of the most prominent remedies are mentioned. For a brief work on this subject we believe it will be appreciated wherever seen."—Medical Brief.

The next Annual Meeting and Banquet of the Hahnemann Association will be held on Thursday, December 3, 1896, at the Windsor Hotel, Fifth avenue, Forty-sixth and Forty-seventh streets, New York. The great interest shown at the previous banquets and the large attendance warrant us in predicting that the present meeting will be even a greater success than the previous ones, especially so when the members find that this old and exclusive hotel has given the Association special arrangements, and promised an especially good menu at the very low price of three dollars per plate. The hotel has recently been elaborately redecorated and modernized so that it ranks with the best of New York's famous hostelries. This will be a particularly desirable place for the meeting and banquet for the accommodation of out of town physicians, as they can remain over night at the hotel if rooms are ordered in advance. Not only are we warranted in predicting that the dinner will be good, exceptionally good, but the list of after-dinner speakers already secured will certainly make this part of the dinner one of great enjoyment; and all members who desire to honor the memory of Samuel Hahnemann and enjoy a most delightful evening should make their arrangements to attend.

Apropos of the Homeopathic Text-Book of Surgery we quote the following from the Materia Medica Journal: A Homeopathic Text-Book of Surgery.—Edited by C. E. Fisher, M. D., Chicago, and T. L. Macdonald, M. D., Washington. Profusely Illustrated. Medical Century Company, Chicago. Royal octavo, pages 1650. 1896. A magnificent volume: A Homeopathic Text-Book of Surgery, by homeopathic surgeons, profusely illustrated and liberally exemplified by homeopathic therapeutics; a volume of which every homeopath in the land may be justly proud. And how could it well be otherwise? Are not such names as Helmuth, Fisher, Shears, Pratt, Walton, Macdonald, Van Lennep, Emerson, Green, Chislett, James, Lee, Morgan, Parsons, Sanders, Wilcox, Wilson the peers of any living surgeons of any school of practice in Europe or America? It is a royal octavo volume of sixteen hundred and fifty pages of reading matter, well printed on first quality of paper with new type, well bound and well and profusely illustrated. There are sixty-four full page plates, of which twenty-three are colored, and the plates illustrating the ligation of arteries are especially practical and clear. In addition to the full page plates there are over eleven hundred illustrations, largely original, drawn from the experience of the authors. Although the volume is the combined work of a corps of homeopathic surgeons, it is in no sense a compilation from the surgical literature of other schools. There are, of course, standard illustrations—the ligation of arteries, for instance—which are the common property of all surgical text-books, but the large majority of illustrative cases are from the experience of the homeopathic schools all over the country from Maine to California, and as an humble member of the homeopathic profession, we are proud of them. While there are a number of minor errors inseparable from the combined work of a corps of surgeons, it is the peer, if not the superior, of any single volume text-book of surgery in the English language. The work is not perfect by any means, but it is as near it as any first edition of any work generally is. Neither is it above criticism if it be read with that sole object in view. There might be many remedies added to many chapters that would materially increase its value in a therapeutic sense. But we do not look for materia medica in a surgical text-book, and while the operative procedures are the equal of any work on modern surgery, what therapeutic recommendations there are, and they are by no means meagre, are vastly more helpful than are to be found in any other work, especially the text-books of the other school. Loyalty to our surgical authors, and loyalty to our school of practice, with the normal pride of a homeopathic physician to the cause which the Text-Book of Surgery represents, should secure for it a permanent place in the library of every member of our school.

NEW YORK NEWS-NOTES.

The present prevalence of typhoid fever in the city is exciting comment.

Dr. Oscar Northway-Meyer has been appointed demonstrator of anatomy at the New York Homeopathic Medical College.

The engagement of Dr. Thomas M. Dillingham to Miss Harriett A. Carlton, daughter of Mr. S. A. Carlton, of Boston, was recently announced.

At the Colored Orphan's Asylum an epidemic of whooping-cough has been raging during the last two weeks. About forty cases have been reported.

Dr. F. M. Wall has suffered a serious relapse of the typhoid fever previously reported. At present writing, however, it looks as though recovery were probable.

Reprints of the paper on "The Pathology of Bright's Disease," by Dr. George F. Laidlaw, from the Bright's Disease Number of the Medical Century, are being circulated by the author.

Dr. Evans, of the New York Homeopathic Medical College, '93, after a prolonged absence for his health, has returned to the city and is now resident physician of the Harlem Homeopathic Hospital.

We are glad to announce the satisfactory improvement of Dr. A. R. Morgan and his wife, of Waterbury, Conn., who suffered serious injuries in a trolley accident as described in the last number of the Century.

The New York Homeopathic Medical College and Hospital, besides its donation of $95,000, from Gov. Flower, has also recently received $15,000 from Mrs. C. H. Kunhardt for a memorial ward in honor of her late husband.

St. Luke's Hospital has just been censured very severely by a coroner's jury for transferring a man from St. Luke's to the Harlem Hospital. At the inquest the coroner's physician decided that the man's death was due to the attempt to transfer him.

Dr. Willard I. Pierce has established to his own satisfaction the curative powers of the high potencies, 12th to 30th, by the use in his practice of potencies of his own manufacture. His preparations have attained considerable repute among Dr. Pierce's friends.

Dr. Sherwood D. McIntosh, of 222 West 43d street, suffered an attack of acute mania, due to religious excitement, last month. He had been intensely interested in the meetings of the Gospel Tabernacle. It is believed that rest will restore his mental balance.

On Wednesday evening, October 7th, Dr. T. F. Allen delivered the first of his series of post-graduate lectures on advanced materia medica, entitled "Aconite." At the same meeting practical demonstrations of the X-rays applied to surgical uses were made by H. E. Waite, M. D., of the firm of Waite & Bartlett.

The Kneippists were not long satisfied with their permission to walk bare-footed in the grounds of Central Park. They have now come out with a more comprehensive request for "a large free open space to demonstrate to all the world that the Kneipp treatment is a cure and not simply a diversion for cranks."

Members of the County Society are delighted at the change of location of the place of meeting to the Chapter Room in Carnegie Hall. Quiet, cleanliness and good attendance are to be expected in the cheerful and commodious room now in use. The Secretary of the Society, Dr. H. W. Paige, is congratulated upon his selection.

The dedication of the new Medical Hospital of the New York Homeopathic College and Hospital on the afternoon of October 6th was celebrated with impressive ceremonies in the court outside the building. A raised platform, gaily decorated with the college and national colors, seated the trustees, faculty, staffs of associated hospitals and invited guests in the profession. The other guests occupied the paved floor of the court. The ladies of the Woman's Guild were at hand to do the honors of the new building, which was in perfect order and bright with flowers. The exercises, opened by prayer by Rev. John Wesley Brown, included remarks by Hon. Rufus B. Cowing, President of the Board of Trustees, an address by Dean William Tod Helmuth and an oration by Gen. Jas. R. O'Beirne, Commissioner of the Department of Public Charities of New York City. An orchestra discoursed music before the exercises and between the speeches.

BOSTON BUDGET.

Dr. N. W. Emerson has removed his office from Copley Square to 40 West Newton street.

Mr. William M. Colby, Boston University Medical School '97, a son of Dr. E. P. Colby, is fulfilling the duties of house physician at the Boothby Surgical Hospital.

Dr. I. T. Talbot, whose health has suffered from over-work, sailed for Europe the middle of October. He goes in company with Dr. W. L. Jackson, who is recovering from his long illness.

The Boston Homeopathic Medical Society holds its next meeting at the Medical School on Thursday evening November 5. The section of Materia Medica is appointed to report at this time.

The Boston University Medical School began its fall term Thursday, October 8. The attendance this year promises to exceed that of last year, but it is still too early to give exact numbers. There are several physicians' sons enrolled among the new students. A son of Dr. John Rockwell, Professor of Physiology, comes from the Massachusetts Institute of Technology, and a son of Professor J. Heber Smith comes from Harvard. There are several changes in the faculty, notably the addition of Dr. Frederick A. Davis, to the department of Materia Medica. He will give a course in elementary instruction to the second-year men. The students have long felt the need of such a course. Dr. Edward E. Allen takes the place of Assistant in Anatomy, which was held last year by H. D. Boyd, M. D. Dr. Eliza B. Cahill and Dr. James S. Shaw have been added to the list of instructors as Assistants in Gynecology. The name of Philo

G. Noon. A. B., appears in the catalogue as Instructor in Physics. Dr. John P. Sutherland begins his first year as Registrar and Dr. John H. Payne as Treasurer, both of which offices, in the past, have been filled by the Dean, Dr. I. T. Talbot.

Dr. Alonzo Boothby, Professor of Gynecology, has formulated a new method of conducting his department, which promises to give even better results than in the past. The senior class is scheduled for two hours in succession to Dr. Boothby. The plan now is for Professor Boothby to lecture to the class during the first hour, in connection with the examination of a patient; for the second hour the class is divided into sections of five or six students each, and four of these sections go into as many clinics, each of the clinics under the charge of one of the following instructors: Dr. M. E. Mann, Dr. H. L. F. Wright, Dr. J. S. Shaw and Dr. E. B. Cahill. For the remainder of the class an endeavor will be made to give them opportunity to witness Dr. Boothby operate on some gynecological case at his hospital. The sections come under the tutelage of each instructor in rotation, thus giving the students the advantage of more than one instructor's experience. In addition Dr. Boothby has made arrangements by which members of his class can take any dispensary patients of whom they can get hold and who need some minor gynecological operation into his hospital at a cost price, and then under Dr. Boothby's supervision operate and follow the conduct of the case.

Dr. Horace Packard conducted the first surgical clinic of the college year at the Massachusetts Homeopathic Hospital, on Saturday, October 10, and a rarely good clinic it was. It excelled in the quality of the cases rather than the quantity. Dr. Packard presented for operation a case of "Hypertrophy of the Mammae." The unusual occurrence of such cases is shown by the fact that there is recorded but one other case in New England, and but three others are known in the United States. Before the operation Dr. Packard gave a short lecture on the subject of "Hypertrophy of the Mammae," and was followed by Dr. Conrad Wesselhoeft, to whom the patient went originally, with a short history of the case. It seems that it was a case of stimulation by pregnancy and first came under observation in August, 1895. After delivery of a normal child the breasts commenced to enlarge and at time of operation they hung down till they reached the pubes, and it was possible for the patient to lie only upon the back. They were red in color, and of a hard consistency in some places and soft in others. There was considerable pain not only from the weight, but also sharp, lancinating pains. Dr. Packard began the operation by passing a long needle through the base of the right breast and fastening a rubber ligature beneath it to aid in controlling the blood supply. The mass was then quickly removed. The hemorrhage and oozing were quite persistent, causing some trouble and delay. The wound was finally closed, with allowance for drainage. The breast removed weighed eight pounds. The left breast was fully as large, but it was deemed inadvisable to attempt the amputation of it at that time.

Dr. Packard also offered a case and operation of umbilical hernia.

FOREIGN NEWS-NOTES AND ITEMS.

A committee has been appointed in Munich for the purpose of soliciting subscriptions to erect a monument to Pasteur.

Bombay and other points of the Presidency are afflicted with the plague. Over one hundred recent deaths have been reported.

In Norway and Sweden no marriage is permissible unless the high contracting parties can produce certificates showing that they have both been satisfactorily vaccinated.

Dr. Michel Emory has just died in Lyons and his death is greatly mourned by his clientele of that city. Especially do the invalids of St. Luke's Hospital feel the loss, he having been to them a veritable good Samaritan.

The Calcutta School of Homeopathy seems to be flourishing and able to do good work for the cause in India. It is recognized by the majority of the Homeopathic physicians of India, according to report, has a hospital and charitable dispensary and gives its students good clinical advantages. The curriculum covers a three years' course.

Yellow fever is still raging in Cuba, the new recruits from Spain furnishing fresh fuel for the disease, whose ravages are confined almost wholly to the Spanish soldiers. Only six of the forty-one deaths in Havana during the past week occurred among civilians. Out of the one hundred and twenty-five new cases reported for that period eighty-seven were among soldiers.

The International Psycological Congress held its third session at Munich the last few days of September. There were present about four hundred and fifty men. The Congress was opened by Prof. Stumpf, of Berlin. Some very interesting papers were presented during the four days' session; one by Prof. Richet on "Pain" in which he expresses the belief that pain is a sensation which prolongs life. Dr. Liszt, of Halle, read a paper on "Medico-Legal Responsibility" in which he took the stand that a chronic criminal is not to be held wholly responsible for his deeds. The intimate association of suicide and alcohol was brought out by T. C. Mueller. He found that the consummation of alcohol and the number of suicides increase together. The Congress will next meet in Paris in 1897.

Surgery in the Cuban army is just now at a premium, as in fact is all medical attention. Chloroform and ether are not easily procurable in Cuba today and the wounded Cubans have to submit to the knife very often without an antiseptic. An exchange commenting upon the Spartan heroism of the Cubans, says, "It is not strange to see there a man light a cigar and look on coolly while his arm or leg is amputated." Surgeons in the Cuban army have no recognition of their services, no hope of fame, no prospect of money. Brought up under the refining influences of civilization, they abandon their families, their homes, their practice to start out on a career of hardship and danger. In that climate tetanus and secondary suppuration set in very rapidly, and in their operations the surgeons have to make a careful and intelligent use of antiseptics; as they are very hard to obtain patients are often sprinkled over with finely powdered brown coffee which is a powerful antiseptic.

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Gynecology.

GYNECOLOGICAL SURGICAL CASES.

BY E. STILLMAN BAILEY, M. D., CHICAGO.

Removal of Simple Unilocular Ovarian Cyst, Followed by Severe Surgical Shock.

The patient, aged twenty-one years, unmarried, was referred to me by Drs. Dittmer, Manchester, Ia. A diagnosis was made at her home, Feb. 5, 1896, of ovarian cyst and its immediate removal advised. The patient's clinical history was excellent. The presence of the cyst had been known for two years. On March 4th following she presented herself at the Hahnemann Hospital for operation. Three days of preparatory treatment placed her in excellent physical condition. March 7th I removed the cyst, assisted by Drs. Chislett, Clapp, Kahlke and James, under chloroform anesthesia administered by Dr. Katherine James, the hospital interne. The operation could be described as ideal in technique. The median line abdominal incision was five inches in length. The cyst, found to be unilocular and without adhesions of any kind, was elevated slowly by Spencer Wells' trochar, the long and narrow pedicle was secured by a single Staffordshire knot of braided silk, the stump cauterized superficially by pure carbolic acid, and the abdominal incision closed by cat-gut and silk-worm gut sutures in the usual manner. The nurse's record shows the time consumed, after the patient left her room for the operation, 11:30 a. m., until her return and in bed, 12 m., to have been but thirty minutes. This includes the time consumed for the preparation of the abdomen for the incision, the anesthesia, and the bandaging and dressings. Once during the anesthesia the anesthetist ordered a hypodermic of rye whisky.

As the cyst was easily removed there was absolutely nothing that had entered the peritoneal cavity, not even a sponge, the work being all done with instruments outside. After ligation my examining finger discovered the uterus and adnexia of the opposite side to be perfectly normal. The weight of the cyst and its contents was nineteen and one-half pounds; the fluid removed was dark, limpid, oily, odorless and non-septic.

These details are pardonable as no abdominal operation could have been simpler, nor could more favorable conditions have been exacted.

At 12:30 the patient expressed herself to me as delighted that the operation was over and that she was back in bed feeling so entirely comfortable. She was hopeful and courageous, promising to aid her nurse in every particular. Her parents in an adjoining room received a verbal message from their daughter that all was well with her. No one entered the room save the nurse, Dr. James and myself.

The nurse's record is before me and shows a record every fifteen minutes, day and night, of some item concerning this patient. It may have something of interest to others.

Without warning at 1:30 p. m. the patient went into a profound collapse with all that that word means—pulseless, skin cold and clammy, muscular relaxation, mental apathy—death seemed imminent. Heat was immediately applied, Strychnia, 1-100 grain, was given, the hot whisky pack was used, as well as a hypodermic of rye whisky. At 2:15 the pulse was 124, very feeble; the temperature was 96.4, respiration, 36. At 3 p. m. Strychnia sulphur, 1-30 grain, was given. At 5 p. m. the pulse was 160, feeble; gave rectal enemata made of tincture of capsicum, twenty drops. Gave one ounce of rye whisky. One pint of hot coffee was also retained. At 6 p. m. the pulse was 160, feeble. At 6:15 the pulse was 170 and ten minims of Digitalis were given. At 8:15 the pulse was 150 and flickering. Fifteen minims of Digitalis were given and the above formula for a rectal enema was repeated, besides administering a hot whisky rub. At 9 p. m. the pulse was 168, patient vomiting, extremely restless, unconscious. A long rectal tube was inserted and one quart of normal saline solution, temperature 110 degrees, was passed into the bowel. At twelve o'clock, midnight, pulse 144, temperature 98 degrees, respiration 36. The saline solution, one quart at 110 degrees, was repeated and retained. At 2 a. m. the pulse was stronger, 150, resting. Twelve hours had now elapsed during which time scarcely one symptom favorable to recovery from profound shock had been noted. The following four days were anxious ones as the patient's reaction was very tardy. The rectal injections were continued for the next twenty-four hours at intervals of four hours. She remained in the hospital four weeks and returned to her home perfectly well.

This case, simple as it was in operation, was followed by the most profound shock I have seen in many years of practice where the patient survived. It excited my curiosity as to the cause of shock and sent me to my library and to study. A few days after my experience in the case I received the American Gynecological and Obstetrical Journal. The article on Pathology and Treatment of Shock, by Eugene M. Boise, M. D., afforded much information and many items for consideration that may be formulated as follows: While there was not present any concussion, bruising, crushing, tearing, hemorrhage, or succussion in my case there was a profound impression made on all the organs controlled by the sympathetic nervous system. The cold, clammy perspiration, the blue lips, the white skin, the contraction of arterioles, the loss of animal heat, the feeble heart action, the vascular inhibition, the restless, anxious breathing, the mental apathy, even to unconsciousness, all could be explained by the well known action of the sympathetic nervous system under abnormal control.

I believe with the essayist that shock can be explained as hyper-irritation of the entire sympathetic nervous system. The magnitude of the operation seems to have little to do with the completeness of the irritation. The cerebro-spinal system of nerves was not involved in any of the processes. The hyper-irritation amounted to paresis of grave import—paralysis was imminent. I am still persuaded that the hot saline solution forced high into the bowel, that it may the more quickly and profoundly influence the solar plexus, is the quickest way to unlock the spasm that holds within its grasp the entire vaso-motor system. The excess of fluid by way of the bowel I believe is the most logical of the clinical experiences. While I followed routine treatment, twelve hours of suspension of functions came too near the danger line. The effect of stimulants may have saved the case, but the promptness of the return of the tone to the vascular system, the pneumogastric and cardiac nerve action, and the cerebral symptom of rest I believe came at last in response to internal heat and abundance of liquid.

Umbilical Hernia—Ovarian Cyst on Left Side. Papilloma of Right Ovary. Hydro-Salpinx, Right Side.

The patient, who was referred to me by Dr. Eggert of Kensington, Ill., September 4th, was a Mrs. ———, aged thirty-eight years, who had had no children. She came to the hospital for the immediate relief of an umbilical hernia which after one week of treatment had resisted all attempts at reduction. This hernia presented at the umbilicus like one-half of a small lemon, black in color, fluctuating, doughy to the touch. Taxis had been used without avail and was not resorted to on her arrival. As the patient had no other symptoms than that presented at the umbilicus I ordered the continual application of sulphuric ether, to be dropped on the tumor, and had her returned to her room at the hospital one hour and a half afterwards. The color had changed for the better, the parts were very cold. Under gentle and firm taxis the patient said she distinctly felt something slip away from the fingers and pass into the abdomen. During the afternoon the dark protruding mass changed to a pink and we hoped the danger of strangulation was passed. An ice bag was placed over the umbilicus and kept there for the following twelve hours. At 10 p. m. the discoloration at the umbilicus rapidly returned and preparations were made for immediate operation, but cold and pressure relieved the urgent symptoms and it was not until 8 o'clock the next morning that the hernia was operated.

The umbilical tissues were greatly distended, a sac containing an ounce of serum was excised, the omentum found at the opening of the cavity was carefully drawn upward and examined and a strip three inches long ligated and excised. The wound was closed by three rows of cat-gut sutures, one through the peritoneal edges; the muscular fibers were split and sutured in the median incision and the parietal edges carefully approximated.. The temptation was great to remove the ovarian or uterine tumor at this time, but the husband and physician had been promised notification and it could not be done in the emergency that presented.

Four days after, in the presence of Drs. Chislett, Clapp, Kahlke, Ward, Eggert and Magery, I removed a large ovarian cyst, left side, holding four quarts of chocolate-colored fluid, the sac itself rotten and the adhesions everywhere very firm and very vascular. The right ovary presented a papillomatous tumor of such size as to fill the extended palm of both hands. This was ligated off. Crowded into the right illiac fossa was a hydrosalpinx quite the size of a medium male fist. The operation presented many difficulties, many of the adhesions presenting no line of cleavage. Twice during the work of removing the growths, Dr. Eggert, a former interne of Leipsig Hospital and of large surgical experience, reported the patient as pulseless and in extremis. Dr. Kahlke skillfully used the intra-venous transfusion of a normal saline solution, keeping the temperature of the liquid up to 115 degrees in the irrigation. He used the vein of the right arm near the elbow and injected one and a half pints. The patient was resting on a Krugg frame which permitted an instant raising to the extreme Trendelenberg position. While in this position Dr. Chislett and myself rapidly tied very many of the bleeding points from separated adhesions, in some instances bringing large surfaces within one ligature. Strychina sulph., 1-30 grain, was twice administered hypodermically, and the patient, cyanotic and pulseless, was lowered on the frame to the level of the table where the hot water flushing within the abdomen worked out the debris of the sac and clots and also materially assisted in producing a slight reaction from the surgical shock. The last difficulty of the operation was in the finding of proper drainage, as the fat of the abdomen wall was as thick as my index finger is long and the pelvis was very roomy. A glass drain was finally inserted and pushed well down, though one twice as long as the ordinary length of these tubes would have been none too great. The abdominal wound, which had been extended through the site of the umbilical hernia operation, was secured by many silkworm-gut sutures.

The time of operation was from 1:30 to 3:45 p. m. The length of the operation was in consequence of the desperate nature of the adhesions. Hot saline solution, 110 degrees to the amount of one quart, was administered as soon as the patient had recovered her bed and repeated every two hours for the next twenty-four hours. The nurses also very skillfully drew off the accumulation through the glass drainage tube every two hours. It amounted to over thirty ounces of blood and serum during the first twenty-four hours and in all, during the twelve days, over eighty fluid ounces, being the last two days pure serum and about one-half ounce in quantity. The pulse was imperceptible for some hours, the patient delirious, the temperature 102 4-5. Twice during the first night after the operation an enema of Tr. Capsicum m. xx, whisky ℥ j, hot coffee O j, was given. Digitalis, 10 m., and hypodermics of rye were given at short intervals. The removal of the abdominal sutures and the drain after twelve days showed perfect union and not a suspicion of suppuration. The temperature of the first forty-eight hours scarcely rose a degree above the normal, with a normal range of pulse also. The recovery has been uneventful, the patient leaving for her home four weeks after the first operation.

Fibroma of the Ovary. Weight Fourteen Pounds. Operation. Recovery.

The case of Mrs. R., aged thirty-nine years, was referred to me for operation by Dr. C. S. Culver of Sandwich, Ill., August ——. She has been married eleven years, has given birth to four children, oldest ten and the youngest six years. At the time of her marriage she had noticed a hard growth in the left groin as large as her fist. Menses had been regular and normal in every respect until after the birth of her first child. Since then irregular and absent for the past two years. The tumor developed very slowly for eleven years, although she became more and more conscious of its presence during the last two years and since March last the abdomen very rapidly filled and became enormous in size. She grew helpless from the size and sought the operation from this one symptom. She had never had the slightest pain or inconvenience and like other patients was driven to the operation table for relief from the tension.

August 16th, in the presence of Drs. Shears, Culver and Clapp, Kahlke, Ward and others, I made the usual abdominal incision, but before entering the abdominal cavity I inserted Spencer Wells' trochar and drew off by measure four and one-half gallons of ascitic fluid from the abdominal cavity. Enlarging the incision almost to the ensiform and pubes, I delivered a large ovarian fibroma of the left side. It was easily stripped out of the attenuated broad ligaments, the latter requiring only a very few ligatures to tie off the blood vessels that had spread over the surface of the growth.

The stump of the broad ligament was stitched into the lower third of the abdominal wall and secured by silkworm-gut sutures. Before closing the wound sterilized warm water was poured into the abdominal cavity and allowed to remain in sufficient quantity to float the now liberated intestines.

The recovery was uneventful. The second day the patient passed large liquid stools. She did not ask for water nor complain of thirst during her convalescence.

Together the fluid and tumor weighed forty-one pounds; the weight of the tumor alone was fourteen pounds. Microscopical analysis of carefully prepared slides taken from various portions of the solid growth showed in each a true fibroma. This analysis places the growth as a very rare one, Bland Sutton regarding it and its kind as pathological curiosities. Other authors suggest that fibroma of the ovary comprises not more than from two to five per cent of solid tumors.

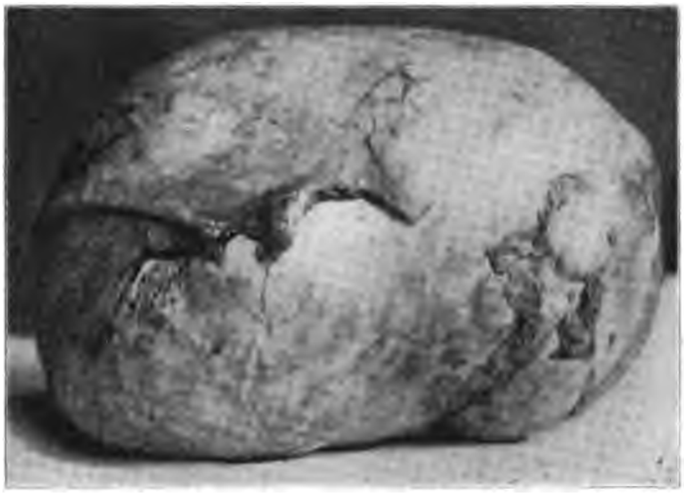

FIG. 1. FIBROMA OF OVARY.

Sarcoma of Ovary Removed from Girl of Fourteen. Recovery.

Miss T——, aged fourteen years, began to menstruate January last, the function being regularly established until last June when the patient began to suffer and noticed a swelling in the lower portion of the abdomen. This enlargement gradually increased until Dr. Truitt, of Naperville, Illinois, was called to the case. He placed the little patient under an anesthetic, made a careful examination and recommended the early removal of the tumor.

October 5th, at the Hahnemann Hospital, Chicago, I removed from this patient a sarcoma of the left ovary, weighing six and three-quarters pounds. The right ovary and the uterus, not showing indication of involvement, were left in the pelvis.

It required a long abdominal incision to deliver this tumor, extending well above the umbilicus. There were no adhesions; the pedicle was the diseased and thickened broad ligament. When the tumor had been got out of the way the broad ligament was searched and a second amputation was made close to the uterus, as the tissues looked suspicious.

The little patient stood the shock remarkably well, in three weeks was walking around her room and shortly thereafter had departed for her home.

As to the cause: Prior to the operation it seemed impossible to attribute the growth to any satisfactory cause. During her convalescence the little girl said to me, "I have just recalled an accident that happened to me a year or two ago that may help you in finding a cause for my trouble. It was a real hard bump and I got it in this way: My parents sent me to the grocery just at nightfall, and, always being afraid to be out in the dark alone, I started to run home. As I ran I fell over a low gate in my way. It was made of square pickets sharpened up to quite a point. In striking these pickets I know the points went into my abdomen. I was going so fast that I went right over the gate into the ditch beyond and struck my head on the hitching post. It made me very sore for some time afterwards."

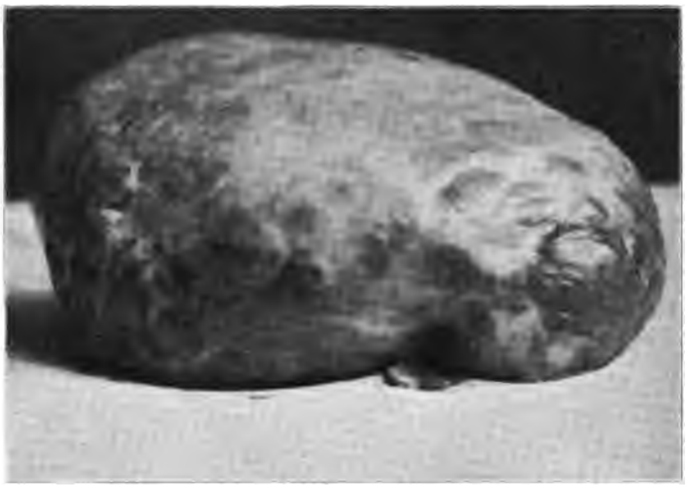

FIG. 2. SARCOMA OF OVARY.

Here was probably the traumatic origin of the case. It is possible that metastatic involvement is causing a slight but annoying cough.

In her case the saline solution was administered on her return to bed after the operation. An enema of one quart at 105 degrees was given and retained; this was repeated in four hours. Shock was reduced to the minimum and the thirst symptoms for the following two days, while present, were not excessive. The recovery was uneventful.

Parovarian Cyst with Removal of Fallopian Tube and Ovary. Recovery.

Mrs. L., aged thirty-three, was told at the end of her first confinement, now three years ago, that she had a fibroid tumor of the womb that had complicated her labor and the puerperal state.

Early in April last the patient noted an increase in the size of this growth. It became more and more prominent until at the time of the operation, September 28th, at the Hahnemann Hospital, the abdomen looked like a seven months' gestation. Pressure symptoms developed so rapidly that the patient became anxious for the operation which had before this been frequently postponed. The bloating of the feet and ankles was so great that no slipper was large enough for her, while the hands were twice the usual size. The face, too, was bloated, and the heart action was greatly embarrassed. During this dropsical stage the urine remained normal as to quantity and the solids eliminated.

The abdominal incision revealed a cyst so distended that fluctuation could not be detected; the trochar brought forth nine quarts of a spring water fluid. The cyst was easily turned out on the abdomen and could have been stripped from its adhesions had it not been that the fallopian tube was diseased and the ovary cystic, so the appendages were ligated off with the sac. The abdomen was closed with silkworm-gut sutures and healed splendidly.

Saline solution enemata were administered in this case. Shock symptoms as well as those of thirst were reduced to a minimum. The recovery was ideal, the patient resuming her place at her home within three weeks.

A Swiss scientist has been testing the presence of bacteria in the mountain air, and finds that not a single microbe exists above an altitude of 2,000 feet.

One of the first successful operations for pulmonary abscess was the following: An officer in the army of Gen. Rolfe was apparently dying from an abscess on the lungs, and was in consequence absent on sick leave, when a battle was expected. He heard of it and at once rejoined his regiment, saying in reply to remonstrances that as he had been given over to die he preferred doing his duty, and if he was killed in the service of his country a few days would not matter. The battle came off and he was wounded in the breast. But the ball pierced the abscess and made an opening for the discharge of the contents, whereupon he recovered and lived to be over eighty.—Medical Times.

Practice of Medicine.

HOW I FEED TYPHOID FEVER.

BY W. J. HAWKES, M. D., CHICAGO.

The old saying "Feed a cold and starve a fever" is nearly always one-sidedly interpreted as an injunction to feed a cold, whereas the correct meaning of the phrase is: If you feed a cold you will have a fever to starve.

Feed neither. A "cold" is a "fever." Temporary and not dangerous, to be sure, but nevertheless a fever, and as such it should not be stuffed.

The best food for a typhoid patient until the tongue clears is hot boiled water, and plenty of it. There is no objection to cool water provided it has first been sterilized by having been brought to the boiling point, but hot water is better because more easily assimilated. It is better also because it tends to cause perspiration and thereby reduce the temperature naturally.

The objection urged to this mode of feeding by those who consider the matter superficially is that there is not sufficient nourishment afforded the patient, that strength is lost, etc. That this objection and the reasons therefor are not well founded intelligent reflection upon the facts in the case will clearly show. Every indication in a typhoid patient points out the fact that his digestive organs are in no condition to digest food. His tongue is heavily coated and dry. Why does a physician examine the tongue of a patient? It is not because that organ plays an important part in the process of digestion, but because it is an index to the condition of the stomach and digestive tract generally. A heavily coated tongue in any other disease is a warning against feeding. Why should the typhoid tongue be made an exception to this wise rule? There is no good reason for such exception. On the contrary, the necessity for observation of the rule is emphasized by the intensity of the coating in typhoid both in character and quantity.

Loss of strength during the first three weeks of typhoid is a comparatively insignificant factor in the problem, and the doubtful gain in strength resulting from forced feeding during these weeks of profound fever is more than counterbalanced by the effort of the unfit organs to do their work, and the tax upon the system to get rid of the imperfectly or not at all digested food. Undigested food in any, and especially in a typhoid patient's stomach and bowels is a cause of weakness rather than of strength, and frequently induces bowel disturbances which might not otherwise occur.

The obvious fact that food is not always nourishment is too often overlooked, not only in typhoid but in other ailments. Food only becomes nourishment after it has been perfectly digested and assimilated. If that is not accomplished it is a source of weakness, not of strength.

Therefore, it is my practice to allow only water so long as the tongue indicates that the digestive organs are in a condition of unfitness for the performance of their functions. So long as the tongue is in a comparatively natural state I allow the patient to select from wholesome, simple articles of food and give it in small quantities. There is no other safe rule.

"What is one man's meat is another man's poison" applies as well to the typhoid as to any other condition. The patient's craving, other things being equal, is the best guide as to what he shall eat. I never saw a patient with a typical typhoid tongue desire to eat anything!

After the fever has disappeared, and before the tongue has fully cleared and while the patient is possibly too weak to indicate what he would like, I add a little sterilized milk to the hot water and give him of the mixture freely, gradually increasing the portion of milk as the indications warrant. I advise against the use of meat juices in such cases, being convinced that sterilized milk is infinitely preferable.

I desire to emphasize in all cases the importance of plenty of hot boiled water. In the late illness of Dr. Fisher this course was adhered to with the best of results. In his case every condition was favorable for a severe attack. His nervous system was exhausted from overwork when he was called upon to attend a vicious case of typhoid. The patient appealed to his friendship and humanity as well as to his professional pride and interest. He attended upon her night and day, inhaling the odors from breath and excreta to an unusual degree during the ten days previous to the end. His temperature reached 105 in the second week and the outlook was dark. Dr. H. C. Allen will bear me out in this. The result was most happy. The fever was broken the nineteenth day; and hot water in great abundance I am sure played a not unimportant part in bringing about this result.

DIET IN TYPHOID FEVER.

BY H. W. WESTOVER, M. D., ST. JOSEPH, MO.

In treating typhoid fever the diet requires careful attention, and the physician should be explicit and emphatic in his instructions.

While the diet itself is simple it is not always a simple matter to successfully arrange and carry it out satisfactorily. The food administered should be liquid food. It should be given at regular stated intervals. My main reliance is milk, and I give it hot or cold as is agreeable to the patient. Sometimes it is well to peptonize the milk because it is then more easily assimilated. Malted milk has done me good service.

Not infrequently the patient relishes buttermilk, because as the old woman said, "buttermilk is wettener than water." It must be used with care and its effects closely watched as it is prone to aggravate the intestinal irritation. For this reason I seldom allow it in typhoid fever although often prescribing it in other fevers.

Sometimes Koumiss is taken kindly and is a valuable aid in maintaining nutrition. One young man with a tolerably severe attack took almost nothing but Koumiss for two or three weeks and did well.

Soups and meat broths, avoiding grease, are sometimes substituted for milk to avoid wearying the palate of the patient, but they should be closely watched as they sometimes increase the intestinal irritation and diarrhea. Broth made from mutton or chicken is preferable to that from beef. I never allow beef tea and I avoid starchy foods.

Patients often take kindly to the white of an egg, omitting the yolk, to which a little water is added so that it can be stirred to an easily ingested liquid that is reinforced with whisky, or sweetened with sugar. Do not beat it to a froth. This is a palatable, easily digested food and more or less of a stimulant in proportion to the amount of liquor added. Wine whey may often be used with advantage, especially in severe cases well advanced in the disease.

Do not forget to give an abundance of pure water. The patient may not ask for it, but give it regularly and frequently.

Use great care not to overfeed during convalescence. The patients are apt to be hungry and grumble at their light diet. Keep them hungry all the time, be very slow to return to solid food, and when it is allowed, use it sparingly and cautiously. They will complain every time they are visited for two weeks, but firmness and good judgment must prevail.

During convalescence gelatine to which wine or whisky has been added is often a great aid, although it has but little nutritive value. Do not give solid foods until the temperature has been normal several days.

HOW I FEED TYPHOID FEVER PATIENTS.

BY J. C. FAHNESTOCK, M. D., PIQUA, OHIO.

In the first place, I will say that I feed my patients with a spoon. In making this statement you will readily infer that all foods must be in a liquid form.

Absolutely nothing in the way of solids must be given.

Some of my patients call the soups which I order "shadow soup"—especially if they call for chicken soup, as I am not a friend to chicken broth until the patient is entirely free from fever.

The feeding of these patients depends entirely upon the individual.

To be successful, individualization is absolutely necessary. In a well-nourished patient with a bountiful supply of adipose tissue the fever generally comes on more like a storm, temperature high; the system seems to be struggling and fighting to free itself from the poison within. While on the other hand we have the asthenic form in weak, spare patients not furnished with a great storehouse filled and ready for use in emergencies. Any one who has had much experience with this dreaded malady can see at once that these cases cannot have a routine guide in feeding, any more than we can have a routine method in medical treatment. Each case is a law unto itself. There might be mentioned a few necessities common to all cases.

First—water, pure water in all cases. Use it internally, externally and eternally, until the case is discharged as cured.

Some cases require water only as nourishment for the first twelve or fourteen days, then begin to give nourishment in the form of soups. Give them all the water they want, and if the fever is high bathe them every two or three hours and use a cold compress over the abdomen.

If the bowels become distended and there is an accumulation in them, flush the colon. This flushing of the colon must not be used to excess, or it becomes very depressing to the patient, and I believe is actually harmful in some cases.

A certain number of cases will take milk in some form from the beginning to the end of the fever. There is one thing which should be closely watched. In cases using milk, and to a lesser extent no matter what diet be given, the stools should be closely watched to see that there is complete digestion, or as nearly so as possible. I seldom give milk for the reason stated, as so many cannot digest it, thus clogging the bowels and causing a bowel irritation.

I am very partial to oyster broth and have given it through the entire course of the disease.

Beef broth can be used in a great many cases, and I cannot believe it to be a "culture fluid" in cases where the patient digests it. I am not quite certain that the typhoid bacilli are only undertakers getting rid of the dead.

In some cases I have the nurse break crackers in a bowl, pour boiling water over them and cover closely for a few minutes, then sprinkle on a little salt and add good sweet cream, allowing the patient to use the liquid portion of it only.

In very young children where there is great prostration, diarrhea, etc., the white of an egg with blackberry brandy is taken with relish and benefit. I recently discharged an old lady who lived on ice-cream during the entire course of the fever. Buttermilk can be used in cases where it is relished. The juice from canned raspberries may be given in some cases. Some patients will ask for jelly-water and relish it. Koumiss does very well in some cases, when the patient likes it.

In very weak and ill-nourished patients there will come a time when stimulants will be required and, as stated before, blackberry brandy or a little whisky is preferable in connection with the proper liquid diet. In giving this brief paper I am well aware that there are many things omitted, but, in closing I will again emphasize the statement that the only true method is in individualization, both in diet and remedies, and furthermore, overfeeding and over-medication are both baneful in their effects.

A CLINICAL MONTH AT ANN ARBOR.

BY W. A. DEWEY, M. D.

So much has been said at different times, and by different individuals, for and against the clinical advantages of the Homeopathic Medical College of the University of Michigan, that it may be interesting to the readers of the Century to know just what the present status of clinical advantages at Ann Arbor really is, and to this end the following resume of the work done during the opening month of the college year is presented. It does not include all of the cases which have been presented at the clinics, but some of the more important ones.

The Surgical Clinic.—The opening clinic at the hospital was largely attended. Not only were students of our own department present, but quite a number from the allopathic department came, and went away convinced that homeopathic surgery was up to date. Prof. Leseure operated for the radical cure of hernia, explaining each step of the operation, and amputated a female breast for commencing carcinoma. Since that time every clinic has been largely attended and the following cases, among others, have been presented: An amputation of the breast for sarcoma, two cases of synovitis in which the adhesions were broken up, several cases of cystitis, an abscess of the breast, abscess of the knee, operation for varicocele, diagnosis of scirrhus of breast, two cases of carcinoma of the stomach, reamputation of the finger, and the removal of a large sized calculus from the bladder by the lateral operation, a full report of which will probably appear later. In fact all of the time devoted to the surgical clinics has been utilized.

The Eye, Ear and Throat Clinic. — This clinic is always abundantly supplied with material, the time allotted being too short to attend to that which is presented. Among the noteworthy cases operated on by Prof. Copeland was a case of cataract removal by a new method recently advocated in England, in which the result was most gratifying; two cases of strabismus operation, an irridectomy, removal of nasal polypi, operation for adenoid growths, tonsilar operations. Besides these an average of eight or ten refraction cases appear at each clinic for the fitting of glasses, etc., as well as a number of catarrhal ear troubles both internal and external. More could not be attended to; the students get much practical work out of this clinic.

The Obstetrical and Gynecological Clinic.— Prof. Parmelee's clinic is also an important one. One obstetrical case was attended by a member of the senior class (all of the class had the opportunity of examining and seeing same). Another case is in the hospital expecting confinement, and a third case is due shortly. Among the operations performed before the class were the operation for anteflexion, perineorrhaphy, currettings and the operation for a pelvic teratoma, a very rare condition and one that excited much interest among the pathologists of the allopathic department as well as of our own. Besides these, cases of sterility, ovarian tumor, rectocele and other minor gynecological cases have presented themselves at this clinic. As but one clinic weekly is given, the material is abundant as could be wished for.

General Medical Clinic.—Of course the general medical clinic in any hospital is the clinic, as far as material goes. Prof. Hinsdale's clinic therefore embraces all those affections not belonging to the other clinics, and ranges from gonorrhea to tuberculosis and senile heart, giving students a broad field for becoming proficient in diagnosis and treatment. The number of patients in the college hospital during the month of October trebled the number of the corresponding month of last year, necessitating the employment of extra nurses and thus increasing the attendance at the training school.

Clinic for Nervous Diseases. — The most interesting case presented at this clinic was one of locomotor ataxia, and the most instructive symptom, perhaps, was the Argyle-Robertson pupil, which was typical. The case was of syphilitic origin, the fulgurating pains, ataxic gait and Romberg symptom were all present. The patient is under treatment and will appear before the class from time to time.

A case of neurasthenia with its multitudinous symptoms was also examined and prescribed for. It was one of those common cases met with in every day practice and consequently an instructive case.

A case of epilepsy or epileptiform convulsions in a child aged five, due to intestinal irritation, also presented itself at the clinic; careful examination revealed no other cause for the trouble. The prognosis is good and the case will be kept under observation by the class.

A case of paralysis agitans is promised in the near future. The fact that this clinic has been neglected for a number of years will account for the small number of cases. It is a fertile field and will develop into one of the features of the school.

Surgery.

TWO CASES OF COMPOUND LUXATION OF THE CARPAL EXTREMITY OF THE RADIUS FORWARD.

BY H. E. BEEBE, M. D., SIDNEY, OHIO.

This is deemed by most authorities to be a very rare form of dislocation. It is not so infrequent when accompanied with a fracture about the wrist joint, but with the annular ligament and extensive group of tendons binding the bone to its place the reason is plainly seen why the surgeon so seldom meets this variety of injury without a fracture.

Authoritative Opinions.

Dupuytren considered radio-carpal luxations, if ever found, very rare, and compound dislocations almost out of the question. The mistake is in diagnosing fractures of the wrist as luxations. Where dislocation is diagnosed, and a verification by autopsy is made, the dislocation is found to be complicated with a fracture, though it may be only the rim of the joint, or, oftener, the styloid process.

Erichsen says compound dislocation of the wrist, without fracture of the forearm, is an accident of rare occurrence. But one case came under his observation, and that was inflicted on the arm by machinery, where the soft parts were so torn through as to necessitate amputation.

Hamilton says in compound dislocations the prognosis is exceedingly grave unless the surgeon determines to amputate or resort to resection. Those who do claim this luxation say that forward displacement is much more uncommon than backward. It is not the same as backward luxation of the wrist. It is usually caused by violent flexing of the hand or by blows or a fall on the back of the hand while it is thus flexed.

Holmes says when it does occur it is usually compound or associated with fracture of some portion of the lower end of the radius or ulna.

Ashhurst says in cases of compound luxations of all kinds immediate exsection should as a rule be practiced.

Modern antiseptic surgery has in a measure modified some of these views advanced by older authorities, so far as radical heroic surgery is concerned, but opinions as to the frequency of this accident have not changed. Today the opening of joints is sometimes good surgery, where formerly it would have been deemed not only hazardous but criminal.

I have given the opinions of these authorities to show the rarity of this luxation before reporting the two cases coming under my observation.

Cases.

Case I.—Dr. Reddish and I were called late on the afternoon of July 18th, 1892, to see Master Louis A., a rugged boy aged nine years, of healthy parentage. This lad had fallen from a barn loft, lighting upon the hard ground, probably striking first on the palm of left hand, producing a compound forward luxation of the carpal extremity of the radius. The articular surface of the bone was found protruding through the integument near the center of the anterior surface of the wrist. After carefully cleansing the wound, which was reasonably large, the dislocation was reduced with little difficulty, and a dry dressing used, with a radial splint and common roller bandage applied to the arm. The morning after the accident we found him with a high fever, such as would indicate that the fever was of septic origin, especially since it was of so early development. There was little or no swelling and no discoloration of the parts at this time. The fever did not abate, notwithstanding suitable measures were used to bring it under control. On the second day gangrene was visibly apparent about the wrist and forearm. This continued to increase rapidly, resisting all treatment until it involved almost the entire left side of the body, when death ended the scene on the beginning of the fourth day.

Case II.—We were called, October 9th, 1895, to see Harry M., aged 14 years. While out gathering hickory nuts this boy fell from a tree, producing a compound dislocation of the radius very similar to Case I, except that the tip of the styloid process was broken off, and the rim and articular surface were somewhat denuded and covered with dirt, from the force of the fall, the bone having been driven into the ground. The protruding extremity of the bone was stripped of its periosteum, and the indications were that the styloid was broken off after it protruded through the skin. The wound was so small that it would have been out of the question to reduce the bone without much enlargement of the wound. This case being so near like Case I, and fearing a like result if the luxation was reduced, we soon decided to either amputate or remove the protruding portion of the bone. We concluded of the two methods that while amputation might be more sure to save the boy's life, the risk by resecting was good, though he have an anchylosed wrist joint, and so we did the latter. The after treatment followed out was that commonly used for an ordinary open wound, mainly the iodoform dressing. Nothing transpired to mar the favorable progress of the case, and it continued to recovery with a useful arm. The bone reproduced itself by reason of the remaining healthy periosteum, and today the joint is about as good as that of the other arm. Barring a slight deformity there is but little apparent difference in the two wrists.

Now, had we pursued the treatment with the first case that we did with the second, would the boy have recovered? Possibly he would, providing the radial artery or some of its branches was not too badly injured, thereby destroying the proper circulation in the hand and leading to gangrene. This I deem to be the pathological question in the case. Am I right? Or, did the first bandage applied have anything to do with causing the gangrene? This might be deemed another leading question in this case.

Orthopedics.

ADJUNCTS IN THE TREATMENT OF JOINT DISEASES.

BY C. E. SAWYER, M. D., MARION, OHIO.

It is a source of interest at all times to review the conditions, experimentations and observations surgical skill and mechanical ingenuity have evolved within the past few years. In studying the development of surgery we are impressed by its marked advancement. So far is it beyond the comprehension of even a decade ago that we seem scarcely to be living in the same age. With the advent of anesthesia, antisepsis and, later the cathode ray, the field of research has become so enlarged that it vies with that which marks the history of surgery of all ages since the Christian Era began. Especially is this true of all operative procedure. With a knowledge of the results personal and positional that come to the surgeon from the promulgation of new theories, improved plans and extreme methods, the natural tendency of the profession has been to overlook and neglect the smaller details which enter so largely into the cure of disease.

The modern surgeon is inclined by the tendencies of the times to become more daring. His disposition is to remove with a knife rather than to heal by more conservative methods. He lives to cure rather than prevent disorders. Thus many an individual has sacrificed a life or a part of his physical being upon the altar of the surgeon's self-improvement. This is true to a greater or less extent in every branch of surgery and especially is it true in the treatment of joint diseases. As proof of this, I would call your attention to the current medical literature of the day. Therein is to be found article after article describing some operation that has had for its object the removal of some portion of the body, while it is rare indeed to find a paper whose object is the improvement of conservative methods. The result of all this is that many of the joint-affected people of the world are allowed to lapse into a condition of incurability, or be submitted to some surgical operation the very mention of which brings to them such terror that they are driven into allowing their conditions to grow steadily worse, until they have added to the pain and distress of an acute disorder the deformity of a chronic one.

The object of this paper is, if possible, to divert the attention of surgeons into other than operative channels in the treatment of joint diseases and to impress upon the general practitioner and specialist alike the importance of closer attention to details, earlier recognition of disorders and the earlier application of means to be employed in their treatment.

Necessity for Early Recognition.

In searching the field of orthopedics, in the realm of which joint diseases now properly belong, we find there has not been that improvement in method by which it has kept step with the rapid pace of other forms of surgery, and although we have passed beyond the limitations of the moxa, seaton, blister, blood-letting and counter irritation, we have not yet progressed sufficiently to prevent deformity from joint diseases to a degree in keeping with modern surgical science, as shown by the numerous shortened limbs of hip disease, stiff and crooked knees the direct result of inflammation, and the painfully distorted bodies whose only excuse for existence is the lack of employment of proper means in the early treatment of spondilitis. Naturally we inquire why this is true, and the answer is found, as I believe, in the fact that we are too much at variance with each other in the adoption of plans for their relief. It seems to be the general tendency and disposition of men of rank in this particular field to adopt plans as much at variance with each other as is possible, the result of which is that even among specialists there are no fixed rules by which the general practitioner is enabled to understandingly advise his patrons as to the correct course for pursuance. Thus we find that one doctor decries immobilization and claims its results injurious, while another declares in language of the strongest kind that immobilization is of the greatest importance and that no bad result can follow. One firmly avows that a scrofulous disposition must of necessity be at the bottom of all destructive processes in joint disturbances, while another affirms with all the fervor and animation of a determined author that predisposition or family inheritance has nothing whatever to do with the conditions under consideration. One claims that heat is the only means possible for the relief of the early symptoms, while others urge the importance of cold with no less assurance of success. With this maelstrom of theories, hobbies and fancies constantly surrounding us, it is not to be wondered at that we are still so generally at sea in the forms of treatment to be used. To me there seems no necessity for this great difference in opinion, for really there are but two principles involved in the whole matter. The first is early recognition of the disorder, the second is the correction of the unnatural blood supply and the improvement of both general and local nutrition, for every diseased joint comes to the consideration of some doctor while it is still curable, and if he fails in recognizing the nature of the disorder, it should as it does, stand in condemnation of his professional ability and foresight.

Anatomy and physiology teach that all joints of whatever kind are constructed much upon the same plan, of the same kind of material, for the same purpose and governed by the same laws, so that with an understanding of ligamentous attachments, synovial lining, cartilaginous connections and osseous relation, we are in position to formulate plans of recognition, adopt forms of procedure and anticipate results in such a way and to such a degree as to prevent the disaster that must follow a want of early recognition.

Experience teaches that the slighter injuries of joint tissue usually lead to the most harmful results, simply because the patient is not impressed with the importance of rest and quietude which should be exacted even in the slightest forms of sprains or injury, lest a condition that might otherwise limit itself in a short time be allowed by use to develop a conflagration so extreme as to only be terminated in the complete destruction of the joint. The greatest obstacle to the cure of these disorders has been that we as practitioners have depended too much upon theories, we have allowed individuals other than ourselves to do our thinking, and in consequence many a professional reputation has suffered irreparably.

When we stop to consider that mechanical principles are the fundamental ones upon which the treatment of joint diseases rest, we must soon come to the realization of the fact that due deference must be paid these principles in the treatment of all joint disorders and upon them all forms of cure must be based.

That we may have a better understanding of the importance of this matter, I would call your attention to the following facts: As before stated, the material entering into the construction of each joint is of the same character in all; further consideration also shows that the attachment of the levers, the muscles, are all made with the end that is to do the lifting very close to the joint they are to manipulate. This arrangement, as can be seen at once, imposes an extra power in the operation of any joint other than that sufficient to lift the weight of the extremity, and likewise increases pressure on parts affected far greater than is at first considered. Another thing that we know is that all muscular tissue which serves as the great leverage of the body is supplied with both cerebro-spinal and sympathetic nerves, and that the tendency of this nerve supply in a condition of irritation is to place the limb in a state of mal-position, whose average angle is, as shown by statistics, about forty-five degrees; this we know to be entirely the result of the greater power of the flexors over the extensors. When we stop to consider that the closeness of attachment of the muscular lever places it at a disadvantage, we can at once appreciate the fact of the immense power necessarily exacted in the simplest movements of the body, namely, walking and standing erect; and we can also at once understand why the lifting power and contracting force in a man of two hundred pounds weight is equivalent to the lifting power of two tons. When we know that the distance from the insertion of the tendon of the quadriceps extensor muscle to the tibia is but one-tenth the distance from the knee to the floor, from these mechanical principles we deduct the inevitable conclusion that the pressure upon any joint in operation is very great and the consequent injury must of necessity be serious.

Treatment.

Proper consideration of these facts leads up to the first and most important factor (excepting early recognition) in the proper treatment of joint diseases, namely, the removal of all pressure and the perfect immobilization of the part.

With the following proposition, that the proper healthful condition of a joint is due entirely to the stimulus of its natural activity, and that a want of activity is the cause of local and general mal-nutrition, I feel that we are in position to more understandingly consider the practical forms of treatment as applicable to all joint affections of an acute character. As the workings of all things mechanical are at the best when least complicated, so is the treatment of joint disease most efficient when resolved into the fewest principles.

Having disposed of the necessity of early recognition, we have but two things left, the requirement of which we are forced to fulfill; these are improvement of circulation and betterment of nutrition, to the accomplishment of which I shall next give consideration, and for convenience shall place them under the following heads: rest and exercise; heat and cold; medicinal and surgical measures. The chief of these is rest, and if taken early is the only means necessary. By the term rest I do not simply mean lack of exercise, but rather true physiological rest, in which all tension or pressure is taken off. This is sometimes a matter hard of enforcement, but persistency of effort combined with mechanical ingenuity will surely devise a means to its end. In my experience this is best accomplished by some form of apparatus that will afford extension and at the same time complete immobilization. The material most generally employed by me is some form of a steel appliance with elastic pressure so constructed and of such force as to overcome the resistance of the muscular contractions, the particular shape and form depending entirely upon the part to be treated and the force to be applied. As there is no force like leverage, this appliance in most cases must be operated by a ratchet so placed as to be operated by a screw. The special advantage of this kind of an apparatus is that it admits of daily observation, manipulation, cleanliness and outdoor exercise, all very important features. For acute cases the necessary appliances can ordinarily be made in any country blacksmith shop providing the blacksmith's arm is directed by the surgeon's brain.

After a certain amount of rest exercise is the next matter for consideration, and in my opinion is as important as rest, for as before stated the nutrition of a part depends upon its proper activity. After a joint has been kept at complete rest until the hyperemia, congestion or inflammation has subsided, it is essential that it be exercised gradually, and the best way to accomplish this is by passive massage, which if given understandingly, aided by medicinal or nutritive inunctions, will within a reasonable time help the part back to its natural function without risk or danger; a joint or limb that would otherwise be stiff and useless soon returns to its normal condition and anchylosis is unknown.

In the consideration of heat and cold as applied in acute joint diseases I have but one rule, the constant application of cold. This is best applied by ice bags of shape and form to completely surround the affected part, and to be continued unremittingly night and day until all appearance of acute inflammation has completely subsided. In some cases this will require but a few hours, in others, days, weeks and even months, depending upon the condition of the patient at the inception of the trouble; for, while there is no absolute necessity for a scrofulous or hereditary predisposition in the development of joint disease, there still remains the fact that the better the general nutrition, the less liable are serious conditions to result from slight causes.

The only cases of failures that I have ever recorded in the use of ice in the treatment of either acute or chronic joint diseases have resulted from want of persistency in its application, and I wish to emphasize the fact that unless it is assiduously applied day and night, it is far better that its use never be commenced. It is the lack of the proper understanding of this fact that has brought its use into disrepute by some orthopedists.

In the consideration of medicinal properties, we as homeopaths possess a vantage ground that can not be overestimated, for if we were limited to our tissue remedies alone we have at our command a force in the combatment of these disorders, whether acute or chronic, the power of which is incalculable. I do not deem it necessary to enumerate the symptoms by which they are indicated or the drug to be employed, for "he who runs may read."

As surgical means, we are only limited by the restrictions of modern aseptic precautions, and although our allopathic brethren are disposed to confine the homeopathic practice of medicine and surgery to little pills and tasteless powders, statistics of modern hospitals with homeopathic surgeons have demonstrated beyond the peradventure of a doubt that we are as equal to the emergencies requiring the knife and are as successful as their most learned ones and our results as favorable as come to any of them. There are a few factors in this connection that I have found especially practicable and some practices that I wish to condemn. Among the former there is no surgical procedure that is required as early or is as beneficial as tenotomy, and in any case where tension cannot be overcome by mechanical means, a general division of all tendons that are found to be in forced contraction is always indicated and should not be delayed, because they aid in the removal of the greatest primal cause of joint destruction, namely, undue pressure on the non-vascular cartilaginous tissue.

In my experience sub-cutaneous tenotomy is much to be preferred to the open method, reasons for which are equally evident to all. The practices I condemn are the wholesale sacrifice of tissue as encouraged and practiced by some of the would-be leading surgeons of the country. I think it is far preferable to prevent the necessity of a resection than to make it ever so successfully. I also think it is the duty of our professional surgeons to dwell more upon the prevention of joint destruction than to give so much time to the technique of operations that oftentimes would be far better left undone, at least until simpler and easier methods have been exhausted, for I have known many cases to be saved —both the limb that would have been sacrificed and the general risk incurred—by simply aiding nature in her effort to throw off disease.

Croup.—For this affection, occurring in connection with diphtheria, Dr. Lambreghts has great confidence in Hepar sulphuris, which he administers, however, not in the infinitesimals of many homeopathists, but in the 1x and 2x triturations.—Journal Belge d'Homeopathie.

Whitlow.—Dr. Gallavardin has a treatment for this affection which he deems specific. It is to give a dose of Silicea the first day, of Hepar the second, and of Lachesis the third—all in the 30th dil.—Homeopathic World.

Obstetrics.

AN OBSTETRICAL EXPEDIENT.

BY N. W. RAND, M. D., MONSON, MASS.

There are none too wise to learn; nor any too insignificant to teach. No wheat without some admixture of chaff; no chaff without its occasional grain of wheat. The sagest counsel sometimes leads astray, while in the husks of many an old whim is hidden a kernel of truth.

During my early practice I attended a good many confinements among the Irish, and noticed that it was very common for the woman to keep up as long as possible, and when obliged to succumb to the severity of pain, she, still declining to lie down, would kneel by the bed-side and remain in that position until her baby was born. So far as I can remember such labors were always brief and in every respect normal, and I believe that considerable may be said in favor of that choice of position. (1) Gravitation, not only of the fetus but of all the superincumbent organs, tends to hold the presenting part firmly against the pelvic brim, thus facilitating its engagement there, and then its onward advancement. (2) The abdominal and phrenic muscles seem to find firmer fixation and are thus enabled more efficiently to assist the uterus in sustaining its expulsive efforts. (3) It perceptibly lessens the tremendous backache at the last of the first and the beginning of the second stage of labor. (4) It is Nature's position, the one most commonly assumed, as I am told, by women of the various aboriginal tribes. Possibly the habit of assuming a similar position at stool suggests it to the primitive woman. At any rate there can be no doubt that it is the one position in which the parturient woman can do most to help herself.

I have just seen some of these points so beautifully illustrated in a case that I have decided to take time to write out a brief report while the details are yet fresh in mind. At 8 o'clock last evening Mr. B. called to say that his wife was in labor, no haste, but would I call about 10, when the children would be in their beds. I went as requested. Mrs. B. said that she saw the first sign of her sickness early in the morning, and that since three in the afternoon the pains had recurred at quite regular intervals. This was her eighth confinement. The others with one exception had been entirely normal. Examination revealed a cervix soft and well dilated, but so high that I could hardly touch any part of the fetus. I waited an hour, the pains meantime increasing in frequency and severity. No perceptible change. In another hour I could make out a head presentation, could feel a suture but no fontanel. Pains exceedingly frequent and severe. The head had not become engaged in the superior strait and did not seem likely to. The pains continued increasingly, the woman straining to the utmost with every one, for two hours and a quarter. I could not see that she gained in the least, and had about concluded to try the long forceps, when I happened to think of the kneeling posture—I had tried nearly every other. We protected the carpet, and her knees, by spreading out some old papers and a soft blanket. We helped her into the novel position. In five minutes the head had become engaged, and in fifteen minutes the baby was born. I could not possibly have delivered her so quickly with forceps, and without them, remaining in the recumbent position, she must have suffered—no one can tell how long. She spoke, particularly of the great relief which this new position brought to her back. The baby was a boy and weighed ten and one half pounds. I have just come from the house and both mother and child are in perfect condition.

And, by the way, another case just comes to mind which is so incredible that I hardly dare risk my reputation for veracity by relating the facts. I venture to do so only because it furnishes further illustration of my point. Thirteen years ago Mrs. C. a farmer's wife, arose from her bed of confinement and went to the water closet for defecation. On her return she was horrified to discover, by her change of form, that her baby had been born and must have dropped some ten feet into the closed vault of the privy! Sure enough, there it was found and rescued alive. That child is now a pupil in our public schools, but he bears upon his head a significant scar. I attended the mother in three other confinements none of which were especially easy. Why should this have been, if the position had not been especially favorable.

But pardon me for writing so much and in such a desultory manner. I did not intend it. I only meant to give a brief report of my last night's case in order to call the attention of other doctors to the simple and effective means by which I succeeded in speedily terminating what threatened to be a very tedious case.

TREATMENT OF INCOMPLETE ABORTION.

BY J. LOUIS IRELAND, M. D., ERIE, PA.

The general practitioner as a rule is called to attend this class of cases more often than he is for an accouchement. Self-induced abortion is very common among married people and all manner of means are used to bring it on. I have known knitting needles, meat skewers, catheters, douches, medicated tablets and numerous other utensils to have been used, but of all the cases that have come under my observation, there has not been one in which recovery went safely on without surgical interference.

Symptoms. — In most cases I have met with the first symptoms noted are rise of temperature, profuse hemorrhage, frontal headache, sometimes vomiting.

The patient wants relief at once and the first thing to do in all cases is to introduce the index finger after it has been made surgically clean by the use of the scrubbing brush and antiseptic solutions. On examination hemorrhage will be at once noted, there are clots in the vagina, the os is dilated and on introducing the finger into the uterus the fetus, if not already expelled, will be felt.

Procedures for Relief. — I try to expel all clots with my finger, and by going higher reach the placenta and gently separate it from the uterine wall. After this has been done I introduce a reflex uterine catheter attached to a fountain syringe through which a hot creolin solution is kept running until it comes away clear. The strength of the solution used is a teaspoonful of creolin to a quart of hot water. The creolin solution is an excellent antiseptic hemostat, the uterus readily contracts, hemorrhage is slight, and the temperature returns to the normal. In some cases as an after treatment I give thirty drops of Secale cornutum with some slight stimulant. In other cases where I have been unable to remove the clots and decidua, I use a Berlin dull curette, followed by a hot creolin, intra-uterine douche; contraction and involution of the uterus are at once established.

Another excellent way to remove the decidua is to pack the uterus with iodoform gauze after emptying it of all clots. The blood being unable to escape, flows between the decidua and uterine wall, dislodging the former. In about ten or twelve hours the internal os dilates and the gauze is expelled with the rest of the uterine contents.

Case I.—Mrs. T., aged thirty-five, mother of five children, three of whom are living. Abortion at the third month, self induced. Temperature, 104 degrees, with great restlessness and nausea; the clots that were expelled were fetid. On examination I found a large dilated os with putrefying clots, most of which were expelled by the aid of my finger and curette. I used hot creolin, intra-uterine douche. Temperature normal in twelve hours and recovery complete.

Case II.—Mrs. B., aged fifteen, mother of one child. Abortion at the third month. Temperature, 105 degrees, with distinct septic symptoms. On examination the stench was intolerable, clots were removed with finger and dull curette, followed by hot creolin, intra-uterine douche. Symptoms abated in twenty-four hours with slow recovery. I have since attended this patient in two more miscarriages.

Case III.—Mrs. R., aged twenty-eight, mother of two children. I was called to see this case suddenly as the hemorrhage was frightful. I introduced an unclean finger at once into the uterus, which was fully dilated enough to admit of three fingers, and detected the fetus, which I gently extracted and followed up the very small funis until I reached the placenta. This I gently separated from the uterine wall and with two fingers removed it with other clots. The uterus at once contracted, the bleeding was slight and with a small dose of Ergot the patient made a good recovery. In a great many cases of incomplete abortion that I have treated for the past two years, I have not had any complications or bad results; all of them made good and rapid recoveries.

Climatology.

ASHEVILLE FOR PULMONARY DISEASES—WITH CLINICAL CASES.

BY T. E. LINN, M. D., ASHEVILLE, N. C.

Before entering into the subject proper of this article I desire to call attention to the apparent carelessness or indifference displayed by many homeopathic physicians in sending their patients to a health resort in regard to not insisting that they should employ the services of a homeopathic physician. My experience, and no doubt the experience of resident homeopathists at other resorts, is and has been that a number of homeopathic patrons employ the services of old school physicians, due largely of course to local influence by interested hotel and boarding house managers, but partially due also to the lack of interest of the home physician in looking up the representative member of his own faith.

If a homeopathic physician desires to send his patient away to acquire the benefits of a climatic resort and is not willing to trust his patient to the care of the representative homeopathist of that resort, it would be better to select another locality where there is a physician worthy of his confidence.

When a physician of the homeopathic school has been compelled to relinquish a remunerative practice and positions of honor in a large and congenial field owing to the loss of his health and forced to accept the climatic inducements of a remote locality; when he has been compelled by law to meet the requirements of an allopathic board of medical examiners; when he has announced himself as a homeopathist in the face of all prejudice, lay as well as professional, that exists against his faith; when he needs must contend against a powerful and cunning old school faction that breeds and distributes the most damnable falsehoods; then I say it is more than humiliating for him to see his rightful patrons fall into the hands of allopathic physicians who resort to all the tricks of the charlatan in the furtherance of their own selfish gain.

Another matter I desire to mention is the idea that some physicians possess that they can be engaged in an active practice in one locality and prescribe for their consumptive patient who has been sent several hundred miles away to a climate and altitude with which the physician is entirely unacquainted. There would be just as much judgment and humanity displayed in filling your patient's pocket with a few remedies and send him away suffering with a strangulated intestine as with a strangulated lung.

A consumptive in a strange country without the services of a local physician to advise, to cheer and comfort, and to check, is prone to commit all sorts of indiscretions and abuse the advantages that are so requisite to his improvement.

Surely the physician who devotes the major portion of his time to the study and observation of this formidable disease and to the care of those suffering with it, who comes in contact with dozens of cases annually, of all varieties, stages and phases, must become schooled in the best physiological and medicinal treatment. It is to his credit—to his reputable as well as financial gain—to return them improved, or perhaps cured, to their family physician and friends. Should the case be so far advanced that death is inevitable he can advise their return to be surrounded by the comforts of home, or if hope lies in the breast of the sufferer, he can cheer and brighten the end by the magnetism of his presence. It is true he is not their family physician, he may differ in age, in appearance and in temperament, but the sick readily become attached to the new physician who is successful in the management of their disease and who cheers and comforts them.

Asheville is a small city of some 12,000 inhabitants, located at the junction of the French Broad and Swannanoa rivers, two beautiful mountain streams, on the plateau of western North Carolina, lying between the Smoky mountains on the west and the Blue Ridge on the east. This plateau ranges from twenty to thirty miles in width by some two hundred miles in length. It is made up of foothills and rolling farm land, offering excellent inducements to the agriculturist and stockraiser.

Asheville has been known for years as a grand climatic resort and thousands of health and pleasure seekers have taken advantage of its virtues. Hundreds of phthisicals have checked the malignant advance of their disease, have engaged in various callings here, or have returned to enjoy better business advantages in the larger cities of the north and east.

Those important elements in this climate and locality that make possible this happy result it will be my desire to explain in this article. Beginning with the well established fact that a change in climate is the most important factor in the treatment of phthisis, I will endeavor to show wherein Asheville demands a superior recognition as a climatic sanitarium.

Temperature.

Asheville not only lays claim to a congenial winter but to a most delightful summer climate as well. During the summer it is rare to find the thermometer registering as high as 90 degrees. This past summer, which was one of the hottest ever experienced by the "old citizen," the mercury here reached 90 degrees and 91 degrees but two or three days during the entire season, while at the same time in northern sections it was registering 98 and 100 degrees and remaining in the 90's for days, causing great suffering and many deaths. During all that time the people of this vicinity were enjoying cool and delightful nights and pleasant shade during the day. The general run of temperature in summer, however, is from 70 to 85 degrees.

During the winter months the thermometer seldom registers lower than 15 degrees above zero and then only at night or early morn. At midday it will range from 40 to 60 degrees. Frosty mornings and bright sunshiny days are the rule. The autumn weather and temperature are all that the most exacting could ask, with weeks of continual sunshine and deep blue skies, with the temperature ranging from 60 to 75 degrees.

Altitude.

Has long been recognized as an essential factor in the climatic theraphy of pulmonary diseases, especially in those forms of phthisis which are traceable to heredity and those of a hemorrhagic tendency.

The climate of high altitudes depends largely upon the latitude, the extent of elevation, the direction of prevailing winds, the amount of rainfall, and also the protection afforded by adjacent mountains. The effects of a high altitude are an increase in the rapidity and strength of the circulation and heart's action, also a quickening of the respiratory act, which continues for several weeks and then decreases until the rapidity of heart action and respiration equals or falls below the normal. The chest expands and respiration is more complete. This expansion and increased mobility of chest walls remain so long as the individual resides at that altitude. In case the lung be diseased the healthy lung tissue hypertrophies or a condition of emphysema is developed, thereby increasing extension of the thorax, unless overcome by adhesions of the pleura or fibrosis.

Patients are wonderfully invigorated and consequently take more exercise with less fatigue, and as a natural sequence the appetite is stimulated and the digestion and assimilation of food are more perfectly performed. The weight of the body is generally increased but not necessarily so; but the tissues become more firm and active, enabling the patient to better antagonize the depressing and exhausting effects of this disease.

The altitude of Asheville is 2,500 feet; not a high altitude as compared with some of the climatic sanitaria of the Rockies, but sufficiently elevated to exert a most marked effect upon the respiratory organs and less tax upon the nervous system.

Adjacent resorts can be visited at intervals by the invalid where altitudes varying from 4,000 to 6,000 feet are supplied with the necessary accommodations for the sick.

The prevailing winds are from the northwest and southeast, the northwest wind being the more prevalent. This in winter is our cold, dry, bracing wind, and patients bear it much better than the warmer, moist southeast wind from the southern coast, from which, however, Asheville is tolerably well sheltered by the Blue Ridge, against the base of which range the city is situated.

The annual rainfall is about forty inches, but evenly distributed throughout the year; thereby preventing dust and sand storms and nourishing vegetation, the importance of which will be touched upon elsewhere in this article.

Soil and Vegetation.

The importance of the character and composition of soil in its influence over disease, and especially diseases of the respiratory organs, does not receive the recognition that it should, and too often resorts are selected without taking into consideration what I have been led to look upon as one of the chief factors in the make-up of a climatic sanitarium.

Loose soils are composed of sand and gravel which throw off great surface heat, but are not penetrable by the solar rays to any great depth, due to the antagonism of the cold and moist residual air therein, and causing great thermal ranges. The dense soils, as rock, sand and clay are better conductors and convey the heat to a greater depth instead of retaining it upon the surface. The blue clay and black loam are not good conductors and retain moisture and cold not only at a depth but upon the surface as well.

Thus I would speak of the soil composed of rock and red or white clay with a mixture of sand as being a better conductor of solar heat and consequently a drier soil, therefore the most healthful soil for those afflicted with phthisis. Such a soil we have in the mountains of western North Carolina. The uplands are almost entirely of red clay, rock and a small proportion of sand, the valleys and river bottoms are sand, clay and loam, producing not only a dry and porous soil but a fertile one as well.

The influence of vegetation upon climate must not be lost sight of while considering the subject of soil. Dense foliage attracts rain and in turn is supported by it. Vegetation equalizes heat throughout the day and night; affording shade during the heat of day and throwing off its accumulated heat during the night. It has been ascertained that trees acquire their greatest heat in the early evening and gradually cool until the morning is well advanced, thereby antagonizing the intensity of the sun's rays, and modifying the chill of night. Vegetation breaks the violence of the winter's wind and prevents the flying of dust and sand. Foliage flourishes luxuriantly upon these mountains to their very summits, composed of many varieties of oak, chestnut, hemlock, pine and balsam.

Clinical Illustrations.

The following three cases will serve very well to demonstrate what can be gained in this climate in well advanced phthisis.

I shall not recite in detail any incipient cases but will say that my records show that seventy-five or eighty per cent improve. However, I will append to this article a list of a number of incipients that came under my care this past year.

Case I.—W. P., a young man aged twenty-five years, height about five feet and eight inches, arrived in Asheville last March (30th), from Chillicothe, Ohio.

He gave the following history: Up to the tenth day of last January he had enjoyed good health and weighed 165 pounds.

The previous October, however, he had been troubled for a while with "slight throat trouble." On the 10th of January he noticed a decided weakness of his voice with a tickling cough; chills and fever, expectoration and night sweats soon followed. About every other day he was sick and exhausted, and would lie down to rest during the day. On January 22d he was taken with a high fever and violent cough and remained in bed for a week or ten days, after which he was up and down until March 30, when he arrived in Asheville. Microscopical examination of the sputum revealed baccilli in abundance and very active.

I was called to attend him upon his arrival and found a temperature of 102½ degrees, pulse over 100 beats per minute, and a deep crackling cough which showed that the lung tissue was breaking.

On physical examination I found the left lung badly affected from apex to below the nipple, with bronchial breathing and an abundance of rales. The apex of the right lung was also affected with slight dullness and crepitant rales. His appetite was fairly good and bowels regular.

I outlined a course of treatment, diet and exercise for him and he called at my office almost daily until May 16th. On that day he came to the office feeling "first rate," with a temperature of 99 4-5 degrees (the temperature had steadily fallen, but that evening he suffered a chill and the following morning I was called to see him and found a temperature of 105 degrees, which continued until during the following night, resisting all remedial agencies that were employed; but on the following morning the temperature had fallen to 103 degrees. By the end of one week the thermometer registered 98 3-5 a. m. and 99 p. m. He remained in bed for several days more when I permitted him to go out. In a few days he was getting around fairly well but showed evidences of the severe pyrexia. On the second day of June he ate an enormous dinner as he said to "get even" for what he had missed while in bed. In a short time after the meal the temperature started up and reached, that evening, 104½ degrees.

Again I ordered him to bed and he remained there for another week. All this time he was raising enormous quantities of muco-pus and suffered greatly from intercostal pains and pains about the heart which yielded eventually under Kalmia lat., Ranunculus bulb. and Cannabis ind. (the latter given in the tincture). Aconite, Gelsemium, Bryonia and Veratrum vir. were also given when the temperature was high.

These two attacks of high fever had caused great exhaustion and he had become terribly emaciated.

I wrote his physicians that his chances were very slim and debated in my mind for a couple of weeks whether to send him home or not. About the middle of June he became tired of the town and expressed a desire to go out about ten miles where there is a good summer hotel. His symptoms having now being less severe, temperature about 100 to 101 daily with profuse expectoration and heavy night-sweats, I consented to his removal to the country, but saw him occasionally and endeavored to meet any unfavorable symptoms with the proper remedy. A severe colic of the bowels set in with diarrhea which was promptly met and overcome with Lycopodium. I have found, for this neuralgic condition of the bowels in advanced phthisis, whether there be constipation or diarrhea, that Lycopodium gives more relief than any other remedy I have used, and for the diarrhea without the colic that Mercurious cor. has done better work in my cases than any other one remedy.

My patient has steadily improved since the middle of June until ten days ago, that is September 20, the last time I saw him. He had regained ten pounds, appetite good, bowels regular, temperature seldom over 100 degrees and generally going no higher than 99½ degrees; no night-sweats, cough slight, quantity of expectoration greatly diminished, lungs quite clear and free from rales; in other words his prospects appear to be very good. It is only by the utmost persuasion that I can keep him from going home since he regained the ten pounds.

[Later. This patient has gained an additional five pounds, making in all a gain of fifteen pounds.]

Case II.—During the month of November, 1895, I received a letter from a physician of Dayton, Ohio, giving a thorough description and history of a young lady patient suffering with well advanced phthisis, and requesting my opinion as to whether the climate of Asheville would benefit her. I answered that if she came at once that she might improve. She arrived in Asheville during the early part of December but I was not requested to render any medical attention until the 16th of January, about seven weeks after the correspondence, and found her condition as compared to that outlined by her physician in his letter to me greatly aggravated. Upon examination I ascertained her age to be about twenty-four years, weight eighty pounds, great pallor of the skin, temperature 103 degrees, pulse 110, absence of menstruation, loss of appetite with coated tongue and impaired digestion, bowels constipated. There was severe pain in the kidneys with frequent burning and scanty urination, severe intercostal neuralgia at night, with heavy night-sweats. On physical examination the entire right lung was undergoing violent inflammation and destruction.

The outlook was unfavorable, but I attended her at her boarding place for about one month without noticing very much improvement and intimated to her parents that her chances of improvement were very meager, but that if they desired her to try the local treatment which I employ at my office and would procure for her accommodations in the immediate vicinity that there might possibly be some improvement gained. They expressed a wish to do so and about the middle of February she was supported into my office. I began carefully the employment of superheated medicated air with sprays and internal medication. Her improvement in a few days much to my surprise and gratification was marked. The urinary derangement subsided under carefully selected remedies, intercostal pains disappeared, appetite improved, night-sweats diminished and eventually ceased, fever gradually became less, strength returned until she not only walked three blocks to my office and returned daily but strolled throughout the town at her own pleasure. She continued the daily treatment until the following May 27, just three and one-half months. Her condition at this time was as follows: A gain in weight of several pounds, gain in strength and spirits, excellent appetite, bowels regular, no pains, slight cough and slight expectoration, temperature less than 100 degrees and pulse ranging from 80 to 90 beats per minute, rales had disappeared but bronchial breathing was in evidence. At this time, against the advice of myself and all who knew her here, she returned to her native city for a visit, promising to return on the first sign of relapse.

The physician can only advise against such a course; he cannot insist else his motive may be construed as a selfish one. Eighteen days after her departure I received the following letter from her:

"My dear Doctor:—Now that the fatigue of the trip home is gone I am the better able to tell you how I am. My appetite is quite good and I am glad to be able to add that my stomach is behaving remarkably well. I am looking better than when we left Asheville, and am feeling better, too, though occasionally there will be a 'bad' day. But I suppose those are to be expected. My fever has but few times run over 99.6 and is very seldom that high. De Wine and I called on Dr. Welliver one afternoon last week. He (Dr. Welliver) asked me a great many questions and also listened to my breathing. He said to tell you that he is much surprised as well as gratified to find me so well. He also told me that he never in his life has seen any one so ill as I was with phthisis come through as I have done. * * * * * * I expect to return to Asheville just as soon as it is necessary for me to do so and hope I may be able to know when that is. I am just a little bit fearful lest I may not know. Wishing you as good success with all your patients as with myself, I am,

"Yours sincerely,
"J. Olive B——."

About seven or eight weeks after her return home I received a newspaper account of her death, also a letter from her physician. She had suffered from a slight hemorrhage several days previous and began preparations for a return to this climate. On the evening prior to her departure she attended church to bid farewell to her friends, and during the excitement a violent hemorrhage came on and she expired in a few moments.

I know full well what the longing to return home means; I have experienced it myself, but in this instance a residence here of a year, or better two years, would have been the proper course to pursue.

Case III.—I reported this case one year ago in the Medical Century and recite it here to append the improvement of the past twelve months. "E. F., male, aged forty-eight years, came to Asheville in June, 1894. He gave the following history: Ten years ago, that is about the year 1885, he went to Colorado, suffering with incipient phthisis, cough, fever, emaciation and profuse expectoration. After a residence at Denver and Colorado Springs of two years he had apparently recovered his health and returned to his former home in the southern part of Ohio. He engaged in business and for seven years enjoyed good health. Exposure, loss of rest, and grief over the sickness and death of several members of his family caused his health to again fail. The cough, fever and emaciation returned, and after several months of treatment at home he was sent to Asheville. On his arrival, June 6, 1894, he presented the following conditions: A persistent, aggravating cough, profuse expectoration, temperature 100 degrees to 101 degrees, night-sweats, glassy eyes, no appetite, pale, cadaverous complexion, weight 103 pounds (being a loss of twenty or twenty-five pounds), great weakness and some diarrhea. Under the administration of inhalations and remedies to check the inflammatory action and lower the temperature, and remedies to correct the abnormal condition of the stomach and bowels, with judicious exercise in the open air, in two months he presented the following conditions: Complexion good, instead of being pale it was bronzed; temperature 98 3-5 degrees to 99 degrees; appetite enormous, bowels regular, tongue clean, night-sweats gone, cough and expectoration slight, and a gain in weight of fifteen pounds.

"Now, even after this rapid improvement, my patient would not listen to words of caution, but said that he must return to his business, and did so after remaining here only two months. He went home to Ohio and returned to Asheville in one month, but that month was long enough. The healthy complexion was gone, the cough worse, the temperature was up to 100 degrees and six of those valuable pounds had been lost. Two days later he went to bed with chills, and a temperature running as high as 103 degrees. He remained in bed over a month. It was then nearly November, 1894. He finally got out of doors and, eventually, came to my office, where I treated him by inhalations all the following winter and spring, and now, during the fall of 1895, he is on the streets every day, getting along fairly well with a temperature of 99 degrees to 99.5 degrees—cough and expectoration, but certainly holding his own. How much better this man would have been had he only listened to words of caution and not returned to Ohio during that month of August, 1894."

Such was the report a year ago. During the past winter he again came to my office almost daily and received local treatment together with indicated internal remedies, and steadily improved, although through the trying months of spring he had at times flashes of fever which were promptly met by internal remedies. I have seen him but a few times during the summer and autumn, but he now has engaged in business, coughs very little, and expectorates scantily in the mornings, weighs more by several pounds than during last winter, and states that he is in much better health than at any time during the past three years, and my examination of him confirms his statement.

The following cases I find on my records for the past year and summarize briefly as follows: E. C., male, aged fifty years; residence, Wisconsin; phthisis chronic for thirty years; worse last three years; emphysema, cough, expectoration, temperature 99 to 101 degrees; rheumatoid pains; residence here five months; improvement.

J. D. E., male, aged twenty-four years; residence, Washington, D. C.; incipient phthisis with both apices involved, crepitant rales, dullness on percussion, hemoptysis, cough, rapid respiration, emaciation and gastric derangement; residence here seven months with improvement, although a most willful and disobedient patient.

J. N., male, aged twenty-six years; residence, Kentucky; incipient phthisis with cough, night-sweats, expectoration, gastric derangement, emaciation and sallow complexion; residence here three months with improvement, although a confirmed user of tobacco.

E. C., female, aged thirty years; residence, Illinois; incipient phthisis with cough, night-sweats, expectoration and a most stubborn gastric disorder; residence here four months with improvement.

S. J., male, aged forty years; residence, Pennsylvania; well advanced phthisis, both lungs affected; had been saturated with creosote for months; stomach ruined; residence here three months with no improvement.

S. L., female, aged twenty-eight years; residence, Massachusetts; well advanced phthisis with persistent diarrhea; residence here two months with no improvement.

T. B., male, aged twenty-six years; residence, Massachusetts; incipient phthisis of left apex, cough, expectoration, crepitant rales; residence here three months with improvement.

E. V., female, aged nineteen years; residence, Massachusetts; incipient phthisis; residence here four months with disease checked.

J. B., female, aged twenty-eight years; residence, New Jersey; last stage of phthisis with diarrhea; temperature 104 to 105 degrees; death in one month; should not have been sent here.

W. M., male, aged seven years; residence, Ohio; inflammation of lung following measles; temperature 102 degrees, pulse 130; no appetite; eyes glassy; very nervous; cough loose and rattling, rapid respiration and night-sweats; residence here three months with apparently entire recovery.

E. C., female, aged thirty-five years; residence, Michigan; incipient phthisis, gastric derangement, violent cough with expectoration and night-sweats; residence here four months with disease checked.

These cases do not complete the list on my records but are a fair selection of cases as they come. By improvement I mean that there has been a subsidence of all active symptoms and the patient in a fair way to recover. By saying that the disease is checked I mean that all active symptoms have disappeared.

Associations.

HOMEOPATHIC MEDICAL SOCIETY, NEW YORK COUNTY.

REPORTED BY J. PERRY SEWARD, M. D., NEW YORK.

Glaucoma.—At the opening meeting of the fall, on October 8th, Dr. M. Ruth Worrall discussed glaucoma for the benefit of the general practitioner. The doctor gave the symptoms recognizable without the use of the ophthalmoscope, dwelling upon the previous impairment of vision, headaches, rays, hardness, dilated pupil, ground glass cornea, insensibility of cornea and resulting contracted field of vision or blindness. The insidious approach of glaucoma simplex was pointed out. She believed that the treatment should be always operative, preferably the Von Graefe iridectomy. Eserine is to be used for temporary relief. Scopolamine has helped cases. The indicated remedy of course. A cure cannot always be secured by iridectomy.

Discussion. — Dr. A. B. Norton desired to emphasize one or two points. The importance of a correct diagnosis of glaucoma versus iritis cannot be overestimated, the treatment being radically opposed. In glaucoma contraction of the iris is essential. In iritis dilation is necessary to prevent adhesions. So a diagnosis must precede the first step in the treatment. This is very difficult to make, for we have a very similar condition in the acute stage of both. A previous history of gradual recession of the near point, with sudden outset of severe symptoms, always points to glaucoma. But the same may accompany iritis. Both are diseases of adult life, but glaucoma is, as a rule, of older persons, being rare under thirty-five years. Halos, or rainbows of color, are prodromal of glaucoma, but may occur in iritis or even conjunctivitis. The onset is sudden, usually with severe pain, and may follow mental worry or excitement. Tension is the keynote of the diagnosis, but in an adult iritis may present increased tension. The eye may be so sensitive to touch that the tension may not be obtainable. The dilated pupil of glaucoma may be simulated by an iritic pupil previously dilated with atropine.

As to treatment, Dr. Norton believes that operation is necessary in the majority of cases, but is not always advisable. It is better to try Eserine and internal remedies as long as there is no danger of loss of sight. Blindness has been prevented for years without operation. Even the ophthalmoscopic signs are sometimes hard for an expert to obtain. Dr. Norton believes that knowledge of this disease and ability to institute treatment should be expected of every general practitioner, and that loss of the vision from such ignorance should render a physician liable for malpractice.

Dr. Chas. Deady narrated a case in which glaucoma was mistaken for conjunctivitis and treated therefor. Also a pitiful case of blindness and death from typhoid from resultant worry due to a persistent treatment as iritis of a case of clear glaucoma.

Symphysiotomy. — Two recent cases were reported by Dr. Geo. Parker Holden, in which he clearly described the technique of the operation and the management of the complications. He argued that the scope of the operation should be broadened, and opposed too great dependence upon accurate pelvimetry.

Dr. F. W. Hamlin maintained that the selection of symphysiotomy should be based upon very accurate knowledge of the pelvic diameters. As is urged by Grandin and Jarman, the appropriate conjugate vera should be between 2⅝ and 3¼ inches. In American women these measurements may be raised a little, or from 2¾ to 3½. But in all cases the exact conjugate must be known before symphysiotomy can be preferred to such other operations as version, Caesarian section and craniotomy. The cases cited were criticised from this basis. Dr. L. L. Danforth made the same criticism. The operation is one of magnitude, due to its possible complications. The rules governing it are very clearly defined. He did not agree that by this operation embryotomy is relegated to the past. Caesarian section will, in the future, hold its old place, while it is conceivable that under extraordinary circumstances embryotomy may even be performed upon a living child. Symphysiotomy is never permissible if the conjugate is under 2½ inches. The operation is best performed at a hospital.

Other Papers. — Other papers read without discussion were, "Retained Dead Fetus—a Case," by Dr. Irving P. Sherman, and "Seborrheic Dermatitis—Illustrated," by Dr. H. M. Dearborn.

Miscellaneous Business.—Dr. Sinclair H. Royce, of 116 W. 84th street, was elected to membership. Dr. Elizabeth Edmiston, of 117 E. 16th street, was nominated for membership. A resolution offered by Dr. H. C. Houghton, deprecating the use of open street cars on the bleak days of early fall and urging action on the subject by the Board of Health was adopted. Drs. E. C. D. O'Brien, Klots, and F. P. Sheldon were elected delegates to the State Society to fill vacancies on the delegation. Dr. W. W. Reynolds suggested amendments to the Constitution relative to election of officers.

Correspondence.

OUR PITTSBURG CORRESPONDENT IN PARIS.

Dear Medical Century:

I am almost sorry I did it. If I had it to do over again, I might perhaps think twice before deciding to do it, because I found when I had done it that the result came very nearly spoiling a visit to that wonderful creation of Louis XIV of France, that beautiful Palace of Versailles; still now that I have done it, I'll tell the readers of the Medical Century what I saw and what I did not see, and I want them to feel the sorrow I felt at not seeing what I ought to have seen.

All this refers to a visit I made to the grave of the master—our own Samuel Hahnemann. I had already made one trip to Paris but determined to make a second to visit two places, the first the Palace of the Louvre, the second Montmartre Cemetery to see the grave of Hahnemann.

First, procuring a note in French from the porter of our hotel to the secretary of the cemetery company, I drove out there, presented the note and was given a paper on which were these cabalistic signs: "16e Division 1e Ligne (le) long du mur No 8." They looked very nice but they were French to me and that's worse than Greek. I know a little Greek. On seeing the blankness of my expression the secretary deputized a uniformed man to accompany me. He led, I followed, and when he had placed his hand on an iron railing surrounding a grave he turned to go and absolutely refused a franc I tendered him. That astonished me, for I had up to that time failed to discover a Frenchman (or an Englishman either) who would refuse a tip. When I had recovered myself I turned to look upon the tomb which contained all that was mortal of Samuel Hahnemann. Then it was that I realized that it was well that I had had a guide. Would you believe me—there was not one solitary mark by which one could tell who was buried there! Just think of that, ye fifteen thousand homeopathic physicians of America, and ye millions of people, big and little, who rely on the knowledge of these followers of Samuel Hahnemann to heal you when you are sick!! To say that I was astonished is to put it quite mildly. I could not believe it; I hunted all over the tomb, high and low; but could not find his name. I did see, first, a faded wreath, and, second, fastened by two pins—one a safety, the other a straight one—to the iron bar which crossed over from one of the iron railings to another, a small American flag on which was written the name "A. M. Duffield, Fla." I said: "Good for you, Dr. Duffield, some day I'll meet you and shake your hand."

That was all that I could find and I felt very, very sorry. I think it about time that there was some distinctive mark placed to show the world that Hahnemann is buried there. I suppose you will think it quite ridiculous in me to have done it, but I knelt down on the ground, reached in through the iron bars, and well up under the over-arching top stone, where the rain could not reach it, wrote with my pen the name Samuel Hahnemann, making the letters as large as I dared. I thought the grave would be marked for at least a little while.

Then I looked about me and I could not find one other unmarked grave. I carefully noted this and I wondered again, as I had wondered when the subject of marking the grave was under discussion at the late International Congress, "What had become of the four millions of francs, eight hundred thousand dollars, which Hahnemann had left." That was a question I could not answer. So after placing at the head of the tomb my own modest wreath, I turned away, hoping that in 1900 when I come to Paris, as I expect to do, to attend the Sixth International Congress, I shall find over his grave a monument which shall in a fitting way mark the last resting place of the man whose learning and genius did so much to revolutionize the practice of medicine in this nineteenth century.

J. Richey Horner.

Paris, September 26, 1896.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - Editor
WILSON A. SMITH, M. D., Editor Pro Tem.

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Editorial.

ABOUT MATERIA MEDICA.

The most important study of the physician after leaving college and going into the active work of his profession is materia medica. This is especially true if one engages in a general family practice, and should also be the case if one takes up a specialty. Diagnosis is important principally for the reason that it enables one to adopt preventive measures in cases of a contagious nature early in the disease and thus prevent it spreading, but it is of little value in the treatment of the disease after a person has once been attacked. Anatomy is of much service to the surgeon—in fact one can not be a surgeon unless he is master of anatomy, but after the cutting and carving is done the surgeon is a cripple unless he is a good prescriber. And so it goes all through the practice of medicine. The ability to prescribe the right remedy at the right time is the key-note of success and the one who lacks that will find himself or herself floundering in the sea of disappointment. Looking at the physician's work from any viewpoint, either as a specialist or a general practitioner, one realizes the importance of a good knowledge of the application of drugs to pathological conditions.

Believing, as we do, that there is some derangement of the vital forces tending to produce a condition of the system which permits it to be the subject of attack by the microscopical disease-making germs, it is of the utmost importance to possess an ability to select the proper remedial agent at the commencement which will put the organism in normal condition. If this can be done in the early stages of all pathological conditions the need of surgeons will be greatly lessened, many of the conditions which continue in their ravages until a part of the "house beautiful" has succumbed to the blighting influences will be overcome and health restored before irreparable damages occur.

To illustrate this point in a clearer way let us take diphtheria as an illustration. We know that in every genuine case of this loathsome affection the Klebs-Loefler bacilli are present in large numbers, and we believe that it is the presence of the same bacilli upon a fertile ground which makes diphtheria such a direful disease. We also know that these same bacilli are present in those who present no evidence of this difficulty. Now, then, if we are able to select the right remedy in the beginning of the disease we get sterile soil for the germs to produce, or, rather reproduce themselves in, and the patient rapidly recovers. Prof. Dunn claims that there must be some derangement of the nerve centers before such a condition as diphtheria can be produced. This is what we all believe and to attune these disordered nerve forces, bring them back into a normal condition, is the aim of the prescriber, and he who can attain that end is sure to be successful.

It is a tiresome work to the student of materia medica to undertake the memorizing of a lot of symptoms which have no apparent connection. It is this peculiar condition of our materia medica which frequently discourages so many from prosecuting its study after the school days are ended. The question then confronts us, How shall we teach materia medica to make it interesting?

In the good old Book we are taught that out of the mouths of babes and sucklings shall we learn wisdom—and it is a fact. Take a child out of the nursery into the larger world and the first thing it does is to ask the question, Why. The adult mind is similar to a child's and it is not satisfied until the question "Why?" is answered. To teach materia medica rightly the teacher must not be a parrot, must not repeat to his class a list of symptoms which he has memorized from the text book and return the next day to the rostrum to find out how many of the symptoms the students have committed to memory. He must be able to give the reason why. The most valuable symptoms of the drugs are the peculiar ones, and an ability to explain to the student the reasons for these peculiar conditions, which arise from large doses of the drugs, makes of materia medica an interesting study.

Prof. Kraft throws around his materia medica work a great deal of originality. By his method he interests the student and with this interest he sets the student a-thinking and when you do that you have accomplished more towards creating a materia medica enthusiast than one is aware of. His paper at the World's Congress was an insight to his methods. He mentioned as national remedies Pulsatilla for the Germans, Nux vomica for the French, Colchicum for the English, and Saw palmetto for the Turk. To get deeper into his novel method of illustrating, take what he says of the drugs for the cities. In Philadelphia, on account of the reputed love of quiet and aversion to movement in that city, Bryonia would be the remedy. There one has an apt illustration of the aggravation from this remedy which will stick to the memory for years. When he referred to Chicago and said that Lycopodium was its remedy, because it stood at the top of the list for gas and wind, he presented another picture which is not easily forgotten.

There are red remedies, as Belladona, and white ones as Calcarea carbonica, and so on through the list. It is the drawing out of these peculiarities by the teacher that starts the mind to asking why, gets it to work to search for an illustration, makes it become interested in its application to the study of the drugs, and finally makes its owner a successful practitioner.

THE PRESENT INCOMPETENCY OF MEDICAL LEGISLATION.

In a late issue of the Pacific Coast Journal is an editorial from the pen of Dr. Arndt, the accomplished editor of that journal, which we would be glad to have every reader of the Century peruse. It is a forceful presenting of the foolishness of the positions of the different state boards and a laying bare of their selfish characteristics.

It says: "That a medical degree from an American medical college, recognized as being in good standing, should protect the holder in the practice of his profession wherever 'Old Glory' floats, is a proposition which cannot be denied." To that statement we desire to utter a hearty Amen! Today what confronts us? The New York State Board of Health will not recognize the examination of any other state board and the Pennsylvania State Board refuses to recognize the New York board in a spirit of retaliation, and so the fight goes on. And this is but a little of the condition which we face as the result of an insane desire to have medical legislation.

There is one side to this question which is very little spoken of. The honest, conscientious, law-abiding physician submits to the dictates of these boards, pays the examination fee, registers his diploma and sets honestly about securing a business. He modestly refrains from advertising his skill, waiting until in the course of human events his ability is discovered. But with the charlatan or quack is is different. He pays no attention to the petty little rules of these officious health boards. He boldly enters a city, likely one wherein lives the president of a board, purchases two or three columns of the different daily papers, and pretends that he can cure anything and everything from which humanity suffers, and starts to raking in the shekels of the citizens.

Do the great health officers of the state stamp the swindler and drive him out?

Does it appear so to you, kind reader?

Not a bit of it. The very men who promulgate these rules lay low and the honest, code-obeying, deserving doctor waits for justice to be done and is still waiting when the culprit has passed away from the scene of action, although the advertiser never leaves as long as he can pocket the people's money.

Within the last few weeks in the city of Chicago there have been rival advertising physicians who have coined money. Times have been good with them and the "catchy" advertising has caught lots of people; yet the state board with three members here, with the president of the board here, have kept still. Why? For the reason, perhaps, that a little experience which the board enjoyed with Dr. Brinkerhoff has made them chary.

And yet.

We believe that the State Board of Illinois is the best one in the United States. It recognizes the diplomas of good colleges without any subsequent examination. The State Board of New York has men upon it who cannot answer all the questions put to the applicants who ask for a license to practice in that state. This is true of every other board on the Lord's footstool and there is no use of mincing matters about it. If we had to stand an examination upon the elementary principles of medicine we feel pretty certain that we would fail, and we are equally sure we do not stand alone in this condition.

But the worst feature to us is the un-American spirit of state boards. When the smoke of powder clouded the sky upon that April morning in 1861 the idea that this was a bunch of little republics was emphasized in strong language. But the loss of lives and treasures and the heartaches that marked the following four years settled that idea and confirmed the majority's opinion that this is one nation.

And yet!

It has remained for the medical profession, the learned, liberal, progressive profession, to turn back the tide of civilization and conceive this nation as a number of different republics. It remained for this great profession to say the boundary line between Pennsylvania and New York is a distinct one which you can not cross and be considered in each as you were in the other state. It remained for the profession which we love to exhibit itself to the world as the most selfish, domineering and arrogant profession upon the face of the earth.

We doubt if these laws would hold good if carried to the supreme court of the United States, but the poor, struggling doctor has, as a rule, but little with which to carry on such a fight; the result is that he submits, while the disgrace goes on.

But what of all of this? We have a duty to perform. It is to demand the changing of such rules and regulations. It is to demand the recognition of the good medical colleges, and when the colleges are recognized to accept their testimony, the diploma of the school, as sufficient evidence of the ability of the holder to follow the practice of medicine wherever the Stars and Stripes are kissed by the breeze. We should strive to Americanize these boards. We believe that we have done wrong in the years that are past in not more jealously guarding the rights of the profession, and to make amends we ought to take up the fight at once.

Here is another thought, and after you read it lock the door of your consultation room and answer with yourself if Editor Arndt is not right. "Go to the fountain head," he exclaims, "the medical colleges, see to it that they do honest work, and if they refuse to do so take away their charters." Do you not believe that this is a fair and a just proposition? If a college does good work in the lecture room, at the bedside and in the laboratory and then graduates those who make a good examination where is there a state board which is more capable of judging of the ability of these applicants than the teachers who have been with the students for three or four years? Our medical laws should be directed towards the schools who will be glad to obey all the necessary and sensible requirements which may be demanded of them, and this yearly and never ending regulating of the medical profession would be at an end. It is already as futile as it is annoying. If the laws which have been passed in the various states had not excused every physician who was practicing in the state in which the law was passed from its provisions, you know, and the whole world knows, that it would never have been passed. Why? Because ninety per cent of the active and successful physicians in any state, in any country, cannot stand as good an examination to-day as the student who has just been turned out of a good college. So far as the practical side of medicine is concerned the practitioner of experience would stand at the head, but the names of all the nerves and blood vessels, and all the different minutiae of anatomy, physiology and chemistry and the other fundamentals have passed from the memory, leaving the outlines distinct but the finer parts obliterated.

Every physician who reads this knows that this is the truth, and it does one good once in a while to look the truth in the face. We get a higher conception of it by coming in contact with it even if, as the old saw goes, truth is homely. We trust that out of this confusion of tongues and medical laws, out of the ashes of idiotic legislation, some common sense may arise, Phoenix-like, to point us into a better way.

THAT NEGLECTED GRAVE.

The neglected condition in which Hahnemann's grave has been so long left in the cemetery of Montmartre has been the subject of much discussion since the matter was taken up by the International Congress in June. In the current issue of the Century Dr. J. Richey Horner gives a very interesting account of his recent visit to Montmartre. The touch of subtle pathos in Dr. Horner's description will not be lost upon our readers. Almost all correspondents on this subject have been inclined to bitterness and a more or less mild execration of Madame Hahnemann's name, as being responsible for the original neglect with which the grave was treated, and which seemed to establish a precedent for her heirs who have had the lot in Montmartre in charge. Dr. Horner does not attempt to place the blame. It is enough that the grievous condition exists and that it is the business of all homeopaths to right it.

There is a small air of mystery attendant upon the circumstances which investigation has brought out that certainly reflects seriously upon Madame Hahnemann. After burying her husband in the most secret manner at half-past six o'clock one morning, she from that time forward steadfastly repelled every effort to render his burial place more conspicuous and kept it and left it an unmarked tomb. A very black case is also made out against the lady by Dr. Suss-Hahnemann, the grandson of Hahnemann. He says:

"I was only present at the very last dying moments of my late grandfather, not even on the eve of his death, although my mother and I had arrived in Paris already a whole week previous to this sad event taking place. In spite of our most earnest entreaties, in spite of Hahnemann's own wish to see once more his favorite daughter, Madame Hahnemann resolutely and sternly refused us an interview with our dying parent, when he would have been still able to speak to us and bless us."

Madame Hahnemann's course toward her husband's relatives seems very reprehensible and her course toward her husband's grave incomprehensible, unless indeed back of her actions lay some legitimate and not ignoble motive. For her conduct toward the children of her husband's first wife we have no palliation to suggest, if the facts are as stated and uncolored by the prejudice which might easily obtain. With reference to her conduct concerning Hahnemann's grave the circumstances are incredible, except as we believe the woman actuated by the fulfilling of Hahnemann's dying request that his grave should be allowed to sink into oblivion. His was a large mind and he could hardly have escaped knowing that if he were great enough no hiding away of his bones could dim the light of remembrance he would leave behind, while if he were not great enough for that he was yet too great to care to depend upon a sarcophagus to preserve the memory of him. This idea that Madame Hahnemann was religiously fulfilling a dying request is borne out by the reputation which she enjoyed as being a devoted caretaker of her husband. That she should maliciously elect to disgrace both herself and him by inattention to his tomb seems foreign to her every relation toward him.

After the death of Madame Hahnemann, thirty years subsequent to that of Hahnemann, his grave was passed over to the care of Madame Boenninghausen, Madame Hahnemann's adopted daughter. And still the same system of neglect was pursued, so systematically in fact that again the question presents, was there not a substantial motive for the stubborn effort to keep the grave a secret place, unknown and unvisited?

Motive or not, it has been assiduously kept so. Moreover this past summer the body would have been taken from the tomb and placed in a common grave had not the few centimetres of ground on which the tomb rested been bought by Hahnemann College of Philadelphia. This was because the size of the tomb exceeded the regulation limit and the extra ground had to be paid for or turned back to the cemetery authorities. By the side of the tomb stands the neat stone marking the burial place of Madame Hahnemann, whose last request was that she be buried by her husband's side—another refutal of the charge of malicious neglect.

The followers of Hahnemann the world over learn with regret and chagrin of this state of affairs at Hahnemann's tomb, and for whatever good or bad reason the unsightly condition has obtained in the past it should not be allowed any longer. We sincerely trust that a movement may soon be set regularly on foot for the righting of the situation, otherwise the great and beautiful monument at Washington will be dimmed in its glory by the recollection of that lonely, deserted lot in Montmartre.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. Lewis Kent Cross has removed from Palmer, Mass., to Boston, Mass.

Dr. W. B. Worrell has removed from Hammond, Indiana, to Shermerville, Illinois.

The Seventh Italian Medical Congress was held in Rome on October 20th and the following days under the presidency of Dr. Baccelli.

Dr. E. Byron Smith has removed from Paducah, Kentucky, where he has been located for some years past, to Union City, Pennsylvania.

Dr. George T. Greenleaf, who recently sold his practice in Englewood, this city, and removed to Redlands, California, is reported to be doing decidedly well in his new location.

We are in receipt of the twelfth annual announcement of the training school for nurses in connection with the Huron Street Hospital, Cleveland. The schedule of lectures is a full and comprehensive one.

Dr. A. K. Crawford, of this city, advises us of a recent communication from a patient at Colfax, Iowa, stating that there is no homeopath in that city, and that it is certainly a good opening for a man of our faith.

The Jenner celebration in Russia has again been postponed and will not take place until December 3 of this year. It had already been postponed from May to October and its friends are getting a little impatient for its consummation.

Dr. J. A. Cowperthwaite, a son of Dr. A. C. Cowperthwaite, of this city, has located at Butte, Montana. Dr. Cowperthwaite, Junior, graduated from the Chicago Homeopathic College in the class of '96.

Dr. Edwin M. Hale's excellent paper read at the annual meeting of the Illinois Homeopathic Medical Association this year at Ottawa, entitled "The Heart at the Menopause," was printed in full in the Boletin de Homeopatica, of Montevideo, Uruguay.

The Sultan of Turkey has forbidden women physicians to attend upon his subjects. This is rather hard upon Dr. Grace Kimball, the physician and writer, who had established herself in Turkey and who had been there fourteen years. She was obliged to return to London.

The Brooklyn Naval Hospital will soon have under way the construction of its new ward which is to cost $50,000. The structure will be of white brick and marble, classical in design, and erected in accordance with the most approved architecture at home and abroad for public hospitals.

In a recent number of the Medical Century it was stated that Dr. Julia Chapin Jump, of Oberlin, Ohio, was not in attendance upon the American Institute meeting at Detroit. This was a mistake. Dr. Jump was at Detroit and our correspondent supplying the news-item in question was in error.

New Zealand has gone the American Insitute of Homeopathy one better in the matter of time to be expended in the securement of a medical degree. No physician, if the new bill recently introduced into the legislature passes, will be allowed to practice there, or to receive a diploma, without five years of collegiate work.

Dr. C. E. Fisher left Chicago early in November for a six weeks' outing on the Pacific coast. Since his attack of typhoid Dr. Fisher has been unable to resume his editorial and professional duties, and his absence for a season of rest and recuperation was imperative. It is hoped that he will be able to get into harness again the latter part of December.

Scranton, Pa., has been recently exercised over the death of a young boy from diphtheria. The boy's father, having been a faith curist, employed no medical aid for the lad, who finally died. The coronor of the city held that the prayers of the Christian Scientists did not constitute the sort of treatment diphtheria demands. The district attorney has issued warrants for the arrest of the father.

Dr. T. Cecil Hicks, formerly of Toledo, O., has moved to Nashville, Tenn., and is now located at the corner of South Market and Center streets, that city.

Dr. E. C. Parsons, of Meadville, Pennsylvania, has just had the misfortune to lose a promising young son, who died of consumption at the home of his parents on Wednesday, October 29th. The sympathy of the entire profession will go out to Dr. Parsons and his wife in their sad bereavement.

The Medical Century takes this occasion to acknowledge in behalf of its editor, Dr. Fisher, the many letters of sympathetic inquiry received during his illness. Such kindly manifestations of friendship are most tonic in their effect and are heartily appreciated.

We have noticed from the daily papers that our good friend and brother editor, Dr. Harvey Dale, was presiding officer at one of the political meetings held at Oshkosh during the late campaign. We will wager a good supper that Dale did the thing up right and made a good speech, too, if the opportunity presented.

Our Pittsburg correspondent, Dr. J. Richey Horner, whose Paris letter appears on another page, has returned to London where he expects to remain until after the first of next January. He will then return to New York and take a four months' course in neurology and electro-therapeutics at the post-graduate school there.

Bovine tuberculosis is attracting the attention of the New York City Board of Health. A thorough inspection is being made of all milk cows within the city limits. Of the three hundred and eight animals examined for tuberculosis fifty-two have been ordered killed as being diseased. San Francisco will this year lose about fifty per cent of her dairy cows in an effort to stamp out tuberculosis.

Hypnotists must in future be responsible for the actions of their subjects when performing before the public. At a theatre in Atlanta a hypnotic subject took a hat belonging to a man in the crowd and bit a piece out of it. The hypnotist and his business manager declined to make good the cost of the hat, the victim sued them on the charge of malicious mischief, and the Judge sustained the charge.

The Materia Medical Journal, edited by Drs. Hawkes and Allen and business-managed by Dr. W. W. Stafford, is to be congratulated upon both editors and manager. The numbers received at this office are thoroughly practical and interesting. The Journal should have the support of the homeopathic profession in its efforts. It is commended to all of our readers as well worthy of their attention.

Apropos of the typhoid epidemics in various cities, the City Water Co., of Duluth, Minn., is involved in a suit for damages brought by a lady of that city for the death of her husband which was caused by the impure condition of the water. If the case is decided in favor of the plaintiff there may be established a precedent which will be calculated to render other cities more vigilant as to their water supplies.

Now is the time to settle arrearages on subscriptions. The year is drawing to a close. At some inconvenience to themselves most journals and journalists have carried patrons thus far toward '97, and the time now is when balances due on subscription accounts should be taken up. We for one do not and cannot go into a new year with a number of unpaid subscriptions. The journal that does that dies. It always has and it always will. Vide the history of all journalism.

Austria has admitted women to practice in her dominions under conditions requiring a high professional education and blameless moral conduct. Mohammedan women, who have been hitherto without medical care, are said to be the gainers by this action on the part of the government. It is not said that the Austrian government makes specifications to cover the morality of the men practitioners. We have never heard of any—besides they would be superfluous.

The water supply of Cleveland, O., has degenerated in quality, according to report. The supply is drawn through an intake which was constructed at the expense of several million dollars. The tunnel extends under the bed of the lake 8,642 feet to the crib, and it was thought that the crib was at a sufficient distance out to insure perfect purity in the supply, but counter currents and landward winds often force polluted water into the tunnel. The city has decided to lengthen the tunnel, purify the water and establish a garbage crematory.

The Miami Valley Homeopathic Medical Society held a very interesting meeting at Troy, Ohio, Thursday, October 22d, under the presidency of Dr. Wm. A. Geohegan, of Cincinnati. A number of instructive papers were put before the Society and the discussions are said to have elicited an unusual amount of practical information. The attendance was a large one. The officers for the coming year are Dr. Frank Webster, Dayton, Ohio, President; Dr. C. F. Ginn, Miamisburg, Ohio, Vice-President; Dr. W. H. Webster, Dayton, Ohio, Treasurer; Dr. W. Webster Ensey, Dayton, Ohio, Secretary.

The special train to the City of Mexico for the second Pan-American Congress left Chicago under the care of the American Tourist Association on November 10th. A special train of sleeping and dining cars had been provided for the travelers, running from Chicago, Cincinnati and St. Louis to the City of Mexico and return. The only stops made en route were at San Antonio, Texas, and at Zacatecas, Mexico. On the return stops will be made at Queretaro, Aguas Calientes, San Luis Potosi, Tampico and Monterey. The date for the arrival of the return train has been set for December 1st.

The "Transactions" of the Southern Homeopathic Medical Association is now ready for delivery. This is the first volume of Transactions this Association has ever issued and is of great interest to all members of the body. It is a neat cloth-bound volume of 334 pages, and contains the history of the Association, minutes of the '95 meeting held in St. Louis, papers and discussions presented at that meeting, the constitution and by-laws, code of medical ethics, chronological list of officers and a list of members. The meeting of the "Southern" to be held in Nashville next year during the Tennessee Centennial Exposition promises to be a grand rally of the homeopathic forces of the Southland, and it is already looked forward to eagerly. In the meantime every member of the Southern Association should possess himself or herself of a copy of this first volume of the Transactions issued by the society.

NEW YORK NEWS-NOTES.

Dr. Homer I. Ostrom reopened his private surgical hospital at 127 West 47th street on October 1st.

The convalescence of Dr. Frederick M. Wall, after an unusually severe case of typhoid fever, is now quite assured.

An entertainment for the benefit of the Harlem Homeopathic Hospital and Dispensary is being arranged to occur during December.

The operations of Dr. Wilfred G. Fralick at the Hahnemann and Metropolitan Hospitals are much enjoyed by post-graduate students in the city.

"Coryza" was discussed by the Pedological Society at its October meeting, the subject being introduced by Dr. John B. Garrison, the president.

The celebration of the anniversary of the discovery of anesthesia, though most actively observed in Boston, has yet occupied considerable space in the daily and weekly press of this city.

Although not organized, as were their old-school brethren, the homeopathic physicians of New York took unusual interest in the issues of the recent campaign. The writer has met but one follower of silver in the profession.

The deep excavations for gas-mains in Fifth Avenue are blamed for the appearance of an unusual number of malarial diseases in that vicinity. As a further result, even continuous fevers take an erratic course which frequently proves confusing.

Notwithstanding the financial depression, which has reduced the size of entering classes in many colleges, the New York Homeopathic Medical College is rejoicing in the largest freshman class since the four-year course was adopted. The exceptionally large proportion of college bred men is also encouraging.

Sorosis, New York's greatest woman's society, presided over by Mrs. Wm. Tod Helmuth, contains a number of homeopathic women physicians among its prominent members. In its most recent discussion the essayists and speakers included Drs. Harriette C. Keatinge, H. D'Esmonde Keatinge, Mary E. Bond, Katherine Dell Burnette and Jennie Lozier.

WASHINGTON WHISPERINGS.

Dr. John Stearns has returned from a visit to Maine much improved in health.

Dr. Ira W. Dennison spent the first part of November visiting at his old home in New York.

Dr. L. C. Cheatham, of Marion, Ohio, spent the month of October in Washington visiting her sister.

Lectures have commenced for the year in the Training School of the National Homeopathic Hospital.

Dr. and Mrs. Ralph Jenkins, who spent the summer at the eastern summer resorts, have returned home.

Dr. Margaret Hislop has removed her office and residence to 1021 Vermont Avenue, a very desirable location.

Dr. H. Reed Hawley, who for some time conducted a homeopathic sanitarium here, has removed to Staatsburg, N. Y.

Dr. F. A. Gardner and family have returned to Washington from their summer outing. The Doctor is building an extensive addition to his present residence, which will give him double the room he now has.

The bogus Washington National Homeopathic College, against which the homeopathic fraternity of Washington made such a strong fight, could not stand the struggle longer, and has closed its doors and left an unpaid rent bill. After diligent search none of its professors can be found.

The Board of Medical Examiners under the new law began work the early part of October. At the first examination there were no Homeopathic applicants, though many questions submitted by the homeopathic board were adopted and used by the supervising board in their examination.

The Washington Medical and Surgical Club held its first fall meeting at the residence of Dr. L. B. Swormstedt. After the transaction of business and the discussion of several very interesting cases the party adjourned to the dining room where they enjoyed a lunch that pandered to the palates of all present.

In their annual report to Congress the District Commissioners have recommended that an appropriation of $50,000 be made for the purchase of a site for a hospital for minor contagious diseases, and an appropriation of $25,000 is asked for the erection of a hospital for the treatment of scarlet fever and diphtheria.

On the evening of October 28th Dr. Edwin S. Lothrop and Miss Alice L. Seitz were married in the parsonage of St. Patrick's Church. The parsonage was crowded with friends of the couple to witness the marriage. After congratulations Dr. and Mrs. Lothrop departed for their future residence, 807 East Capitol street, where they will be glad to see their friends. The presents were numerous and beautiful.

Drs. C. B. Gilbert, J. B. G. Custis and W. R. King, with eminent members of the New York profession, viz: Drs. Tod Helmuth, Sr. and Jr., Eugene Porter, Geo. W. Roberts and A. B. Norton, attended the session of the Pennsylvania State Society as guests and were entertained royally. Drs. Norton and King participated actively, by request, in the discussions of the section of O. and O.

The first case under the new medical law regulating the practice of medicine in the District of Columbia, has been made and Dr. R. C. Flower, the cancer specialist, of Boston, who visited this city the early part of October, was arrested during his visit. He gave bond for his appearance on the 20th of October, and was allowed to depart to fill his engagements, and on the 29th a further postponement was granted until November 10th. If this case is decided in favor of the District it is understood that other arrests will follow.

On October 7th a public hearing was given by the commissioners upon the application of the Washington College of Dental Surgeons. It was soon discovered that the applicants were among some of those interested in the former bogus homeopathic college, so a contingent of the Washington Dental Board of Examiners and the Washington Homeopathic Medical Society were on hand to oppose the application. The whole matter was referred to a committee of physicians, appointed by the District Commissioners, to investigate the plant of the so-called college and the professional standing of its professors. After a week's investigation the committee made an unfavorable report and on October 30 the commissioners rejected the application. Washington is really not a good field for bogus physicians or colleges.

At the annual meeting of the National Society of Electro-Therapeutists, held in New York City on September 29 and 30 last, Washington's profession was represented by Drs. F. A. Gardner, W. R. King and Edgar Janney. Dr. Gardner presented two practical and interesting papers during the session and Dr. King read a paper which elicited much valuable discussion. The Washington delegation walked away with several plums for next year. In the election of officers Dr. F. A. Gardner was elected President, Dr. Wm. R. King, Secretary, and Dr. Edgar Janney a member of the Executive Committee. The meeting next year will be held in Washington and will be the first meeting of this society held outside of New York and Boston. It is needless to say that this city will make every effort to extend a hearty and characteristic welcome, and a large increase in membership to this important national society will surely ensue.

CINCINNATI CLIPPINGS.

Dr. Laura C. Brickley is now located on Chose and Hamilton Avenues.

Physicians in the vicinity report collections very slow and business generally very dull.

Dr. J. D. Buck is announced by Messrs. Robert Clark & Co. as the author of a new book on "Mystic Masonry."

Dr. G. C. McDermott has been keeping quiet during the past month on account of his hay fever. His regular college work begins this month.

Drs. L. D. Meader and P. T. Kilgore are hard at work on special courses in the University of Cincinnati, post-graduate work of a kind to keep them abreast of the rapid advance in medical science.

The clinical staff at the Cincinnati Homeopathic Free Dispensary are working as never before. "More room" is the cry, and ere long the Pulte Medical College building will be overhauled and more room provided for the practical departments.

Dr. J. T. Ellis of Waynesville, O., in a paper before the Miami Valley Homeopathic Medical Society which met at Troy, October 22d, stated that no man should be allowed on a village health board unless he could tell the difference at least between a hemorrhoid and an asteroid; in other words, the laity do not deserve such appointments.

At the seventh annual meeting of the Cincinnati Homeopathic Lyceum on Monday evening, October 19th, 1896, officers were elected as follows: President, C. C. Meade, M. D.; Vice-Presidents, H. H. Wiggers, M. D., F. H. Fischbach, M. D.; Secretary, A. W. Calloway, M. D.; Treasurer, J. D. Meade, M. D.; Corresponding Secretary, Laura C. Brickley, M. D.

FOREIGN NEWS-NOTES AND ITEMS.

Bogus university degrees have been recently sold through Germany by a man who had stolen the seals of the University of Berlin. He had made and sold at least 250 diplomas before he was caught.

The Germans will add to their military maneuvers this year by the use of dogs in the ambulance department. The dogs will be taught to go into the field, find the wounded man, return with a cap, helmet, or piece of clothing to the ambulance men and guide them back to where the wounded man lies.

On Wednesday, the twenty-third of September, Sir John Erichsen, surgeon extraordinary to Queen Victoria, died after an illness of a week's duration. Erichsen was known to the medico-literary world through his "Silence and Art of Surgery," which appeared in 1853, and the fifth edition of which was extended into two volumes in 1887. The work has been translated into German, Spanish and Italian. He also wrote two small books on "Railway Injuries" and "Hospitalism."

Typhus fever is doing mischief in Liverpool of late. There were last year in the city one hundred and sixty-two cases with twenty-four deaths, and quite a number of cases have been reported during the last few weeks. So many indeed that it looks as though the record of this year would be in advance of that of last. It is said that there were only three cases of typhus fever in the hospitals of the Metropolitan Asylum Board of London last year, all of which were in the Eastern Hospital. Ireland furnishes but few cases of the fever per annum. Glasgow still has occasional light epidemics.

At St. Martin's Town Hall, England, the Nursing Exhibition recently presented some interesting and novel features. The London Homeopathic Hospital carried off the first prize. Charing Cross Hospital had a clever little model of her children's surgical ward. The coming nurse was suggested by a wax lady in bloomers, a college cap and a stethoscope at her side. The cases from the various hospitals were represented by pretty dolls in bandages and splints, illustratively applied. The exhibition extended over several days and was well attended.

Radam's Microbe Killer is a familiar term to American ears, but not so familiar and less acceptable to the ears of the fastidious French, even when translated to read La Tueur de Microbes Radam; so inacceptable, indeed, that the store which had opened in its behalf in Paris on the Boulevard Poissoniere has been obliged to close. In the Tribune of the Seine the case against the parties opening the store was decided by the fixing of a fine of $100 upon each defendant under the criminal code, while under the civil code they were compelled to pay the Seine Society of Pharmacists $200 damages with interest, the proceedings to be published at the defendant's expense in two of the daily papers. This will probably be a severe blow to the microbe killer proprietor, yet it will doubtless be borne with equanimity by Mr. Radam, the one-time gardener of Austin, Texas., who in his present mansion on Fifth Avenue, in New York, will be able to receive with fortitude such misfortunes, knowing that he has had a precious good thing out of his "killer" even at the worst.

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Obstetrics.

OBSERVATIONS ON CERTAIN MINOR PARTURIENT COMPLICATIONS AND ACCIDENTS.

BY SHELDON LEAVITT, M. D., CHICAGO.

Conditions Calling for Artificial Dilatation of the Os Uteri.—In certain cases dilatation of the os uteri is vexingly slow, though the uterine contractions may be severe and regular. The cause of this tardy action is not always clear, though I have sometimes been able to trace it to overstretching of the uterine musculature, proceeding from redundancy of the liquor amnii, and sometimes to twin pregnancy. Upon rupture of the membranes, in these cases, dilatation has usually proceeded with gratifying rapidity. In other cases, though there be no evidence of narrowing of the pelvic diameters, yet the uterine contractions do not propel the presenting part with a due degree of force against the lower segment of the organ; nor do the contracting longitudinal fibres appear to thin and stretch that part of it as they commonly do in the first stage when labor is characterized by strictly normal phenomena. Though the maximum time be accorded cases of this kind, my observation is that they often continue refractory, and, in the end, call for digital dilatation to conclude an otherwise interminable first stage.

In certain instances the obstetrician is called upon to make a forced delivery in order to extricate the woman from perils which environ her, the exigencies of the case being too momentous to allow unnecessary delay in any stage of the delivery; and accordingly there is then urgent demand for hastened expansion of the os uteri.

Nor should I neglect to say that in some instances of labor presenting no truly abnormal symptoms I have found it wise and helpful to employ a moderate degree of dilative force in order to hasten the process, and preserve the patient from unnecessary prolongation of her suffering.

I need not delay to cite all the conditions liable to concur in a demand for the employment of artificial dilatation of the os uteri, and shall accordingly proceed at once with a description of the operation itself. The chief objections raised against it are founded on an alleged augmentation of septic dangers; hence it becomes me to say that the most scrupulous surgical cleanliness is emphatically essential. Much time should be given to mechanical and chemical disinfection of both the hands of the accoucheur and the external genitals of the patient. The vagina need not be included in the preparatory treatment provided complete asepsis has been sought up to that moment by attention to every detail of vaginal douching.

It will be found more convenient to have the woman occupy a dorsal position, though it is by no means necessary to enforce it, as the only advantage of the dorsal position lies in the facility which it affords for the necessary manipulation. If the os uteri be found wide enough to receive only one finger, that should be fully introduced and traction made with it in an interior direction. I have never found it impossible at the beginning of such an effort to introduce at least one finger when the pregnancy was at or near full term. As soon as expansion is great enough to admit a second finger the dilative process will proceed with greater rapidity and satisfaction.

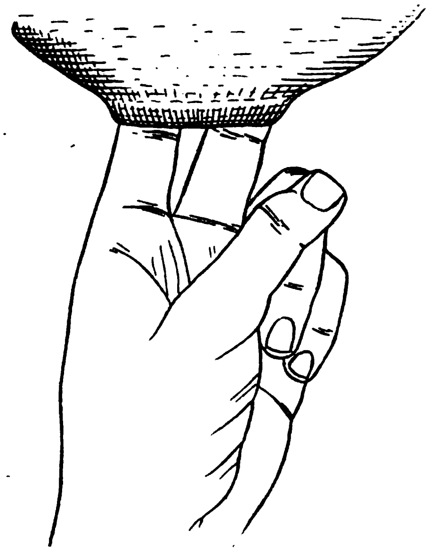


FIG. 1. SHOWING METHOD OF MANUAL DILATATION.

I have thus far made no mention of an anesthetic, since it is not usually required, unless expansion is to be very rapid, unless the woman be uncommonly sensitive, or unless resistance of the os be unusually pronounced. In applying dilatation to cases which are practically normal, though somewhat tedious, I never administer an anesthetic.

Two fingers having been introduced, they are separated, from time to time, with all the power which the hand can command. The degree of expansive energy thus applied is never excessive, and is absolutely incapable of lacerating or seriously contusing the uterine tissues. I sometimes find that the os resists with much power, and that dilatation goes on at a correspondingly slow rate. Two fingers are incapable of bringing to bear the amount of force which can be applied by three, and therefore we experience a decided gain when the os becomes wide enough to admit the third finger. In the early part of this operation it is unnecessary to tax the capacity of the vagina by introducing more than two fingers, though, if the canal be capacious, and the patient tolerant of manipulation, there can be no serious objection to introduction of the half-hand.

Interference beyond the point of moderate dilatation will be determined by the urgency of the symptoms. If it be not my purpose to apply the forceps, after opening the os to the necessary degree, with a view to prompt completion of the delivery, it is well to turn the case over for a time to the natural efforts, hoping that what has been done will set the uterine energies at work in a co-ordinate and efficient manner. If, on the other hand, the case demands energetic treatment, the patient should be gradually brought under the influence of chloroform and the essential degree of dilatation acquired as rapidly as possible.

The technique of this operation is not easily described, for the hand engaged in such an effort does not conform its movements to set rules, but labors as best it can to effect the purpose in view. As dilatation progresses the fingers will be flexed, the knuckles becoming the bearing points, since by obtaining such a mechanical advantage the degree of force can be considerably increased. Soon the fourth finger will find room, and then I have the power of the half-hand at my command. If now my purpose be to apply the forceps there is usually no occasion for longer delay. The instrument can be easily adjusted, and dilatation of the os completed through the expansive force of the descending cranium.

Of course a close contraction of the os is often found in connection with indications pointing to the advisability of induced labor; in which case I deem it wise to avail myself of an expedient, provided no special urgency exists, which consists of introducing a gauze plug within the os a few hours before active intervention is undertaken, this serving to soften the cervix and produce slight dilatation, from which point expansion can be easily carried by means of uterine dilators to the requisite degree for introduction of the finger.

When the vertex does not constitute the presenting part, but dilatation is undertaken with the intention of delivery by means of version, it will be necessary to go a little farther with the expansion to make room for the hand, unless turning can be done by one of the methods which does not necessitate deep manual penetration of the uterus. But this involves no special difficulty, inasmuch as it has been clinically demonstrated that an os uteri which has yielded enough to allow an introduction of four fingers rarely offers serious resistance to farther dilative force.

Expansion of the os uteri to a requisite degree can usually be secured without great effort; but there are cases, and notably, in puerperal eclampsia, in which resistance can be overcome only by laceration or incision. In four or five instances I have found this to be true, the cervical ring being as firm and inelastic as a band of iron, though the patient was in a state of deep chloroform narcosis.

These cases are trying to the last degree, inasmuch as the operator, goaded by alarming exigencies, is making an earnest effort to snatch the woman from the very jaws of death. To be balked in attempts at delivery under any circumstances is mortifying; but it is especially so in an environment like this. In all the cases of the kind which have fallen to my care, save one, I have incised the cervix laterally, and effected delivery; preserving the lives of both mother and child in all but one instance. In one case of dystocia, uncomplicated by eclampsia, I employed the same treatment, with gratifying results.

The operation is easily performed, but it ought not to be undertaken until a fair degree of dilatation has been secured, as otherwise the incisions are liable to become extended to a dangerous depth by laceration during extraction. It is an expedient which should be reserved for those cases wherein there has been faithful but ineffectual efforts with the forceps.

A word concerning the operative method: A lateral retractor is introduced and the border of the cervix exposed, when, after careful tactile examination to learn the extent of plain uterine tissue, firm traction is made upon the forceps in order to give form and resistance to the part, and the cervical ring is cut with scissors to a depth of half an inch or more on either side. Immediately after delivery these incisions are sutured with cat-gut.

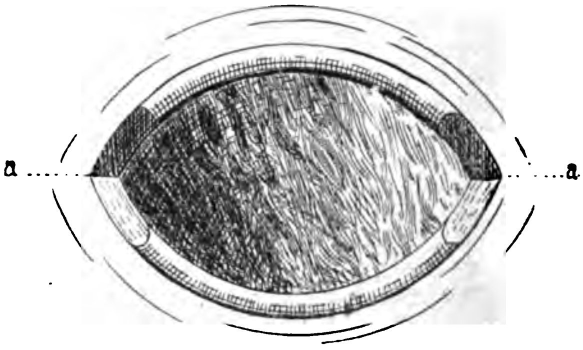


FIG. 2. SHOWING AT *a* THE LATERAL INCISIONS OF THE OS UTERI, MADE NECESSARY BY RIGIDITY IN RAPID DELIVERY.

Parturient Lacerations.—Laceration of some part of the genital canal is far more frequent than the average practitioner is willing to admit. There are many who confidentially assert that injuries of this nature in their practice are exceedingly rare, and, with commendable zeal, they roundly denounce as grossly incompetent or heedless those who have frequent accidents of the kind. But it has become evident to me that these high-sounding claims do not proceed from accoucheurs of close observation. An extensive collation of the opinions of obstetricians of experience and skill, together with my own observation both in hospital and private practice, has fully convinced me that very few primiparae escape without laceration of a major or a minor degree in some part of the genital canal, and that those who maintain the contrary are either superficial in their post-partum examinations or are inexpert in the recognition of such lesions.

Cervical Lacerations.—The cervix uteri is the part most commonly involved, as may be learned from careful visual examination immediately after labor, if ordinary gynecological observations have not already led one to that conclusion. It is evident that injuries of this part are not so readily recognized as are those of more accessible structures. A tactile examination of the cervix uteri immediately after delivery is extremely unsatisfactory, owing to the flaccidity of the part and the broad dilatation which exists, for which reason it is only when the tenaculum or bullet forceps brings the different parts of it into view that one is able to recognize the true condition with absolute certainty.

From observations made in my hospital clinics, where every facility for examination is afforded, I have learned three facts concerning the cervix after labor which may be most comfortingly utilized, but which demonstrate beyond dispute the disheartening frequency of the accident. The first is that lacerations of the cervix are disposed to be quite tractable, often healing by first intention, without sutures, so as in no way to impair the functional integrity of the part. The conditions which peculiarly favor spontaneous repair, are (1) the speedy contraction of the over-distended os, and (2) the steady involution which continues as a progressive process during the succeeding weeks. The second fact which I have learned is that the cervix is not always openly lacerated when to the touch it seems to be. He who will carefully examine the cervix after delivery will discover a marked irregularity in its form and thickness. At the two lateral angles, and more especially at the left, its margin appears to be thinned and depressed. These appear to be weak points, where from overstretching there may be rupture of a few cervical fibres, which create a depression closely resembling a through and through laceration, though the injury is altogether submucous. Careful inspection alone discloses the true condition. My third observation is that a cervix which, under tactile examination, may seem to be unbroken along its soft and pliable margin, when subjected to visual scrutiny may show one or more lacerations.

The ideal treatment for laceration of the cervix is immediate suturing; but so long as obstetrical practice continues to be carried on by those who, from lack of inclination to surgical work or experience in it, are not qualified to do an operation of this kind, it cannot be commended for general adoption. Then, too, we should not forget that the environment of a midwifery case in private practice is poorly suited to surgical work of any kind, and least so to an operation which cannot be easily done without some assistance. Very few gynecological operations are now performed in private residences, the laity having been educated up to the conviction that their interests are better conserved by removal to a good hospital. Now the truth is that the arguments which apply to gynecological cases bear with equal pertinence and weight on obstetrical cases. Notwithstanding the remarkable statistics furnished during the last decade by large maternity hospitals throughout the world, there still lurks in the minds of many intelligent practitioners a mistrust of institutions where pregnant and parturient women are congregated; and even though midwifery cases when well cared for under the hygienic regime of a well-organized hospital have proved to be as innocuous as an equal number of surgical cases, there are still some surgeons who look with fear upon the safety of an operative case when it is placed in juxtaposition to an obstetrical one. But all this morbid dread is fast disappearing, and as it does so I opine that the time is approaching when women will come to understand that their interests can best be conserved by removal to a hospital for delivery. When this epoch has been ushered in midwifery will become a specialty well worth seeking, and will be as assiduously cultivated as is today its correlative, gynecology.

It has not yet become an established custom among obstetricians to suture cervical lacerations when found, though some advocate doing so. With a view to making my work as thorough as possible, in my hospital practice I have made it a rule to repair all recognized wounds wherever located, and, though cervical rents do not always heal by first intention, even when so treated, no discoverable harm has resulted from the suturing. While it may not be wise to recommend this procedure to the physician in ordinary practice, owing to the difficulties of operating without adequate assistance, still I believe it good practice to include such lacerations in our repairs whenever the conditions for proper surgical work are favorable.

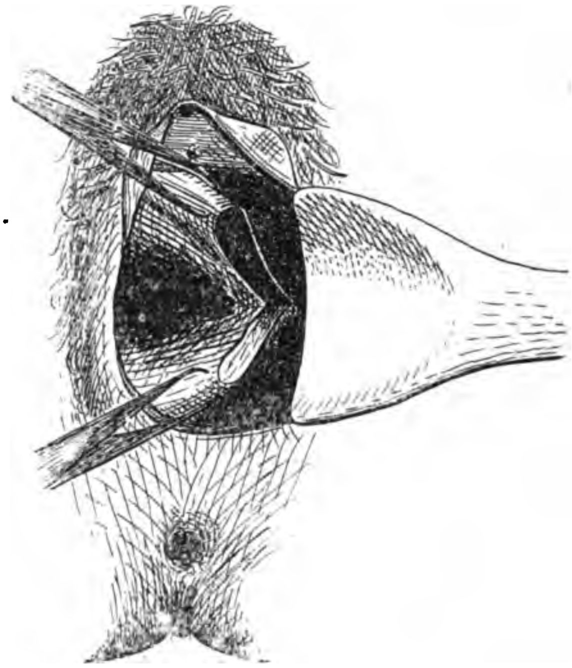


FIG. 3. SHOWING METHOD OF SECURING THE CERVIX FOR IMMEDIATE SUTURING.

Having established with certainty the existence of a laceration, having put the woman into a convenient position, and having taken suitable antiseptic precautions, a retractor is applied to the perineum, when, by means of bullet forceps and the hand of an assistant on the fundus uteri, the cervix is brought into view. It should be remembered that this part after labor is soft, and will tolerate but a small degree of traction without tearing. Bullet forceps are applied near the angles of the wound so as best to disclose its identity and facilitate the stitching, when a lateral retractor in the hand of an assistant will easily expose the field of operation. For suture material No. 3 catgut answers every purpose, provided it be absolutely sterile. The stitching is to be done in the usual manner, beginning at the upper angle of the wound, and the surfaces are to be as accurately approximated as the conditions will allow. Many operators have a decided preference for silkworm gut as suture material, and to it there are no serious objections, since the sutures may be left for an indefinite period without fear of harm. I removed a stitch of the kind but a few days ago, which had been in the cervix three or four months without giving rise to noticeable irritation.

Lacerations of the Vagina and Vulva.—A warm controversy has been carried on for many years over the advisability of immediate repair of these injuries; but the weight of opinion now unquestionably preponderates on the side of the affirmative. I do not wonder that prejudice against the immediate operation was formerly awakened, in view of the uncleanly practice of even the more advanced obstetricians; but with the modern improvement of operative technique and the spirit of surgical cleanliness which has been instilled into the minds of the better class of practitioners, it should now be banished from our minds. When the conditions are ordinarily favorable there is no good reason why a well-executed colporrhaphy or perineorrhaphy should often fail to effect its purpose.

Before entering upon a description of reparative procedures it is well to review the more common forms of the lesions encountered. The perineum is the part most frequently involved, though it is not unusual to find lacerations extending a considerable depth into the vagina. Then, too, the vestibule is sometimes torn, and even the structures along the lateral boundaries of the vaginal orifice. Among these injuries lacerations of the vagina on either side of the posterior vaginal column are probably the most harmful, if we except lacerations of the perineum which extend through the sphincter ani, since they destroy the structural integrity of the levator ani muscle and thereby weaken the most important support of the pelvic structures.

In the same connection we are to remember a fact of much importance, though one which does not bear with much weight on the question of immediate repair, namely, that the fibres of this muscle, as well as those of the sphincter ani, may be broken without the occurrence of a laceration of the superficial tissues.

A common mistake among those not familiar with these lesions and their disastrous effects is to look only for lacerations of what has been termed the "perineal body," and to assume that none exist if the integumental side of the wedge has not been torn. The truth is that lacerations which are most patent, these being, of course, those which involve more especially the integumental surface, are often fraught with least evil to the patient. I long since learned that it is impossible to diagnosticate with precision, not alone the extent of vaginal and vulvar lacerations, but also their actual existence, without careful inspection. In my early practice it was a common custom, as it still is with many, to examine the perineum with the thumb and finger, picking up the structures between the vagina and rectum to ascertain their density, and then to assume that no laceration existed provided a thickness of tissue was still found. A careful investigator soon learns the clinical fact that the angles of even a small rent, if seized by forceps and drawn apart, will disclose an extent of raw surface most surprising; while the more extensive wounds when inspected in a similar manner are truly startling. Yet many times rents of even the latter size are wholly overlooked by the careless practitioner. Among patients of all classes and under all circumstances it is impracticable to be scrupulously and uniformly exact in the tout ensemble of obstetric management. Environments differ so greatly, and we are so liable to be diverted from a rigid line of management by unfavorable circumstances, that we often find occasion to chide ourselves for trusting to intuition, rather than painstaking investigation, post-partum.

But all our search for parturient injuries is futile, so far as final results are concerned, if we do not understand how to repair them in an effectual manner when found. Much of immediate surgical intervention is worse than useless. A gynecologist of my acquaintance, a man of ability, sense and large experience, who is opposed to all immediate attempts at repair of the injuries in question, remarked not long since that he had seen women die in child-bed as the result of perineorrhaphy, but that he had never seen one die for want of it. It is quite true then that poor work is here worse than absolute neglect, since the lochia may do infinitely more harm when pocketed in a wound than when merely coursing over a raw surface. I have several times found wounds of this character, well closed externally, but gaping at their very origin, thus offering a nidus for morbid germs altogether too inviting.

In order to avoid prodigality of time and unnecessary embarrassment, after the occurrence of laceration, in making the necessary preparation for proposed repairs, it is wise to have the required instruments at hand. If an anesthetic has been employed during the latter part of labor it is necessary only to prolong its influence a few minutes in order to carry out the details of suturing; but if no anesthetic has been used, the question of its administration has to be met. Here our decision should always be determined by existing conditions. The operation is not very painful, and many women bear it with uncomplaining fortitude; but nervous patients usually require partial anesthesia. No expert assistance is indispensable, provided the operator has at hand a leg brace to insure control of the patient. If no anesthetic is used, the assistance of a brace may be dispensed with, dependence being laid upon the patient's self control.

Sew first any lacerations which are found in the vagina, beginning at the upper angle and carrying the sutures downward until each gap is entirely closed. Lacerations of the vestibule, if extensive, should also be treated to the necessary stitches.

In this manner do we close the smaller wounds; but those of considerable size, and especially those which involve muscular structure, require additional care. It is well to pick up the four corners of a perineal laceration with bullet forceps before any sutures are introduced, in order to see the exact form of the wound. Suturing is then begun at the upper angle of the rupture, which is often high in the vagina, involving the levator ani muscle. I frequently gather up the deeper parts of such a wound with a buried line of sutures, and finish by closing the mucous and integumental surfaces; but whatever the method employed, every effort must be made firmly and completely to close the vaginal side of the opening. I have experimented with all kinds of suture material, and am now using with satisfaction catgut, prepared after Boeckmann's method. Buried sutures ought always to be of this material. If for any reason in particular cases we wish sutures which will be lasting silk-worm gut is to be preferred.

The stitches introduced from the vaginal side should be deeply inserted, and passed in such a manner as to lift the tissues toward the vaginal fornix, since by this expedient the natural form and strength of the parts are better restored. A finger in the rectum acts as a guide to prevent rectal puncture. The old method of doing this stitching mainly from the outer side has with me fallen into disuse. When a laceration of the vagina and perineum is treated in the manner described it will be found that only two or three superficial stitches are ordinarily required upon the integumental side, even in a laceration of the second degree.

After making such repairs the finger should search carefully the vaginal surface to make sure that no gaps have been left. The wound in the vagina is sometimes so irregular as to require considerable stitching to insure perfect closure.

The operation for complete rupture of the perineum has been followed by incomplete repair in a large percentage of cases, the undoubted reason for which is to be found chiefly in defective technique, and for which reason too much attention can not be given details. The wound should be drawn open, as in the incomplete variety, with forceps at the angles, and, since the lower angle is split by the rent which enters the rectum, two forceps will there be required. Attention should first be given the rectal side of the wound, which requires delicate and firm closure. Begin by suturing the rectal mucous membrane from above downward, the stitches being moderately near together so as to make sure of absolute closure. This having been done, introduction of the more important sutures should be undertaken. In a case of this kind, more than the usual amount of strain is liable to fall upon the stitches, and for this reason I believe that two or three of them should be of silk-worm gut. The two which lie next the rectum, and which must be made to include the torn ends of the spincter ani muscle, are the most important. The needle should be entered at the anal margin, in such a way as to take a firm hold, to do which it must penetrate to the very depths of the wound in the perineum or septum, and traverse the whole course without coming anywhere into view. The second stitch should be taken in a similar manner, after which both may be well tied. From this point onward the case is practically one of incomplete laceration of the perineum, and is to be treated in the manner already described.

The after treatment of these cases has a powerful influence over the results. The lochia are continually wetting and fouling the wound, so that much effort and close attention from the nurse will be required. With a protective purpose in view a strip

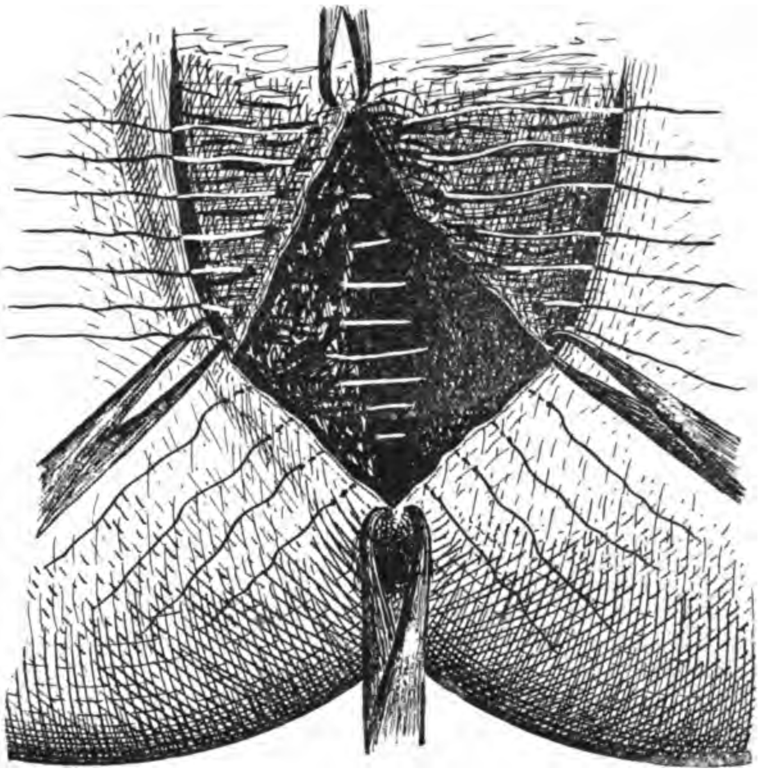


FIG. 4. SHOWING THE SUTURES IN AN IMMEDIATE PERINEORRHAPHY.

of gauze should be carried into the vagina and left to trail over the wound for drainage purposes. Free use of water is not recommended, but the nurse is expected to change the gauze frequently, and, with absorbent cotton, carefully dry the vagina and vulva. Boric acid, or other antiseptic powder, should be freely dusted over the sutured surfaces after each change of dressing.

When the rupture has been extensive, the knees should be bound together and the urine drawn for two or three days.

Conditions Calling for Episiotomy.—This is a conservative operation, undertaken in behalf of the perineum, the design of it being to substitute two or more short lateral incisions for an extensive laceration which is otherwise sure to be projected along the median line.

There is a diversity of opinion with respect to the utility of the operation, some taking very strong grounds against it, and others warmly advocating its claim. I have no question that the operation is sometimes advisable, though it is capable of abuse by becoming a substitute for proper management of the earlier parturient conditions. There are doubtless little expedients of a preventive nature to which one may resort with benefit, or even absolute protection, quite applicable to the most unpromising cases. I have many times had recourse to such expedients in anticipation of considerable laceration, only to find at the close of the parturient process either no wound, or one which two or three stitches were capable of closing. Still I believe one is amply justified in operating by incision of the vulvar ring when the indications point with almost unerring certainty to a laceration of no mean degree.

The objections which have been raised are based upon unfavorable results, which, in turn, so far as I have been able to learn, are rightly attributable to want of experience on the part of the operator or an inexcusable disregard of approved surgical methods. It is just as essential that episiotomy be done under strict antiseptic precautions as it is that any other operation upon the vulva be so conducted; and, of course, neglect of such precautions may work serious harm. Moreover, since the vulva is extremely vascular, and is possessed of anatomical structures which are liable to unnecessary injury from unskillful surgery, it is important that the incisions be made at chosen points upon the vulvar ring. No harmful results from the operation have been observed by me, though I have had recourse to it in a number of instances.

It is only after the vulva has been put upon the stretch that we can well judge of the elasticity of its tissues, and hence this is the only proper time to make the proposed incision.

With regard to the incisions themselves we find a dissonance of opinion, some preferring a number of small incisions, while others advocate a single cut on each side. The former, if left unstitched, are liable to give a ragged appearance to the vulva, and hence find their chief objection in bad cosmetic effects. More time is required for suturing multiple wounds than a large single one. From my own viewpoint I have discovered no great advantage of the one form of incision over the other, after having tried both methods with equally good results.

The vulva, then, being distended by the descending head, and the moment for operating having arrived, we proceed to make the necessary incision. But here again we are confronted by differing opinions concerning the preferable mode and means of making the cuts, some insisting that a thin knife blade be passed between the head and the vulvar ring, and that the incisions be made wholly upon the mucous surface; while others maintain that, whether the incisions be made with knife or scissors, they should include all the tissues. I incline to the latter opinion and have a preference for the scissors.

If but a single incision is to be made on either side, a point midway in the posterior quadrant should be selected, the scissors being carefully entered beneath the vulvar ring and made to cut in a direction outward and backward, usually to a depth of about half an inch. When a similar incision has been made on the opposite side, the vulvar circumference will be sufficiently enlarged to admit of far more ready exit of the head. The location and direction of the incision are indicated on the accompanying cut.

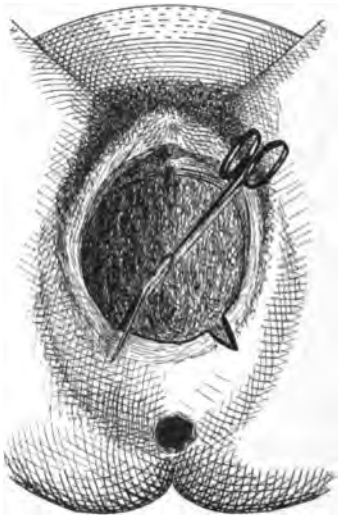


FIG. 5. SHOWING THE INCISIONS IN EPISIOTOMY.

After delivery the cut surfaces are often inclined to gap, and, in any event, are so liable to miss primary union that a careful approximation with cat-gut is recommended.

Catheterism.—A decade ago we were accustomed to drill our students in the art of catheterism, accounting one proficient only when he could readily pass the instrument with a single hand and without the aid of vision. But since the healthful accentuation of antiseptic precautions all this has changed. In city practice the physician is not now often required to use the instrument, this duty usually falling to the well-trained nurse. At the same time I do not forget that, in country and village practice, there are few trained nurses to be found, and such minor operations fall to the lot of the attending physician.

The instrument is never to be used without its sterility being well assured. Nor is its sterility to be assumed because, after former use, it was washed and chemically disinfected, or even boiled, unless it has been preserved ever since in some strictly antiseptic wrapping.

Glass catheters are always to be preferred, but metallic and soft rubber ones are more easily carried, and serve the purpose equally well, provided their surgical cleanliness be preserved.

It is over little negligences that we are most liable to fall into great errors, for which reason I wish to suggest that the instrument which we have taken so great pains to make sterile must not be allowed to come in contact with septic matter on its way to the bladder, and, therefore, the vulva should be thoroughly washed with an antiseptic solution before its use, particular pains being taken with the vestibule and adjacent parts, which are favorite lurking places for noxious material.

Repeated use of the catheter in an individual case involves no small amount of labor, as the instrument requires from the person who employs it uniformly prompt and scrupulous care in order to insure safety. In my own practice I have learned the desirability of getting puerperal cases through without resort to the catheter when the conditions will consistently allow; preferring, if necessary, to set the woman bolt upright to secure vesical evacuation.

Practice of Medicine.

MAMMARY CANCER: ITS EARLY DIAGNOSIS AND SUBSEQUENT TREATMENT.

BY JAMES JOHNSTONE, F. R. C. S., LONDON, ENGLAND.

It might be as well to preface anything I have to say with the remark that I have nothing novel or new to offer on the subject of mammary cancer. The subject is one which meets with our everyday attention; and if the seniors among us are to be believed, cases of this disease appear to occur much more frequently than formerly. I am inclined to think, however, that the reason why we see and hear so much about cancer is to be found in the fact that the public, and particularly that portion of the public, the female sex, amongst whom by far the majority of cases are to be found, are finding less compunction in consulting their medical men with regard to the complaint. This diffidence in confiding the secret of the malady has militated greatly against its successful treatment. If a woman finds a lump in her breast she at once thinks that she is the victim of the awful disease, and very often strives all the more to conceal the fact, not only from her medical adviser, but from her nearest relatives and most intimate friends. Only yesterday I had two examples of this diffidence or secrecy. In one case I heard from a lady's maid that her mistress, whom I had attended a year ago for some trivial complaint, had had a cancer, or as it was called "a sore in her side," for some two or three years, which required dressing daily, and which no medical man had yet seen. The existence of the major evil I had never suspected while in attendance on the lady. The other case was that of a woman who came to my out-patient department with a lump in her breast about the size of a Tangarine orange. The skin was implicated, ulcerated, and scabbed to the extent of the area of a shilling piece. The axillary glands were affected. This tumor was first discovered some four years ago. and yesterday was the first time she had medical advice for the condition.

When such cases come before us we cannot but regret that such secretiveness, bred of modesty, fear, shame, or what you will, should prevent the early, and I would fain add, successful treatment of hundreds of cases of mammary cancer, which otherwise come to us in the last and hopeless stage. Should, however, we be fortunate enough to see a case of mammary cancer in its early stages, very often we are confronted with a difficulty of diagnosis. This difficulty moreover may not present itself to us as such, but unconsciously, yea even when in a self-conscious and self-satisfied condition of non est dubium quin, we ultimately find ourselves in the unexpected, an error of diagnosis. In the first part of my paper I hope, therefore, to be able to indicate some of the more frequent errors to be avoided in diagnosing mammary cancer, and to analyze some of the symptoms which we too frequently have regarded as infallible and unvarying.

Types of Carcinoma of Breast.

First a word as to the types of carcinoma of the breast. There are practically only two forms.

(A) By far the most general is that known as the cirrhotic form, scirrhus, hard cancer, stone cancer, etc. This is characterized by its hard consistence and comparatively slow growth.

(B) The less frequent form is that of soft cancer or encephaloid, known by the soft, fleshy consistence and generally rapid growth.

My remarks will deal principally with scirrhus.

Pre-Cancerous Conditions.

There is considerable diversity of opinion as to the existence of a pre-cancerous state or states. As far as I have been able to learn from a dip into the literature of both the prevailing schools, more opinions have been formulated on this question by homeopaths. Possibly their habit of noting leading symptoms, and totality of symptoms, has led them to form pictures of aberrations of health which ultimately resolve themselves into conditions accompanying newly-discovered cancer. The opinions of Mr. A. C. Clifton and Dr. Gutteridge may be specially noted in this connection.

Heredity, first of all, though it can be hardly called a pre-cancerous condition of health, undoubtedly plays an important part in the production of the disease. Family history, taken in a large number of cases, bears out the fact that about 30 per cent of those suffering from cancer have had a family taint of the disease. I saw a lady today whose mother and sister (one of two) died of cancer in the breast. She herself has had a nodule in the breast for three or four years, and now has secondary or collateral infection of the uterus.

Constipation, chronic, obstinate, and not giving way to ordinary remedies, has been observed by many to be a forerunner of cancer, and is deemed by them to be a probable sign in otherwise suitable cases.

Worry, mental anxiety, loss, etc., have been noted to exist in cases before cancer. Dr. Snow, in his treatise on cancer, urges this idea; and in the same category may be placed the observations of one of our own colleagues, Dr. Harrison Blackley, with regard to loss of money and subsequent cancer.

Mr. A. C. Clifton is strongly of opinion that there is, in many cases of cancer, a preceding condition of atonic dyspepsia with biliousness and constipation. Its features are a usually clean tongue, an irregular appetite, occasional desire for meat and malt liquors (excess in which does not aggravate the dyspepsia), harsh and thickened skin, no perspiration, a dirty, earthy complexion, and lastly, the failure of drugs to cure all these. Such are the main ideas of those who have studied and observed the subject.

Symptoms of Early Cancer.

And now I shall pass on to an analysis of the various symptoms of early cancer. A typical case of scirrhus presents itself as follows: A middle-aged woman accidentally discovers in her breast a lump, which has been the seat for some time of shooting, darting pains, particularly down the arms. The nipple is retracted and the skin puckered over the lump. The lump is irregular, hard and stony, without a delimited capsule, and not mobile apart from the breast tissue. An axillary or sub-pectoral gland or glands are found enlarged. With such symptoms there is no doubt of diagnosis. But all cases are not typical, and each of the factors which go to make up the type is liable to variation. Let us now see to what they are variable.

Age. – Veritable cancer has been found in cases as young as 21 and 25. Cases have been reported as low as 13 and 16, but they are open to doubt. Still the fact remains that one cannot negative the idea of cancer when a tumor occurs in a mamma under 30. On the other hand, 80 is about a safe limit. Few cases of cancer arise after that; and I have found that the nearer a cancerous patient is to 80 the less likely is she to die of that disease. In 1894 a patient of mine, a lady of 86 years of age, who had had a scirrhous nodule in her breast for many years, died of congestion of the lungs. Another of 83 years of age, similarly afflicted, died of bronchitis following influenza.

Position. — This varies much and may be in any part of the breast. The upper and outer quadrants seem to be the more common locales. Sometimes the disease may originate in a part which one would consider quite outside the area of the physiological breast; in such cases retraction of the nipple is not likely to occur, as the milk ducts and fibrous bands connected with the nipple do not reach so far as the outlying area.

Consistence and Outline.—The most striking feature of the usual scirrhus is its stony hardness. Hence the term "stone" cancer. But occasionally it may be softer, and the softer tumors may then approach non-malignant conditions in feel. A thick-walled cyst, a distended chronic abscess with inflammatory tissue round it, or a circumscribed area of chronic inflammation may each be so hard as to be mistaken for cancer. The outline of a scirrhus is generally irregular, and not distinctly delimited. This is not so with a cyst, but applies to an inflammatory nodule.

Mobility.—Without the surrounding breast substance mobility is not a characteristic of scirrhus, but is so of innocent tumors, except when they are surrounded by an inflammatory area. There is one condition, however, where a scirrhus may give the idea of being mobile, and that is where the breast is very fat and soft, the cancer very deep in its structure, and the skin not implicated, not even puckered. Owing to the semifluid nature of the fat the nodule may be very mobile.

Retraction of the Nipple.—This is usually recognized as a classical sign, but on the accompanying table is given a list of other conditions under which the nipple is retracted.

Non-cancerous causes of retraction of nipple:

(a) Congenital sinking.
(b) Chronic inflammation around a chronic abscess.
(c) Incised cysts or abscesses.
(d) Discharged and shriveled cyst.

The first condition often presents itself in primipara, who are enduring for the first time the trials of the early days of lactation. Should one nipple be congenitally retracted and the other not, suspicion might unnecessarily fall on a lump associated with such retraction.

Implication of the Skin.—Implication of the skin over a cancerous nodule is effected in two ways:

(a) In the early stage, when the nodule is yet buried in the breast, the fibrous bands running up to the surface are tightened as they become involved in the cancerous infiltration. There is produced, as a result, a puckering or dimpling of the skin. A deep tumor with skin puckering is almost certain to be cancer. Dimpling itself may have been caused by a shriveled cyst, an old abscess, or some operative procedure.

(b) The second infection of the skin, when it adheres to the actual tumor below and becomes infiltrated with the disease process, is almost entirely typical of cancer. Some authorities hold that gumma and chronic mastitis may produce it, but their view does not find general favor. Again, a soft and rapidly-growing cancer may not pucker the skin at all.

Enlarged Glands.—Enlarged glands, axillary or pectoral, are often absent in scirrhus. Hence their absence is no proof that the tumor is innocent; nor, on the other hand, is their presence a proof of malignancy, for gummata, mastitis and tubercular disease may have them also. Hence nothing less than the microscopical examination of a gland can absolutely settle the question of its malignant infection.

Pain.—It is usually of a neuralgic character, sharp, shooting, and "stooning." It is not constant, and there are intervals of complete ease. With rarest exceptions, such pain is present in all cases of scirrhus. It may be wanting in the encephaloid form. It may be simulated, however, by the pain of chronic suppuration. It differs from the pain accompanying sarcomata, inasmuch as their pain is continuous, and without intervals of ease.

Secondary Effects.—Those which might raise suspicion in a case of undetected mammary cancer are:

(a) Fractures of bones due to cancerous deposits.
(b) Nerve disorders, anesthesia, paraplegia, etc., due to deposits in or near the spine.

I recently had the opportunity of seeing a striking example of the latter condition when performing an autopsy on a case of Mr. Gerard Smith's. The case had during life baffled the diagnostic skill of several leading physicians. The paraplegia, intractable bedsores, and other characteristic symptoms all pointed to grave lesion of the spinal cord. The prime cause had been a bone of contention. At the post-mortem examination there were found several cancerous nodules in the vicinity of, and implicating the arches and bodies of, some of the upper dorsal vertebrae, and pressing in places on the spinal cord. These nodules were undoubtedly secondary deposits from an atrophied scirrhus of the right breast and nipple, which, being small and having attracted no attention, had escaped its proper valuation as the prime factor in the whole condition. The nature of the process in the breast and secondary nodules was verified by microscopic examination.

Diseases which Simulate Cancer.

And now let us glance for a moment at the list of diseases which may simulate cancer in its early stages:

(a) Acute mastitis.
(b) Chronic mastitis.
(c) Chronic abscess.
(d) Cyst.
(e) Sarcoma.
(f) Fibro-adenoma.
(g) Gumma.
(h) Phantom tumor.
(i) Morbid conditions in skin, areola and nipple.

Acute mastitis, such as is seen during lactation, may be simulated by a rapidly-growing cancer in a young, robust person, pregnant or lactating. Such a cancer increases with astonishing rapidity, presents the hot, tense, red and inflamed skin of mastitis, but with this difference, that the skin is found infiltrated with the cancer, is thickened and brawny, and has the pigskin puckering. Examples of this are not infrequent.

Chronic mastitis is a condition well known. It may be the result of the acute form, or often exists in conjunction with gout. Blows and hemorrhage might occasion it. This condition, where a hard, solid mass, ill-defined and non-mobile, is present, closely simulates scirrhus. The two processes are to be distinguished as follows:

(1) On picking up a mastitis between finger and thumb it is apparent enough, but on palpating it with the fingers flat one does not get such a sense of defined tumor as in scirrhus. By this mode of examination only a cancer nodule or a thick-walled cyst will give the real tumor sensation.

(2) Usually there are present other similar areas, dotted about in the same or in both breasts. Scirrhus is, as a rule, single and isolated.

Puckering of skin and retraction of the nipple have already been shown to be common to scirrhus and chronic mastitis. Axillary glands may be enlarged in this condition, and often are. Their presence is therefore no sure sign.

It is held by some that chronic mastitis is the forerunner of cancer; and many go so far as to advise the immediate removal of a chronic mastitis.

(c) Chronic abscess may be due to tubercle, old mastitis, rib necrosis, or infection from a sore nipple. If such a condition have thick walls, an inflammatory area surrounding it and retraction of the nipple, then its true nature might easily be overlooked, and it might be taken for scirrhus. Perhaps careful palpation, search for a cause, attention to the character of the pain and tenderness may decide the point. In any case incision before excision would settle the matter. Such conditions, according to the records, have often been removed for cancer.

(d) Cyst of the breast when seated in the substance of the mamma may occasionally resemble cancer. This is more particularly the case if the cyst is small, single and tense, and where the cyst wall is thick. This condition and the depth from the surface would preclude the possibility of eliciting fluctuation. As a rule cysts in this region do not occur idiopathically, but are dependent on some pathological process, such as a chronic mastitis, a fibroma, a sarcoma, or an adenoma, etc. They are usually caused by the blocking or constriction of the milk ducts, the accumulation of secretion behind the stricture, and consequent dilatation and thickening of the wall of the acinus or duct. Reasoning from their etiology, one would naturally conclude that if there existed a cyst the same cause would produce more, and we find it to be so. This multiplicity of cysts, larger or smaller, contrasts with the solitude of a cancerous nodule. As an aid to diagnosis the aspirating needle has not always proved trustworthy, a fact due no doubt to the varying density and inspissation of the contents. Incision before operation is therefore the surest method of procedure.

(e and f) Other tumors, such as sarcoma and fibro-adenoma, may simulate cancer at first sight, but on closer inquiry there should be no difficulty in diagnosis. Sarcomata, as a rule, are softer than scirrhus, and usually have associated cysts. Their subjects are, on the whole, younger. Fibro-adenomata, seen early, have that mobility in the breast, due to the presence of a capsule, which is not found in scirrhus. If, however, they become irritated by local medication or rough treatment, the capsule may become adherent, the tumor become hard, especially in elderly persons, and it might easily be mistaken for cancer. Pre-operative incision is the only safe test.

(g) Gummata may form in the breast. Other specific symptoms would probably attract attention. In a case reported by Mr. Shield there was retraction of the nipple. The tumor disappeared under iodides.

(h) Phantom tumors may occur. In a nervous and apprehensive patient a slight amount of pain referred to the breast, where there may also be a slight thickening and tenderness on pressure, will arouse in the imagination of the patient the idea that she has cancer. Probably, as a result of her hyperesthetic condition all her symptoms are exaggerated, and often accompanied by a contraction and bulging of the pectoral muscle, simulating a swelling.

Recently, in my out-patient room, a woman came to me with a lump in her breast, which she thought was cancerous; fortunately it turned out to be a prominent costal cartilage.

(i) Various tumors and affections of the skin, areola and nipple have simulated cancer. Such are:

Peduncleated tumor of areola.
Epithelioma of skin over the mamma.
Fungations from a neglected mammary abscess.
Tertiary syphilis about the skin of areola.
Sloughing gumma of the breast.
Keloid of the skin, to which the region is prone,

may be easily mistaken for cancer. It usually follows on some scar or cicatrix.

Therapeutics.

Having thus cursorily run over the more important points bearing on diagnosis of early cancer, I would now pass on to a brief review of what has been done by homeopathic remedies in the cure and alleviation of this dire malady. Other work has prevented me from going so thoroughly into the literature bearing on the point as I would have liked, but I have been able to arrive at a fair idea of what homeopathic physicians and surgeons have found by practice to be the best remedies. I may, however, digress for a moment to refer to a matter which has struck me while looking up the records and poring into dusty tomes of annals and reviews of previous work in homeopathy. I refer to the meagre number of recorded cases of successful treatment by any particular drug. Apart from fairly ancient records of consecutive cases, such as those of Dr. Bayes, Dr. Yeldham, etc., and the more recent collection in the "Review" by Dr. Ord, of Bournemouth, there is a singular lack of material such as this. As a result, the number of cases of cancer cured or alleviated, or otherwise reported in our own literature as treated during the last twenty years, might almost be numbered on the fingers of the two hands. Hence, for information on the subject, one has chiefly to depend on the opinions expressed incidentally in papers and discussions, without reference to detailed cases. How much more valuable to us now would have been the record of the hundreds of cases of cancer which must have passed through the hands of our predecessors in our hospital. We would then have been able to adduce some definite proof of the action of homeopathic medicines as applied to cancer. Perhaps we, of the present day, may be induced to do something in the way of collective record, of which we ourselves will not reap the real and full benefit. That would be left to those who follow in the twentieth century.

But returning to the subject of remedies, I have derived much information of a definite nature, from some records collected by Dr. Burford a year or two ago, as a result of queries which he submitted to many of the members of our body. I take this opportunity of thanking him for the material.

Of all the various remedies employed the two which have produced by far the best results have been Arsenicum (oxide and iodide) and Hydrastis. The latter has been used either as the mother tincture, the liquid extract, or the active principle, hydrastinin.

Arsenic has a reputation in both schools. Billroth, the Vienna surgeon, says that he had seen permanent benefit in one case of malignant disease, namely lympho-sarcoma; and in others he had noticed retardation of the disease and relief of pain. Many cases are reported by Mitchell in the New England Medical Gazette, July, 1895, of successful treatment of cancer, principally of the epitheliomatous type. He uses arsenic internally up to the third, topically as ointment or lotion to nodules and ulcers. He places it in the highest rank for the relief of pain. The testimony of many others coincides with this, and though few maintain that arsenic will cure cancer, yet there is a solid phalanx who believe it is the remedy for retarding the growth, lessening the constitutional disturbance, and giving a longer lease of fairly comfortable life to the sufferers. I have at this moment in private a case of advanced carcinoma of the breast, where the whole of the pectoralis major, even to its attachment to clavicle and humerus, has been destroyed. I have used many drugs, Conium, Hydrastis (internally, and locally as paste), Carbo vegetabilis, etc., but for six months at least she has been entirely on Arsenicum 3x, and any attempt to change the medicine is followed by a deterioration in health.

That this homeopathic use of arsenic is amply justified there is not a shadow of a doubt. Time will not permit me to compare the provings of arsenic with the symptoms of cancer, but I will make use of the observations of a leading allopathic skin specialist, Mr. Jonathan Hutchinson, to prove the point. Mr. Hutchinson, while observing the action of appreciable doses of arsenic administered for a long time, found that in several cases undoubted epithelioma had been developed in addition to the toxic effects of the drug. Here we could not have a clearer case of the application of our guiding law.

While arsenic has been found the sheet anchor by many, even more have placed greatest reliance in Hydrastis. In looking over the testimonies to which I have referred, the majority I think prefer Hydrastis in one or other of its forms, both locally and internally. Among those who have left a record of their favorable experiences with this drug in literature are Bayes, Hastings, Rogers, Bradshaw, McLimmond, Hall, Gutteridge, Kidd, and others. Dr. Bayes went so far as to say that of eleven cases of cancer in the breast treated with Hydrastis he cured six, also one on the dorsum of the foot, and one of the cervical glands. Personally I am rather inclined to doubt the pathological nature of cancers occurring on the dorsum of the foot and in the cervical glands. If that be so, how many of the six cases were real cancer? Of six cases of early ulceration Dr. Bayes found none were cured, but one had marked relief. The summum of his experience was that Hydrastis was only useful in early cancer in glands, such as the breast, and that this benefit was due to its affinity for glandular structure, and not to its specific effect on cancer.

Now as to the use of Hydrastis according to homeopathic law, I confess that I have not been able to discover any outstanding characteristic of the remedy which would lead one to employ it in cancer in compliance with the rule of similimum. What it certainly does apply to is the atonic dyspepsia, described by Mr. A. C. Clifton as a precancerous symptom. And if we were to consider that atonic dyspepsia as only the beginning of the later cachexia, we might in this roundabout way be satisfied in saying that Hydrastis, when used as a cure in cancer, had at least some pretense to the homeopathic remedy. My personal experience with Hydrastis in private, in the gynecological department, and in the surgical out-patient department, have led me to think most favorably of it; and if we could only get the cases of cancer sufficiently early we might be able not only to alleviate pain, arrest growth, and improve the general health, but absolutely to cure a large percentage of cases. I may say in passing that Hydrastis paste applied to large open wounds is readily absorbed, and produces very marked toxic effects. In one case, until I had referred to the "Encyclopedia of Drug Pathogenesy," I was under the impression that the heats, flushes, coryza, etc., were due to attacks of fever to which my patient had been subject in India, and which had left her with an enlarged spleen. On ceasing the local use of Hydrastis paste these symptoms disappeared.

I will now merely mention a few of the long list of remedies which have been found useful in cancer. Each drug is followed by the leading indication as testified by clinical experience:

Conium: Chiefly in scirrhus, special action on gland tissue.

Carbo Vegetabilis: Ulcerated scirrhus.

Calcarea Iodata: Soft cancers where epithelial tissue predominates.

Calcarea Carbonica: "Oyster shell" remedy; scirrhus.

Hamamelis Virg.: Bleeding; engorgement.

Baptisia and Sanguinaria: Arrest ulceration and fetor.

Condurango: Relieves pain.

Galium: Retards progress of "nodulated" cancer.

Surgical Procedure.

With regard to surgical procedure there is much to be said, but time does not permit more than a few words.

If a patient lives three years after operation without recurrence, it is regarded by surgeons as a "cure." The probability is that the patient will continue free of cancer after that, or die of some other disease.

Endless statistics have been compiled. Some surgeons have had better results than others, some nationalities better than others. Roughly speaking, one person in five operated upon is cured, and survives three years without recurrence. Operation to secure this must (1) be done early; (2) be radical, all glands being cleared out.

Is this result better than drug treatment? I am inclined to say "Yes," reserving the use of remedies for all inoperable cases and the after treatment of such as have been submitted to operation.

KLINIKAL KODAKINGS.

Was It Typhoid?

Mrs. T., aged forty, a large, stout subject, temperature 105, pulse 80, respiration short and labored, but not over eighteen a minute. For a week she had complained of soreness and tenderness in the stomach and upper part of abdomen, affecting the left side particularly; tired easily and suffered from headache. When first visited she complained of intense headaches, which hot or cold applications failed to relieve; stomach tender; sharp, stitching pains through chest, worse on deep breathing. Cough short, dry and hacking; slight mucoid expectoration. Breathing short, respiratory murmur harsh, but no dullness on percussion. Ached all over her body; no appetite, thirsty, but avoided drinking on account of the vomiting it superinduced. Tongue heavily coated, white in centre with no edges; constipated bowels. For a day or two the temperature remained between 104 and 105, pulse eighty, respiration eighteen to twenty per minute, headache, troublesome cough, expectoration gradually becoming more profuse and tinged with blood. As the chest symptoms abated the abdominal tenderness increased; the bowels became so loose that control over them was entirely lost, and there was a constant escape of liquid fecal matter. A mild delirium accompanied these symptoms, which on the seventh or eighth day were augmented by a slight eruption on the patient's abdomen. A diagnosis of typhoid fever was then made. Her temperature dropped after the eighth day, going down steadily from 105 to 99 and she became dull, weak and stupid, aroused from sleep with difficulty; wanted to sleep all the time. Within the next day or two the temperature went to 96.4 and during the next six weeks never rose higher than 97.5. Her heart's action was weak and the pulse sometimes scarcely perceptible. The abdominal tenderness decreased little by little and her strength was gradually rebuilt by a nourishing diet; but three months after the beginning of the attack she remains still very weak.

The points which excite question are the prominence of the chest symptoms as early symptoms, the continued high temperature, the subsidence of the chest symptoms with the increase of the abdominal symptoms, and the long continued sub-normal temperature. Was the diagnosis correct?—(E. G. Whinna, in Hahnemannian Monthly.)

Surgery.

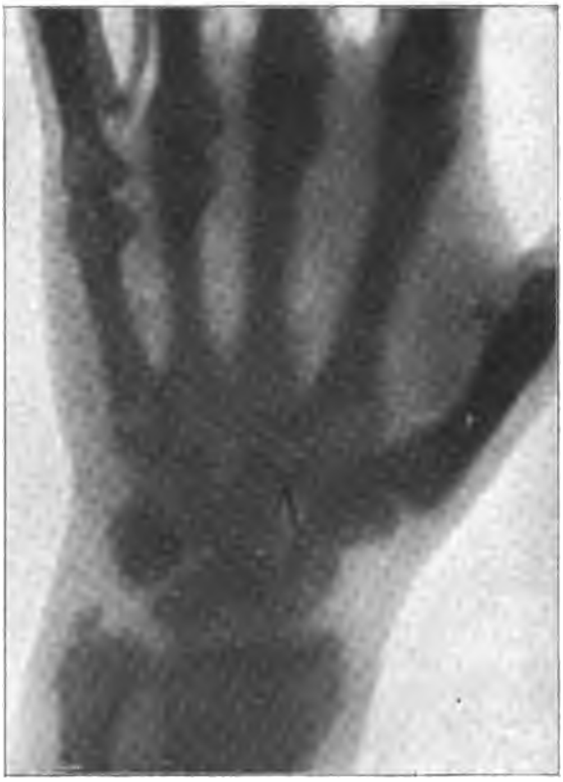
THE ROENTGEN RAYS IN LOCATING A NEEDLE IN THE PALM OF THE HAND.

BY HORACE P. HOLMES, M. D., OMAHA, NEB.

On the first of October I was called to see Miss J—— A——, who had run a cambric needle in the fleshy part of the palm of the right hand. The needle had broken off, leaving over half of the pointed end deep in the tissues. A hypodermic application of cocaine was made at the point of entrance of the needle, and an incision three-fourths of an inch long and half an inch in depth was made through it. A long, careful search failed to find the offending object.

The patient was then taken to Mr. E. B. Smith, of the Nebraska telephone exchange, who kindly placed his Roentgen apparatus and fluorescope at our disposal. Though plainly showing the phalanges, the metacarpals, the ulna and radius, the fluorescope, through its flickering light and the density of the hand in the carpal region, did not enable us to see the needle. A Roentgen ray photograph was then taken, which is here reproduced. The developed negative at once showed the needle. The patient reported for operation October 3d. Working from the photograph, careful measurements were taken from such objective points as the pisiform bone, the outer prominence of the trapezium and the curvature in the flesh-line on the outer side of the wrist, until the location of the buried object was found and fixed by a pencil mark drawn on the hand to represent the needle. Local anesthesia was then brought about by playing upon the spot a spray of Conrad's ethyl chloride. An incision was made squarely across the middle of the penciled line, and showed that anesthesia of the deeper structures had not taken place. Cocaine was then used and anesthesia sufficient for the operation effected. The incision was extended to three-fourths of an inch in length and to half an inch in depth, and the needle was found as located with the Roentgen rays. An artery forceps was then locked upon the needle, a second incision made at right angles to the first, extending towards the palm, and the blunt end of the needle thus freed. Its extraction was then an easy matter.

The fragment of the needle was three-fourths of an inch long and was fully a half inch beneath the surface. Though positively located by the Roentgen rays, and its situation correctly marked on the hand, it took me some time to find the needle on account of its being deeper in the tissues than I had anticipated, and because I hesitated to cut so deep through fear of striking one of the palmar arches or of injuring some of the nerves of the palm of the hand.



NEEDLE IN PALM OF HAND.

The difficulty in locating a needle driven into the tissues, with not even its direction known, is seen when we realize that it may take any one of the various directions of the radii of a solid hemisphere, with the point of entrance for its center. A deep incision parallel to the plane of the hemisphere is impossible and the only recourse is to cut across the radii where the object is supposed to be. Should the judgment err the search is a failure. In such a case the Roentgen ray is of great value.

In this photograph a few points may be of interest to the anatomist. Notice the complete separation of the carpal end of the ulna and the pisiform. A 32 calibre bullet could be shot through this space with the wrist in this position without injuring a bone. But this wise provision of nature allows of the complete lateral flexion of the hand, while the solid appearance of the line of bones from radius to metacarpal articulation of the trapezium shows why lateral flexion is limited there. Also notice how plainly the sesamoid bones show on the metacarpus pollicis.

Materia Medica.

OPIUM VERIFICATION.

BY H. K. LEONARD, M. D., MONTROSE, PA.

I was called recently at 4 a. m. to Mrs. F. C., living in the country. Found a fleshy, corpulent, roly-poly old lady, with severe pain more or less steady in liver region, which seemed considerably enlarged, tender and swollen. There was almost constant nausea and retching. Temperature 99½. I gave Nux vomica.

At my evening visit I found the pain the same, the vomiting stopped and a tendency toward a drowsy, stupid condition supervening, though the patient could still be roused; skin hot and dry, temperature 102, not much thirst, no complaint. Then I did a brilliant thing, a genuinely dazzling thing. I prescribed Aconite 1x—and there wasn't a solitary Aconite symptom, except the hot, dry skin; but I was after that inflammatory action that I believed existed in the liver region. I was prescribing at my diagnosis, and leaving my patient out of the reckoning; it is the rock on which more homeopathic barks are wrecked than all others put together. Most of us know materia medica enough, or at least have enough of it in the books in our libraries. But in making our prescription we are not deliberate, careful, thoughtful enough. We want to seem to "know it all in a minute;" we dread the labor and seeming ignorance implied in asking so many questions. Yet eight times out of ten a little going slow, a little more quizzing, a little more inquiry into the patient's past life or how the symptoms have arisen in previous sicknesses will develop a picture, a constitutional tendency, that will make you feel like hating yourself off the earth for having thought to prescribe what first came into your head.

But I digress. The morning after the giving of Aconite found my patient just a little farther down the hill. Temperature still higher, apathy deeper, could be roused but with difficulty, seemed scarcely to realize anything, and immediately was asleep again. Then I thought a little bit, not very hard, but I did squint along the barrel once or twice before I pulled the trigger. My prescription was Gelsemium. Began to "guess" I was going to lose my patient. On my return at night as soon as I entered the house I could hear the stertorous breathing. "Can't rouse mother at all now, and she breathes harder every hour." Temperature in axillary was 104½. As I sat there watching my patient, whom I honestly believed before another sunset would be "where doctors cease from blundering and the weary are at rest," the thought came to me, "If I didn't know she hadn't had an opiate I should say she was profoundly narcotized." There she lay. Corpulent, good-natured (if she had been able to show her nature), that profuse hot sweat on her face, pupils widely dilated, staring straight ahead, pulse full and soft, totally oblivious to all external impressions. Then slowly and laboriously this mental soliloquy, "Now you've doctored the inflammation one day, and the fever another day, now, why not treat the patient, leave the disease entirely out of the question? She's going to die any way. You can let up on the vigor and directness of your treatment, be a little deliberate, a little old-fashioned, as it were, a little like the first homeopaths used to be, who didn't know as much as we later day men do of pathology and neurology and such."

I prescribed Opium 3x. The next morning I found my patient wide awake, smiling, open-eyed, temperature 100. "Wanted to see the Doctor, didn't know how he looked." The day following I discharged the case entirely convalescent.

That is all there is to it. Is it worth reading? Is there any moral?

Yes! Don't set up a straw man and call it inflammatory action or pneumonia or diphtheria or what-not and shut your eyes and bang away at it, while all the precious moments the real enemy is quietly slipping around on either flank and massing in just the opposite direction from where the fire of your artillery is concentrated. Is disease tangible? Can you weigh it or measure it or get it up in a corner where you can spring a dead fall on it or place dynamite under it? If not what better can you do than to take your case from nature. If she wants a fever, she knows what she is about. Help her have a fever. Don't you dare suppress it. If she wants a stupor, or what-not, don't you dare thwart her. When she hasn't any use for her fevers they are promptly disbanded. She doesn't keep any standing army. If you find a stalled teamster don't hitch your pair to the rear of the wagon and pull the other way, but fasten in front, and altogether boys—and in an instant your help is not needed more, and you will receive the thanks of the man you have pulled out—and once in a great while a person will get excited and give you money.

Ophthalmology.

IRITIS.

BY S. S. KEHR, M. D., DENVER, COL.

Definition. — Inflammation of the iris consists of a vascular engorgement and an exudation into its tissues. If the exudation is serous there is swelling of the stroma and turbidity of aqueous humor, without much tissue change; if plastic, its tendency is to fill the pupillary space and cover the two surfaces of the iris with a tenacious membranous formation. But when it is purulent the pus exudes through the tissues of the iris and appears on its surface, or collects in the anterior chamber and is called anterior hypopyon.

Divisions. - Iritis may be divided pathologically into parenchymatous, or purulent, plastic and serous, and, according to causes, first: in consequence of general diseases, syphilitic, scrofulous, tuberculous, rheumatic, gonorrheal and diabetic; second, as to local affections: idiopathic, traumatic and sympathetic.

Syphilitic Iritis.—Syphilis is by far the most frequent cause of iritis; about one-half of all the cases are referable to it. Acquired syphilis is the form we usually have to do with. Parenchymatous keratitis is, associated with iritis, in a large majority of cases due to hereditary syphilis.

Rheumatic Iritis. — The rheumatic form is next in frequency. It occurs in persons who have or have had an attack of articular rheumatism. It has a tendency to return. This form occurs most frequently during the prime of life, between the ages of twenty and fifty. Most frequently only one eye is affected, but both may be, either at the same time or within a short interval. The pain in rheumatic iritis is often peculiarly severe, but the "quiet iritis" is most often due to rheumatism.

Other forms of iritis in consequence of general diseases are not frequent in occurrence, but appear in the affection which gives to that particular form of iritis its name peculiar to it.

Idiopathic Iritis. — Under the head of local affections, the idiopathic comprises those cases in which the inflammation of the iris develops spontaneously, without its being possible to make out any local cause or constitutional affection, and are divided into acute idiopathic iritis and chronic idiopathic iritis. The acute is generally unilateral; none but adults are attacked, and more frequently the male sex. Iritis is very rare in the child, and does not occur at all as an idiopathic affection. The chronic generally appears under the form of iritis serosa. The inflammation in this form is very slight; injection of the eye and pain are present in very few cases, and very slight when they do exist; many cases only complain of the cloudiness of the vision. Both eyes are usually affected at the same time.

Traumatic Variety. — Traumatic iritis may be caused by direct injury to the iris, or by injury to the contiguous parts of the eye—the cornea, lens, or ciliary body. The severity of the inflammation depends greatly upon whether or not septic matter or any foreign body has remained in the eye. Sometimes traumatic iritis does not occur at all or very slightly at the time of injury, but is set up at some subsequent time by changes which occur in the eye, these producing an irritation of the iris.

Sympathetic Iritis.—Sympathetic iritis is where the inflammation extends from an eye suffering from irido-cyclitis to the well eye. This form of iritis is often painless and without noticeable congestion, and thus may be overlooked.

Symptoms. — Acute iritis, whatever its cause, is shown by a change in the color of the iris. A blue or gray iris becomes greenish; a dark one becomes brownish-red. The change in color is due to the congestion and effusion of lymph and serum into the substance of the iris. Most cases have a dullness of the whole iris and pupil, caused by muddiness of the aqueous humor and by slight corneal changes. The eyeball is congested; sight is usually diminished, due to cloudiness of the aqueous humor or the cornea, to exudation of lymph in the pupillary area on the anterior capsule of the lens, or to opacities of the vitreous humor. The congestion is a zone of vessels around the cornea-scleral junction, its color being pink, not raw-red. The vessels are small, radiating, and lie beneath the conjunctiva.

The condition of the pupil alone is diagnostic in all except very mild or incipient cases of iritis. It is sluggish and inactive, contracted and not quite round. The contraction is a necessary result, because the surface of the iris is increased through the increased fullness of the vessels. For this reason the reaction of the iris to light is diminished; atropine is slow in acting and causes it to dilate between the synechia.

Pain is variable (may be absent); is due to irritation of the ciliary nerves to the inflamed part; not always referred to the eye, but often appears in the form of supra-orbital neuralgia; or it may affect the infra-orbital division of the fifth nerve. The pains are invariably worse at night.

Photophobia and lachrymation are generally proportionate to the pain.

Cases of iritis often present themselves to the surgeon where there is no other symptom present except the failure of sight. Examination then discovers the presence of extensive posterior synechia, which has, probably, been forming for a long time. These cases belong to the plastic form of iritis.

Diagnosis. — The redness of the conjunctiva is sometimes misleading, and iritis is mistaken for conjunctivitis or scleritis. The color of the iris itself will assist most in the diagnosis. The pain in iritis is neuralgic in character; in conjunctivitis it is similar to that caused by a foreign body in the conjunctival sac. In iritis there is no discharge, while in conjunctivitis the eyelids are gummed in the morning with a muco-purulent discharge. Iritis and conjunctivitis may occur together.

Iritis may attack one eye, or both, and either simultaneously or successively. It may be so mild as to pass away in a few days; it generally lasts from one to six weeks; if neglected it may go on to entire loss of sight by adhesion of the iris to the capsule of the lens or by spots of uveal pigment on the lens capsule. Patches of atrophy of the iris may follow severe plastic exudation, and may result in atrophy of the globe.

Treatment. — In the treatment of iritis our attention must be directed first to the removal of the exciting cause; as, for instance, a foreign body in the conjunctiva, cornea or interior of the globe of the eye. A swollen or dislocated lens causing iritis must be removed from the eye. To combat the inflammation of the iris when traumatic iced compresses are of great benefit. The only certain prophylactic treatment of sympathetic inflammation consists in enucleation of the eye, especially if suspected of containing a foreign body which might give rise to it. There is only one contra-indication to enucleation; the injured eye has still a moderate amount of sight or can get it by means of an operation. The effect of an enucleation is uncertain when the sympathetic irritation has already set in.

Atropine is, above every other, the most important remedy in iritis. It is commonly used in solution (Atrop. sulph. gr. iv., Aq. dest. o℥ j). as eyedrops. If we do not get the proper result a little granule of atropine may be placed in the conjunctival sac; this is better than to instil the solution too frequently, as irritation of the conjunctiva may result. It may be used in the form of an ointment (Atrop. sulph. gr. iv., vaseline o℥ j), which is preferable to the solution in cases of profuse lachrymation. It diminishes the amount of blood in its vessels by contracting the iris, and hence directly counteracts the hyperemia. The eye is put at rest by paralyzing the sphincter muscle. The atropine arrests the movements of the pupil, and has a marked effect, in most cases, upon the severity of the pain. If adhesions have already formed the dilatation of the pupil may break them down, while if none are yet present the dilatation will greatly aid in preventing their formation. To produce a maximum effect, where it is desired to break down adhesions, a drop of the solution of the atropine is placed inside of the lower lid every half hour until the whole iris, or such portions of it as are not bound down by adhesions, is fully dilated. Afterwards, a drop may be used every two or three hours, or less frequently, as occasion demands.

Dry heat is the best method of allaying the pain of iritis. It may be employed in various ways; as by enveloping the affected side of the head, or the whole head, in a thick layer of cotton secured by a bandage, or by hot compresses, either of bags of hot bran or salt. In cases where the dry heat does not allay the pain flannels wet with hot water may be applied until the pain is modified. The absorption of atropine is encouraged by the continuance of the moist applications.

Great care is required in watching the tension of the eye in iritis, especially in the serous form; if found to increase and to remain high for three or four days parancentesis of the anterior chamber must be performed to reduce the tension. The operation may be also performed in cases of long persisting inflammation which will not yield to other remedies.

Iridectomy is rarely indicated in the inflammatory stage, but is performed more frequently as a prophylactic in recurring iritis, to prevent further recurrence. If the adhesion of the iris to the lens is complete, or if the pupil is occluded, iridectomy should be performed for optical purposes when the inflammation has fully subsided.

An iritic eye requires protection from light, not only on account of the photophobia but also because light excites the pupil to contraction. Both eyes must be protected from the light, since the contraction of the pupil of one eye tends to contract the other. The patient must be kept in a moderately darkened room, or wear dark goggles; in severe cases he should be confined to his bed. The well eye must not be strained by reading, etc. The patient should be moderate in eating and drinking, and should abstain from spirituous beverages. An even temperature must be maintained as all cases of iritis are affected by changes in temperature or by atmospheric influences.

The internal remedies most frequently indicated are Aconite, Arnica, Aurum, Belladonna, Bryonia, Cedron, Gelsemium, Hepar sulphur, Kali iodatum, Mercurius, Rhus tox., Spigelia and Sulphur.

In Dr. Stacy Jones' Medical Genius may be found the following in section 69: "Felon.—Apply at as early a stage as possible cloths saturated with the tincture of Lobelia, and the felon will vanish."

Associations.

HOMEOPATHIC MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

REPORTED BY R. KINGSMAN, M. D., WASHINGTON, D. C.

The November meeting of the Homeopathic Medical Society of the District of Columbia was held in the parlors of the Ebbitt House on the evening of November 10, Dr. S. S. Stearns, President, in the chair. After the transaction of routine business, the question of the large number of cases of diphtheria in the city was discussed, and it was the opinion of all of the members present that steps should be taken to suppress the spread of the disease as far as possible. To this end the following preamble and resolutions were unanimously adopted:

Whereas, For six years past there has been a large number of cases of diphtheria in the District, and many of them fatal cases, it has caused much warranted alarm on the part of our citizens; and

Whereas, There does not seem to have been any concerted plan devised to arrest the spread of this loathesome disease, it is deemed expedient that some effort be put forth to at least try and discover the cause of the continued presence of this disease in our community; and

Whereas, In a number of our school buildings water closets and the playroom are placed in the basement of the building, which is prejudicial to the health of scholars and teachers; and it is the opinion of many medical authorities that another source of spreading disease is in the common use of school books (in the lower grades) furnished by the government, as a school book in use one day may have been used the day before by a child just coming down with scarlet fever or diphtheria; therefore, be it

Resolved, That the Homeopathic Medical Society of the District of Columbia appoint a committee of five to act in connection with the health officer of the District with the purpose of securing thorough investigation of the sanitary condition of the public schools, and, if found necessary, to make a report with such recommendations as can, with the approval of the Commissioners, be presented to Congress.

And, further, that a copy of these resolutions be sent to the Washington Board of Trade, with a request for their co-operation.

Drs. R. Kingsman, W. R. King, F. A. Gardner, W. F. Corey and Z. B. Babbitt were appointed a committee to have this matter in charge, and confer with the health officer.

The Bureau on Practice, Dr. L. E. Rautterberg, Chairman, and Drs. W. F. Corey, F. A. Gardner, R. Kingsman, H. Krogstadt, and Alice Burritt, make an interesting report of cases.

Types of Un-Homeopathic Homeopaths.

The first paper of the evening was read by the Chairman, Dr. L. E. Rautterberg, who gave the young physicians some excellent advice as to their deportment as practitioners of medicine. Among other things he said, "Here is the man—a happy compromise between the two leading schools of medicine. If it suits his convenience he will endeavor to select the remedy homeopathic to the case; if too much trouble or beyond his ability, he will resort to Antikamnia or his hypodermic syringe to cure pain; full doses of Podophyllum or Carter's liver pills to cure constipation and biliousness; Garfield tea, Lady Webster pills, Syrup of Figs to cure constipation, and Quinine to cure chills. He tells his patients that he is not beholden to either school, but selects that good of either that will be of benefit.

Another practitioner, a so-called homeopathist, modifies allopathy into homeopathy by prescribing the allopathic remedy in small doses; his prescriptions are small doses of the crude drug, yet good and strong so that the patient can see, taste and feel that he is getting something besides sugar of milk or water.

We have another class of prescribers: The would-be homeopathist who has studied his case and is at logger-heads concerning a choice between a number of remedies that seem indicated. Being unable to decide as to the one indicated remedy he gives them all, two or three together, or in alternation, and if it happens that the remedies are not antidotal to each other, and his patient is cured, he is at a loss as to which remedy was the curative one and has to resort to the same method of mixing the next time. Another practitioner selects the true remedy and in a form prescribed by the laws of Hahnemann, but forgets to give his dose at the proper time to produce its effects, and either repeats too soon, in his desire for speedy relief, or becomes impatient or doubtful, and changes to another remedy, thereby losing the result—and often the patient. This I have had occasion to notice frequently in a physician of otherwise great ability and profound knowledge of our materia medica.

One more class of practitioners occurs to my mind: The one represented by the practitioner who swears by his infinitesimal potencies under all circumstances, and allows his patient to suffer unnecessary agonies and die rather than to repeat or change his prescription or to resort to any mechanical, chemical or operative interference. When these differences in views, doses, potencies, and treatment have been adjusted, when it is no longer possible for an intelligent student to return at the close of the session from one of our most prominent homeopathic medical colleges, and express the view "that they were very thorough in their course of instructions, but there was blessed little homeopathy taught there," then we may hope for more success and more respect and esteem from our allopathic brethren and the community in general, and feel much prouder of the standard we follow."

Berberis in Dyspepsia.

Dr. W. F. Corey reported a case of a male patient, aged 48 years, government clerk, who was tall, slim, of dark complexion, and inclined to stoop; used neither tobacco nor coffee, and was otherwise temperate; the gentleman had employed physicians of the old school without number, and after having become discouraged by their dosing and purging, he, with little faith, sought relief in the new school, and applied to Dr. Corey for treatment. He was very much constipated, and when his bowels did move the stool was small, slimy and at times bloody; he belched his food, and quite often vomited it up; after a full meal he suffered with a heavy, oppressed weight in the stomach. One day he would eat voraciously and the next day the sight of food would nauseate him; the tongue was rather large, nervous and persistently covered with a dirty, yellowish fur; he had palpitation, frontal headache, pain in both shoulders and down the arms, and complained of his knees being weak, causing him to totter. It was an effort now for him to perform his official duties, when formerly it was always a pleasure; he felt dull, unhappy and at times tired and weary of life; had gloomy forebodings and thoughts of an early death; sleep, which came to him in the early part of the night only, was attended by frightful dreams; he imagined that he had heart disease (*) and was on the verge of softening of the brain.

As a diet Dr. Corey directed him to confine himself at first to milk, broth, beef-tea, white-fish, and to drink freely five or six times daily of hot water. The remedy he selected was Nux vomica 30x, a dose every three hours. At the end of four days the patient returned and the only improvement he would acknowledge was that he had less palpitation. Nux was stopped and Berberis 3x was prescribed. The gentleman took this medicine for six days, returned to the office and pronounced himself well and a thorough convert to homeopathy.

Two points in this case are of particular interest: First, that Nux vomica should have failed entirely —for the absence of the palpitation at his second visit was due to the changed diet. Second, it called attention to a drug that Dr. Corey never before had used in such a case, but which has given him the best of results in similar cases since.

Multiple Neuritis.

Dr. F. A. Gardner read a very interesting paper on multiple neuritis. He was of the opinion that many such cases were treated for rheumatism. He reported the case of a lady clerk, aged 33, who came into his hands after she had been treated by a prominent old-school physician for four weeks; there was loss of motor power from the hips down to the toes, the legs were swollen to double their normal size, the skin on the affected parts presented a waxy appearance; and she had pains from the waist down continually day and night unless under the influence of large doses of morphia. Dr. Gardner gradually reduced the quantity of this drug, and when able to discontinue it she was put upon Ignatia; then Belladonna, Arsenicum or Gelsemium was given as the indications suggested. Belladonna and Ignatia were the remedies which gave the most relief. When she became a little stronger and less nervous galvanism was used twice each day, the negative applied to the lumbar region of the spine, and the positive moved from the toes upward to each leg for ten minutes. When the nerves became less sensitive massage was given daily. Under this treatment the patient was able to move about the room upon crutches in six weeks, and in eight weeks was able to ride to Dr. Gardner's office for static electricity.

Dr. Gardner reported another case of a male, aged 60, who had had diabetes for ten years. Urine contained from six to eight grains sugar per ounce, quantity in twenty-four hours, eighty to one hundred ounces. There was inco-ordination, the cutaneous sensibility lessened from hips down; loss of muscular sense. Static electricity and massage were used upon this patient for a period of two years, two or three treatments a week with the roller electrode for ten minutes. This was the only thing that gave him any relief; it enabled him to get around quite comfortably, which he could not do without it.

Chronic Bronchitis.

Dr. H. Krogstadt read a valuable paper on chronic bronchitis. He said that this was a very common subject, and his excuse for presenting two cases illustrative of the chronic variety is the frequency with which we meet them at this season, and the months to follow, and the very careless manner in which they are often treated. He reported one case of a gentleman, aged 50, to whom he had been called August 4, 1896. Patient was suffering from a severe attack of neuralgia in the right temporal region that had been continuous for three weeks, during which time he had been able to obtain but little sleep; had been subject to attacks for more than two years, and had obtained only temporary relief from time to time. For this case there had been purely symptomatic prescribing. No physical examination had been made by his former physician. Temperature at 4 p. m. was 100.5. He presented an emaciated, sunken chest, dry hard cough, and for two weeks had had profuse night sweats. Digestion was much impaired and bowels were constipated. It was an excellent illustration of rapidly approaching phthisis; the eyes had that bright lustre which is so common in those cases toward evening when the rise in temperature begins. Singularly enough, this case was rather adverse to an examination, as he said the neuralgia could be prescribed for without it; he seemed to be unconscious of all things but the neuralgia; his throat presented both hypertrophy and atrophy of the mucous membrane, and his cough was no doubt produced to some extent by the dry raised patches that studded the fauces and extended to the bronchial tubes. In the lungs there was diminished vesicular murmur, but no evidence of other changes. The condition from appearance and history was one of chronic bronchitis with beginning lung invasion.

The first duty in this case was to help the man to sleep, as the nervous system was being broken up for want of it. Sulphonal, 10 grains, was ordered that evening, Magnesia phosphorica, 6x, and Creosote, 3x, three grains alternately every two hours, with strict instructions to expectorate everything raised. (Let me note here in passing how many invalids make their stomachs answer for a cuspidor.) To hope for improvement in this case nutrition needed to be at once improved, and to this end the stomach was flushed every morning with a pint of hot water in which were put three drops of Nux vomica tincture. No restriction was made in diet and four ounces of petroleum emulsion were ordered after each meal. August 8 the neuralgia had disappeared and the patient was able to sleep much better; other conditions much the same, except he could take more nourishment. Magnesia phosphorica was discontinued and Stannum jodatum substituted, besides two doses of Aconite 1x given every evening.

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* A thorough physical examination revealed no organic disease of heart or other organs.

August 20: After a visit to the country the patient reported himself much better; neuralgia entirely gone, appetite increasing and cough less; temperature in morning 97.8. Ferrum phosphoricum and Kali bichromicum were given in alternation every two hours. August 30: Temperature normal and patient in every way much improved. His weight at this time had increased six pounds. October 12 there was a slight suspicion of his old neuralgia, which was relieved by Belladonna 30x. Have not seen him since, but from members of his family learn that he continues to gain.

The totality of the symptoms in this case could not have been covered by any one drug, but all the drugs, stimulants and change of air did the work. Whether the winter will renew the old symptoms remains to be seen.

Phosphorus.

Dr. Alice Burritt reported a case of a female patient, aged 42 years, of medium height, slender and dark complexion; her face was pale, sunken and hollow and sad and gloomy; she complained of attacks of severe tearing pain in the right side of the head that left a feeling of soreness in the scalp, and of distressing attacks of vertigo that had been growing more severe and frequent for four weeks, although she had not been well for a much longer time. She said that often in the morning when rising she could not collect her senses; was stupefied, sometimes falling to the floor from obscuration of sight and nausea. These attacks would occur unexpectedly when rising from a chair, turning suddenly or from excitement. She had become fearful and apprehensive and would not go on the street alone, was intensely irritable and capricious. The pupils were slightly dilated but not perceptibly affected by light. Although the number of symptoms were many and the case appeared a desperate one, the Doctor finally concluded to put the patient on Phosphorus 30x, a dose night and morning. In one week's time the patient returned to the office and said the pain in her head had almost entirely disappeared, and the attacks of vertigo were lighter. Phosphorus 30x was continued but the patient never returned. A few weeks later the Doctor met her on the street and was informed that she was entirely well.

Diphtheria.

Dr. R. Kingsman read a paper on the continued prevalence of diphtheria, and said that prior to 1856 the disease was almost unknown, but had become more prevalent with crowded population, poor dwellings and poor sewerage systems. One cause of the spread of the disease in our schools was the fact that the water closets and the play-rooms of the children are placed in the basement of the buildings and adjoining one another. Another cause for spreading contagious disease was in the common use of school books and lead pencils furnished by the government, as a child one day may use a book which was used the day before by a child just coming down with scarlet fever or diphtheria. He favored the placing of water closets in a heated room outside of the school building, the children during recess to play out in the fresh air, and the furnishing of books to children to keep as their own during the whole term of school.

Correspondence.

FROM BUFFALO—GREETING.

Buffalo, N. Y., November 14, 1896.

Medical Century:

The decision of the American Institute of Homeopathy to hold its next meeting in Buffalo, New York, was received with much pleasure by the profession in this city.

Active steps were at once taken by Dr. A. R. Wright, who had been appointed Chairman of the Local Committee of Arrangements, toward choosing his assistants, and forming the eleven sub-committees to have charge of the several branches of the work to be accomplished.

The sub-committees, composed of about six persons in each, were completed in August last, and have already made material advancement in their respective departments.

Buffalo has gained much celebrity of late as a Convention City; no less than twenty National Associations having met here this season. Many more are looked for next year, including the Encampment of the G. A. R., which will bring to the city 300,000 persons, including delegates and their friends.

For the American Institute, which will meet in Buffalo in June of next year, the Local Committee have already engaged the Iroquois Hotel as headquarters, and have also arranged at the same hotel for several committee rooms.

It has been suggested that the alumni associations of the various medical colleges may desire to engage headquarters for their societies during this meeting, and it would be well for such to report to the Local Committee in good season, in order to obtain desirable locations.

A special feature of the work of the Local Committee will be that done by the sub-committee on New Members; working in connection with the regular Committee of the Institute. A particular effort will be made to increase the membership. It is proposed to send an urgent invitation to every homeopathic physician in the United States who is not now a member, asking him to join this year.

Further details of the efforts of the Local Committee will be announced as the work progresses.

Fraternally yours,
Joseph T. Cook,
Secretary Local Committee, 636 Delaware Ave., Buffalo, N. Y.
Per Chas. L. Mosher.

By order of Dr. A. R. Wright, Chairman Local Committee, 414 Elmwood Ave., Buffalo, N. Y.

Mrs. W. N. had suffered for five months from complete aphonia, which came on witnessing the death from diphtheria of her third son. She had no cough, hoarseness, tickling, or pain. No reason for the aphonia but the depressing mental emotion could be discovered. Ignatia 6x three times a day caused complete restoration of the voice in four days.—Revue Homeopathique.

Dr. W. W. Van Baun, Philadelphia, changed his residence November 2nd to 1402 Spruce Street. Dr. Van Baun's office hours are from eight to ten a. m., three to four, and seven to eight p. m.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - Editor
WILSON A. SMITH, M. D., Editor Pro Tem.

New York and Chicago, December 1, 1896.

Editorial.

THE NEW INSANE ASYLUM.

The state of Illinois is erecting in the western part of its territory a new asylum for the treatment of the insane. This will make the fourth institution of this character which the tax-payers support for the care of those who have been so unfortunate as to suffer the dethronement of reason. The other three are under the control of the dominant school of medicine and the question arises as to what system of treatment will the new asylum be placed under.

If justice should be considered there is no doubt but that it would come under the supervision of the homeopathic school, for the simple reason that a large number of the tax-payers of this state are supporters of the new school, but in these questions of eleemosynary institutions the question is not decided by an appeal to justice by our old school friends but by the question of might, and it is not too early to begin the agitation of the importance of the selection of a homeopathic physician for the superintendent of the new asylum. It will not be secured without a struggle and it is important that we be ready to make the fight in the interest of our school.

It would have been made a homeopathic institution in its enactment if the cry of recognizing sects in medicine had not been raised to defeat it, and that cry was raised by the secretary of the State Board of Health, Dr. Scott, when the passage of the bill was before the legislature. Hard work was done by the friends of the school that it might be placed in homeopathic hands, but the sectarian shibboleth frightened some of our supporters and they gave way. The result is that the fight must be made before the appointing power instead of before the legislature, and the prospects will be better for our securing our rights than if we had two or three hundred men to convince that they ought to vote for us.

Some one said "The price of liberty is eternal vigilance," and he was right. If to that be added eternal struggling for recognition by the minority is the only way in which it can be secured the idea would be complete. From the creation of mankind this has been true. The majority have never been willing to concede to the minority any rights and the only ones which the minority has ever succeeded in securing have been won by the hardest kind of work. The lesson is before us. Will we heed it?

The fact that the percentage of cures is greater in those institutions which are under homeopathic control, the proof that the patients cost the state a much smaller amount per capita and the knowledge that nearly, if not quite one-half of the money which is paid into the treasury of the state comes from the pockets of those who employ practitioners of the new school, do not affect the opposition at all. We have never gained a foothold in any of the commonwealths where we have waited for justice to be done us by the opposite school of medicine.

When the millennium comes there will likely be no need of these ever recurring struggles. We have no doubt but to each one will the full measure of justice be meted out, but until that time comes we must be up and doing. We ought to appoint a committee who will give of their time to this purpose and recompense them for the actual outlay for transportation and board and have that committee look after the interests of the profession when these things come up. It is too much to ask men to attend the sessions of the legislature and lose their home work and pay out money for necessary expenses who have no interest except the final recognition of the school. With such a committee much time would be saved, the foundations laid for active work and the securing of such results, as should properly be secured, without a struggle be more easily accomplished. The Medical Century has been in many a hard fight before and is willing to enter the arena again if behind it will stand unitedly the profession of the state. After recognition is secured the proper man to be superintendent can be settled upon or the selection be left to the judgment of the Governor.

We also believe that if this matter is presented to Governor Tanner in a proper way, free from all prejudice, with the facts bearing out the claims as to the success of homeopathy in the treatment of the insane so he can readily grasp them, he will give to us our common share in the charity institutions of this great state. The prize is worth struggling for and we ought to be at it. We want no Hobsons now, or, if we adopt his tactics, we will be compelled to submit to Hobson's choice.

LOOKING BACKWARD.

When Edward Bellamy wrote his famous work under the above caption he placed himself in imagination in the centuries to come, and from that imaginary standpoint undertook to present the position occupied by the inhabitants of this mundane sphere then and to dwell retrospectively upon the attitudes which they occupied in our day. It is an interesting book from the fact that it treats of a possibility, but not a probability, and the ingenious story with which warp and woof are woven keeps one wedded to the tale until the end is reached.

But there is another looking backward. It is from our present day. And it does one good to turn the eyes again upon the receding years and read again the history which has been written, in order to gather by comparison the social condition of our people at the present time. Running across an old journal the other day which was printed in 1850 and published by Dr. Geo. E. Shipman, we found the following correspondence which makes interesting reading at the present time. It shows the immense struggle which the pioneers had to go through with before the dawn of the greater civilization which has but recently streaked across the morning of our social life.

The letters:

"St. Charles, Ill., Sept. 12th, 1850.

"Dr. N. S. Davis. Sir: I am a homeopathist from a conviction of the truth of the principle and the efficacy of the practice of homeopathia. With these views will you graduate me if I comply with the ordinary requisitions of your faculty?

"Yours, etc.,
"M. Daniel Coe."

"M. D. Coe.

"Dear Sir: I am directed to inform you that the faculty of Rush Medical College will not recommend you to the trustees for a degree so long as they have any reason to suppose you entertain the doctrine and intend to trifle with human life on the principles you aver in your letter.

"Very respectfully yours,
"N. S. Davis, Secretary."

From these two letters, one asking for nothing, but promising rather that the full quota of the requirements of the college should be complied with by him for the degree, and the answer refusing to confer upon the applicant the diploma of the school even if the said requirements were faithfully fulfilled, one gathers an idea of the immense prejudice with which the pioneers of our faith had to contend.

Ringer's Therapeutics had not been published then and the fact that Ipecacuanha is a specific for so many different kinds of vomiting had not been made known to that branch of the profession which has termed itself Regular until many years afterwards. That any truth should come out of Nazareth was absolutely incomprehensible to the benighted minds who ruled with an iron hand the medical schools of those halcyon days. The Egyptian darkness still held the allopaths in bondage and it was impossible for them to grasp the fact that in a few years a broader manhood would be finding a foothold in the profession of medicine.

The old pioneers fought a good fight. But few of them are left and when the great Leveler shall have claimed them all we can look back upon lives that were characterized by a heroism of which nations are made and by which truths are finally triumphant. It takes fifty years to start a reformation, fifty years longer to get it fully before the people and still fifty years more before its truths are accepted by all the people. It is this fact which we must keep in mind as we step into the ranks to take the places of those who have fallen in the line of battle. It is required of us that we shall be good soldiers and that we keep step with the music of progress.

What a wonderful thing it must be to these older men as they look back upon the fading century. Then it was all opposition. Here and there, like an oasis in the desert, homeopaths were found, but they were ostracized, socially and professionally, yet they kept on. Today schools and journals are many, brother practitioners are found everywhere, and societies in almost every county. Surely to the seniors as they take a retrospective glance over the vista of their lives must come the grand old missionary hymn, "The morning light is breaking, the darkness disappears" as a solace and a prophecy of what the future will be when the highest type of civilization and of medical advancement will have found its home upon this western hemisphere.

SERUM DIAGNOSIS OF TYPHOID FEVER.

Our municipal laboratory, under the charge of Dr. Gehrmann, besides doing excellent work in the diagnosis of diphtheria, tuberculosis, etc., has taken up the diagnosis of typhoid fever from the examination of the blood.

It has been shown by Pfeiffer of Berlin and Widal of Paris that the serum obtained from the blood of a typhoid-fever patient is capable of so acting upon pure bouillon cultures of typhoid bacilli mixed with it as to abolish the active motion so characteristic of that organism in fluid culture media and to cause an agglutination of the individual bacilli in large groups or clumps. This change is easily recognizable under the microscope or in culture tubes and usually occurs within a few minutes. With serum from the blood of healthy persons, or those suffering from febrile diseases other than typhoid, the motion of the bacilli is not arrested, but continues indefinitely when mixed with the typhoid culture.

This method has been used by the Provincial Board of Health of Quebec and for the past two months in the Cook County Hospital where the results have been quite satisfactory.

The department wishes to obtain data upon the following points and earnestly requests the medical profession to aid it by furnishing any information bearing upon them:

1. The proportion of cases in which a correct diagnosis can be made by the serum test and the relative efficiency of the method of employing dried samples.

2. The earliest period in typhoid fever at which it can be expected to give indications.

3. The length of time for which it persists after convalescence.

4. The existence of any relation between the intensity of reaction of the test and the course of the disase.

5. The study of the nature of the obscure febrile conditions clinically termed gastric fever, continued fever, abortive typhoid, bilious fever, typho-malarial fever, etc., about which our present knowledge is very meagre and unsatisfactory.

If this method should result as it now appears it would, it will afford a rapid and satisfactory means of diagnosis in typhoid fever, and it will be a comfort to the physician in those early days before the clinical symptoms warrant a diagnosis.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. H. Nevins, formerly of San Francisco, has removed to Oakland.

Dr. J. Kastendieck has bought the practice of Dr. H. Nevins of San Francisco.

The Buffalo Homeopathic Hospital reports a flourishing month just ended.

Dr. H. F. Ivins, of Philadelphia, is on the Pacific Coast in search of health.

Messrs. Boericke & Runyon of San Francisco have established a branch house in Oakland.

Dr. C. J. Parsons, of Springfield, Massachusetts, has removed from 74 Temple Street to 347 St. James Avenue, that city.

Dr. George F. Washburne has fallen in line with the general habit of officing down town and now has offices in the Reliance building.

Dr. J. A. Sapp, who went from Salineville, Ohio, to Cleveland some time since, has returned to his first love and is now re-established in Salineville.

Malaria and yellow fever are still scourging the Spanish troops in Cuba; particularly from the Jucaro-Moron trocha come reports of the ravages of the diseases.

Dr. H. F. Fisher has removed from Nashville, Tennessee, where he had resided for several years past, and is now located in Kansas City, Missouri, at 201 Deardorf Street.

We regret to have to chronicle the death oi a little fellow in the household of Dr. C. Gurnee Fellows, of this city. Dr. Fellows' wife has also been critically ill. These misfortunes will cause sorrow to scores who count Dr. Fellows a friend.

Dr. Byron E. Miller, of Portland, Oregon, writes to Dr. T. L. Macdonald that the new Homeopathic Text Book of Surgery is regarded by him as one of the best volumes upon his shelves.

The November meeting of the Homeopathic Medical Society of Chicago was held at 8:30 o'clock, Thursday evening, November 19th, in parlor "K," Great Northern Hotel.

Dr. Curtis M. Beebe of this city had the misfortune to lose an infant son last month from whooping cough. The sympathy of the profession will go out to Dr. Beebe in his bereavement.

The Plant System has placed a hospital car on its line which is under the direction of the surgeon in chief. This car is immediately sent to the scene of trouble whenever there is an accident on the road.

The allopaths seem also to believe in college segregation. The Metropolitan Medical College has just been established in this city, having been incorporated by Drs. Alson, Curott and Millard.

In the future reporters are not to be allowed in the wards of the Receiving Hospital of San Francisco. Illustrations drawn from patients being operated upon have so frequently appeared in the lay papers that this action seemed absolutely necessary on the part of the authorities of the institution.

Dr. C. E. Fisher is at this writing on the Pacific Coast rapidly recovering his strength and energy. His itinerary to the Coast covered Denver, Glenwood Springs, Salt Lake City, Ogden, Portland and San Francisco. He will return December 10th and resume editorial charge of the Medical Century.

The Homeopathic Medical Society of Germantown, Pennsylvania, had a smile and smoke with Dr. H. L. Northrop on Monday evening, November 16. The paper of the evening was from Dr. C. S. Schwenck. In December the club will be entertained by Dr. Herbert Reading.

The Pacific Coast Journal of Homeopathy says of Washburne's Manual of Pathology that "it is excellent, written wholly for the use of medical students and so arranged as to give them in the simplest and easiest to be understood manner the essentials of modern pathology. The subject matter is divided into eleven chapters, each well-illustrated by means of wood-cuts, and followed by a list of questions constituting a quiz."

Dr. H. A. Mumaw, of National Medical Exchange Bulletin fame, not content with the honors editorial and otherwise of the Bulletin, will also edit and publish from henceforward the Medical and Scientific News, a sixteen page quarto to be issued monthly. The Bulletin will not be retired in favor of its more ambitious sister but will be continued as an eight-page folder. Our good wishes attend Dr. Mumaw's latest undertaking.

The Collins State Homeopathic Hospital for the Insane will be henceforth controlled by a board of seven managers, whose appointment has been announced by Governor Morton as follows: Wm. Tod Helmuth, M. D., New York; F. J. Blackman, Gowanda; Asa Stone Couch, M. D., Fredonia; Edwin H. Wolcott, M. D., Rochester; George W. Seymour, M. D., Westfield; F. D. Ormes, M. D., Jamestown, and Sidney F. Wilcox, M. D., New York.

Dr. C. E. Tennant in writing of Washburne's Pathology thinks he can best advise us of the opinion in which he holds it by stating that "I have most earnestly recommended my students to provide themselves with a copy of the manual." Dr. Tennant is Professor of Chemistry and Toxicology in the Denver Homeopathic Medical College and Hospital.

The Columbia Ambulance Mfg. Co. has presented the Health Department of Chicago with a unique ambulance known as a fever van. It is built of mahogany and provided with rubber tire pneumatic wheels, and is entirely without interior upholstery of any kind. The floor is covered with a rubber mat, and a hair mattress is suspended upon a basket stretcher.

The Illinois Medical College and Summer School of Medicine is not in good standing with the State Board. That body has refused to recognize the diploma of the aforesaid college and one of the college graduates, Janet Long, has filed a petition to the circuit court for a mandamus writ compelling the board to issue her a license to practice medicine and surgery.

The campaign against expectoration in public places is raging from San Francisco to Rhode Island. The San Francisco Board of Health has just recommended an ordinance prohibiting expectoration in public places, and the department of Providence, Rhode Island, has asked the Aldermanic Board to adopt a resolution prohibiting all spitting in public conveyances, with a penalty of twenty dollars for violation of the rule.

Recent steamers from Hong Kong bring news that passengers from Bombay to Europe will probably have to undergo quarantine on arrival at European ports on account of the plague. The scourge is spreading rapidly in Bombay. In the northern part of the city where there is no drainage seventeen new cases and eight deaths have been reported. It is estimated that sixty thousand people have left Bombay since the outbreak of the disease. Calcutta is also thoroughly alarmed and undertaking vigorous precautionary measures.

Apropos of the new lady it is interesting to learn from an English exchange that a Miss Ellaby, M. D., ophthalmic surgeon to the new hospital for women, in London, was requested to go to India last October to operate on the Maharanee of Jamnagar for cataract. The patient was seventy years of age, and for five years had had perception of light only. Both eyes were operated upon with a month's interval between the operations. The sight was restored in both eyes and the recovery from both operations was without complication of any kind. There are a good many good things a woman can do if she can't vote.

A number of journals are advertising the worthlessness of bills against the Thompson Laboratory Co., of Washington. It seems that a great many journals were taken in by this company, whose financial standing is nil. It is just and right, however, where a journal has been imposed upon that it should make public the unreliability of the impostor in order that a sort of mutual benefit association may be built up for publishers. There is so much charlatanry and utter unreliability among some of the would-be advertisers who assiduously seek the columns of all reliable journals that a black-ball list serves a good purpose.

The expenses of the late International Congress amounted to £119 7s. 8d. and as the receipts to cover same have thus far amounted to only £113 8s. there remains a deficit of £5 19s. 8d. Neither have the Transactions been as generally subscribed for as it would seem they should be. It will take some three hundred subscriptions to cover the outlay of printing, while so far only about ninety subscriptions have been recorded. It should hardly be allowed that these Transactions should go begging for purchasers. The book will constitute a very valuable acquisition to any homeopathic library and should be in the hands of every homeopathic physician in America as well as across the water.

The program of the Section of Pedology, American Institute of Homeopathy, for the meeting in Buffalo has as a keystone to the arch "Rheumatic Diathesis." The etiology of the affection will be treated by A. P. Hanchett, M. D., Council Bluffs, Iowa, whose paper will be discussed by L. C. McElwee, M. D., St. Louis. Its pathology will fall to the lot of Dr. Wm. H. Bigler, Philadelphia, and the discussion thereupon will be opened by Dr. J. P. Cobb, Chicago. Dr. Clifford Mitchell, Chicago, will present a paper on "Urinology," the discussion of which will be opened by Dr. George M. Dillow, New York. Symptomatology will be given attention by Dr. Phoebe J. B. Wait, New York, and the discussion of her paper will be opened by Dr. H. R. Stout, of Jacksonville, Florida. Dr. S. R. Geiser, of Cincinnati, will contribute a paper on Treatment, the discussion of which will be opened by Dr. C. D. Crank, of Cincinnati.

Dr. Jean-Paul Tessier has an interesting article on "La Lapre," in a recent number of L' Art Medical. The article is extremely interesting on account of the rarity of discussion on this subject as well as for the information given from the instructive observations of Dr. Tessier. Our readers will learn with the satisfaction that always follows the discovery of an "anti" that leprosy has its own particular curative serum. Dr. Juan De Dios Carrasquilla, of Bogota, has injected cows and horses with leprous blood and is using the serum for the treatment of lepers. From the reports, if one is to believe them, decided improvement has appeared in the patients' conditions, such as a return of sensitiveness to the skin and cicatrization of ulcers. In some cases there has been a resorption of tubercles and some have shown a complete cessation of the tendency towards development of new lesions.

People still insist upon being buried in the way in which their fathers were buried to such an extent that a certain cremation company in Paris, in order to enliven trade, has got up a pamphlet which is an ingenious device in its arguments for cremation and against ground burial. A feature of the pamphlet is two photographs taken from the cemetery at Saint Nazaire. These pictures are extremely repulsive and the information given with them is even more so. In the case of one where the body had been buried twenty-five months we are told that it was immersed in black liquid and that on the ear and right thigh were patches of white mould growing on putrid black matter. In the case of another body which had been under ground for eleven and one-half months the whole surface of the body is said to be covered with white mould and the muscles of the legs to be in a state of dry mummification. To add to the grewsomeness of the report many insects and larvae were said to be in evidence.

Dr. Gangadin of Calcutta, India, delivered an entertaining address on the evening of November 10th before the members of the Cook County Homeopathic Medical Society. Dr. Gangadin is a member of the highest caste among the Hindoos and like others of his class who have visited this country has lost prestige by seeing the world. The title of Dr. Gangadin's address was "The Diseases of India." Those which he spoke of as being the most common in India are jungle fever, cholera, guinea worm, chronic enlargement of the spleen and elephantiasis. It is Dr. Gangadin's opinion that the cholera germs form usually in ground that has been deluged by heavy rains or overflowing rivers. The Doctor also dwelt at length upon the preparation required of medical men in India. There a man cannot obtain the title of M. D. until he has attended college for sixteen years and passed strict government examinations in all the arts and sciences. He said that it seemed to him that in America it was an easy thing to get a diploma, as it required only four years of preparation. He was particularly impressed with the fact that in Illinois almost any one could practice medicine if he had money enough to pay out $100 per month. He himself had, however, applied for a license before the State board and been refused, as the Board seemed to be unfamiliar with the rating of the Calcutta University and the Homeopathic Medical School of Calcutta, from both of which he graduated. Dr. Gangadin also lectured before the National Medical College on "The Physiography and Climatology of India," and "The Philosophies and Peoples of India."

Martin's Manual of Nervous Diseases is meeting with favor at the hands of the reviewers as well as of the students and practitioners. The appended remarks from the Materia Medica Journal are appreciated: "A Manual of Nervous Diseases and Their Homeopathic Treatment.—A compend for students, colleges and physicians. By George H. Martin, M. D., Professor of Mental and Nervous Diseases, Hahnemann Hospital College, San Francisco. Medical Century Company, New York and Chicago, 1896. With twenty homeopathic colleges in active aggressive work why should not our students have a complete series of college text books? We are happy to welcome this manual of Dr. Martin as one of the first of a series to be published by the Medical Century Company by noted specialists of our school. These works are not intended as substitutes for the large text books, but for ready reference for the practitioner as well as student. This work is apparently up to date in differential diagnosis and the therapeutic indications are, as a rule, clear cut and positive. There are, however, a few exceptions. In the treatment of cerebral hemorrhage it is recommended that cloths wet with ice water be applied to the head. We do not think this in accordance with the teachings of similia. If any applications be made why not hot? In our experience Arnica is more frequently indicated in cerebral hemorrhage than all other remedies, both to control and prevent hemorrhage and facilitate reabsorption of clot. Also, we must protest against the general use of electricity —either the faradic or galvanic current— in the homeopathic treatment of nervous diseases. We believe that functional disturbances are often converted into organic lesions by its use when a different result might have been obtained by the carefully selected similimum. On the whole, however, we commend this work to our students as the best work yet issued in our school on the subject, and one from which the busy doctor may obtain many practical hints in both diagnosis and treatment. The publisher should also be congratulated on the enterprise manifested, and he should be encouraged by the reception given this volume to continue the good work until we have a complete set of student's manuals."

Health Officer Woodward, as Secretary of the Board of Medical Supervisors, appointed by the Commissioners under the act of the last Congress, governing the practice of medicine in the District of Columbia, has prepared rules for the examination of applicants for licenses and admission to practice. The rules have been approved by the Commissioners. Hereafter all graduates of local medical institutions and physicians coming to Washington from other States, will be required to take an examination under the rules prescribed, in order to be admitted to practice. An exception has been made, however, in favor of physicians from States which permit physicians holding certificates from the District of Columbia to practice without further examination. The most important of these rules are, the examination shall be conducted in writing and orally. The written examination shall continue three days, and be divided as follows: Anatomy and histology; physiology and hygiene; chemistry, toxicology, and medical jurisprudence; pathology and bacteriology; materia medica and therapeutics; practice of medicine; surgery and diseases of the eye and the ear; obstetrics and gynecology. The oral examinations, covering the same subjects, shall be held on the Monday following the close of the written examinations, and continue from day to day until all candidates have been examined. In the written examinations ten questions shall be given to each of the eight sections. The time for each examination paper of ten questions shall not exceed two hours. The examination in each section shall be conducted by one member from each of the three examining boards. The boards of examiners shall begin their inspection of the papers submitted by the candidates as soon as possible after the close of the examinations, and shall make a full and tabulated report of the same to the Board of Supervisors within ten days thereafter. The oral examination shall be conducted by each board in full session, the candidates being examined singly and in turn by the different members. The result in each case shall be determined immediately after the examination, and a correct statement of the result be transmitted to the Secretary of the Board of Supervisors as soon as possible. The Board of Supervisors shall announce their conclusions within twenty days after the close of the examinations. A correct set of answers to the questions, both written and oral, in any one section, shall be rated at 100, 75 per cent. for the written, 25 per cent. for the oral examination, and partial or imperfect answers shall be rated in accordance with their degree of completeness. A total average of 75 per cent. shall be necessary to entitle the candidate to a license to practice medicine and surgery in the District of Columbia; but in no section shall the percentage be less than 50 per cent.; in this case, however, the candidate may, upon his request, be granted an immediate re-examination upon that section. A candidate having less than 50 per cent in more than one section, or less than 33 1-3 per cent. in any one section, shall be rejected, no matter what may be his or her total average.

It having been decided to have no regular paper at the meeting of Oct. 7, of the Johnson County Homeopathic Medical Society, the evening was devoted to voluntary reports. The following reports were presented: "A Case of Rheumatism with Heart Complications," by Dr. T. L. Hazard; "Bryonia in a Case of Difficult Labor," by Dr. Laura Johnson; "Dermoid Cyst," by Dr. J. G. Gilchrist; "Migration of Broken Needle-Point in the Hand," by Dr. J. F. Battin; "A Case of Eczema," by Dr. S. N. Watson. These reports were discussed by various members present. Announcement was made by the committee on programme that the paper for the next meeting would be given by Dr. Gilchrist.

OHIO NEWS BUDGET.

Columbus needs about ten more homeopaths. Good ones. They will be in good company.

Utica, it is said, can use a good man, Dr. M. S. Cole, of that town being about to move to Columbus.

Dr. J. B. Hunt, formerly of Worthington and later of Westerville, is now located at Delaware; perhaps we should say re-located, as Delaware is Dr. Hunt's old home.

Dr. Henry L. Smith, for the past three years located at Granville, Ohio, near Newark, has moved to Milan, leaving a splendid opening at Granville for a good homeopath.

Dr. F. F. Dennis, of Amanda, after a two years' practice there has moved to North Platte, Nebraska. Amanda is another good opening for a young man. It is a town of eight hundred with a surrounding country of the very best type.

Dr. W. A. Farnsworth, late of Petoskey, Michigan, is attending a special course at one of the Cleveland homeopathic colleges. Dr. Farnsworth will in all probability locate in Indianapolis, Indiana, after completing his present post-graduate work.

Cohocton is one of the numerous Ohio towns presenting a good field for tilling by some energetic homeopath. It is a busy manufacturing center, with only one homeopath. At least one more member of our school could do a good business there.

Newark is very well represented by the homeopathic school. There are some good men there, too. Dr. O. P. Sook, Dr. J. A. Mitchell, Dr. Wm. Baldwin, Dr. I. N. Palmer, Dr. S. D. McClure, Dr. H. De Crow and Dr. I. R. Sook make up a list of active and efficient workers for homeopathy's cause.

Troy has only one homeopathic physician, Dr. J. W. Means. Dr. Means says that a young man could find work to do there and from the indications it would seem to us that a pushing young man would do well at that point. Heretofore there have always been two of our faith there, Dr. Means and one other, but the other never has been a permanency.

The Sawyer Sanitarium, at Marion, is doing some good work and accruing some remarkable results in the alleviation of suffering humanity. The orthopedic appliances in use at the Sanitarium are evidently very beneficial, especially when faithfully aided by the indicated remedy. Dr. Sawyer will read an important paper before the next meeting of the American Institute at Buffalo next year, which will be sure to be heard with relish by all to whom the question of orthopedics is interesting.

Diphtheria is very prevalent throughout the state. Your correspondent finds upon questioning the leading members of our school that the great majority of them depend in their contest with this disease solely upon the indicated remedy, having little faith in the antitoxin fad. While a few report using antitoxin with success, by far the larger number who have used it say that they have met with no good results from its use. Antitoxin on the whole has but slim recognition in this part of the country among the homeopaths.

Drs. W. B. Carpenter and M. P. Hunt, of Columbus, have opened a private hospital at 308, 310, 312 West Sixth Avenue. Surgery and gynecology will be given especial attention in the new hospital. Physicians may attend their own cases at the hospital, whose name, by the way, will be the Sixth Avenue Private Hospital. It is located at the north end of Columbus and is adjacent to the Ohio State University. Its surroundings could not be improved upon. The building is thoroughly equipped for operative work, is well furnished and can accommodate about twenty patients. Dr. Hunt, it will be remembered, was formerly of Delaware, Ohio, and late professor of gynecology at Ann Arbor in the Homeopathic Department of the University.

Monday evening, November 16th, upon the invitation of Dr. McCann, your correspondent attended the meeting of the Dayton Homeopathic Society, held at the Hotel Atlas. This society is a popular one locally, having all the Dayton physicians as members. Some eighteen were present. A paper by Dr. McCann on local treatment in gynecological cases was well received and discussed with animation. After the business of the evening had ended the society adjourned in a body to the blue dining room of the hotel, where a delectable supper was served. This society meets every two weeks. Dr. Murphy will entertain the next gathering. Dayton physicians are pleased and proud that they have scored somewhat of a triumph in having induced the Deaconess Hospital to put homeopathy down as worthy of acceptance. This gives a working field to the homeopaths for their hospital patients.

Some statistics gathered from the State House may be of interest. These statistics are now all in and corrected. The number of regular homeopathic physicians, so registered according to the new law in Ohio, is eight hundred and thirty, while the eclectics, as per schedule, have six hundred and seventeen practitioners. The fact being thus established that the homeopaths in Ohio are numerically stronger than the eclectics, a new homeopathic member of the State Board will receive appointment from Governor Bushnell in the spring, to succeed the retiring eclectic, who was appointed by some error in the eclectic claim of more practitioners than we have. We may look toward Cleveland for that new member, so rumor has it. Interviews with members of the board indicate that good work has been done by the new law in the raising of the standard of medicine. There seems now to be more uniformity of opinion that the law is really doing what it was meant to do—working to the detriment of the quack and the protection of the honorable physician.

THE BOOK TABLE.

Messrs. William Wood & Company have sent out a very attractive little book for visiting list purposes.

P. Blakiston Son & Company have got up a very neat and convenient Physicians' Visiting List for 1897. As a great many physicians use these little books as their "complete set of books" the improvements made in the present issue will be welcomed.

The Monist, Quarterly, Open Court Publishing Company, Chicago, is possessed of some fine guiding ability which makes possible the presentation, four times a year, of the best and completest array of scientific articles put before the literary public between two covers. As every development of interest in the literary and scientific world finds treatment in its pages physicians will occasionally fall in with articles of rare interest among its contributions.

A Compend of the Principles of Homeopathy by William Boericke, M. D., San Francisco, is the title of a commendable little work by an author whose name is well known to the reading profession. Dr. Boericke's raison d'etre for this book bases upon the importance of the study of the principles of homeopathy. Believing that a homeopathic renaissance is upon us, he has set about embodying the salient and vital points of Hahnemannian lore in his Compend and with good effect. The little volume will be welcomed by student and practitioner alike as a stepping-stone to the writings of Hahnemann.

The Principles of Medicine is at hand from the press of the Cleveland University of Medicine and Surgery. The author is Dr. E. R. Eggleston, of Mount Vernon, Ohio, Professor of Theory and Practice in the Cleveland University of Medicine and Surgery. This little book is worked out in consonance with the newer and less heavy methods of teaching, methods which have reached over into medical institutions from collegiate and preparatory institutions. The day has indeed gone by when study of any kind must needs be made laboriously uninteresting and Dr. Eggleston has grasped this truth readily in his presentation of his subject. The book comprises some one hundred and twenty-seven pages and is neatly put up on good paper and carefully printed.

Davis' Obstetrics: A Treatise on Obstetrics. For Students and Practitioners. By Edward P. Davis, A. M., M. D., Professor of Obstetrics and Diseases of Infancy in the Jefferson Medical College of Philadelphia. This octavo volume of some six hundred pages is a handsome one, containing two hundred and seventeen engravings and thirty full page plates in colors and monochrome. The book is rather more comprehensive than the ordinary treatise, dealing with cognate subjects handled in close connection with their obstetrical precedents. The repair of lacerations and injuries is given thoughtful and comprehensive consideration. The care of the mother and the infant is suggested in careful detail and the jurisprudence of midwifery is also made the subject of attention. The book is a valuable addition to obstetric literature.

Diet for the Sick: This booklet is a worthy supplement to any cook book, as it deals only with the dishes suitable for the sick and convalescent. It is compiled by Miss E. Hibbard and Mrs. Emma Drant, the former the Principal of the Grace Hospital Nurses' Training School, and the latter the matron of Michigan College of Medicine Hospital, Detroit. It is so seldom that the physician has the good fortune to fall in with a sick room attendant who is adept in the preparation of sick room dishes that the suggestion is here made that this little book be recommended to the laity very generally, in order that the lack in the sick room dietary be overcome. A feature of the recipes which it is desired to especially commend is the delicacy and daintiness observed in the serving of each dish, however simple. The Illustrated Medical Journal Company, Detroit, Mich.

Special Pathology and Diagnostics with Therapeutic Hints. By C. G. Raue, M. D. Formerly Professor of Special Pathology and Therapeutics in the Hahnemann Medical College of Philadelphia. Fourth edition. Revised and augmented. Philadelphia: Boericke & Tafel. 1896. When one picks up this last and best edition of this work he is looking at the monument to Raue's life, for just as this was issued from the press the spirit of Charles G. Raue was gathered to his fathers. For years this work has been the leading text-book upon practice in the homeopathic school, mainly on account of its exceedingly clear-cut style of presenting diagnostic symptoms and particularly on account of its masterly presentation of the guiding symptoms for the selection of remedies applicable to the pathological condition under consideration. The book is much improved over former editions from the fact that mental diseases have been brought down to the latest knowledge of this branch of medicine and through re-classification infectious diseases have been grouped under a separate chapter. The keeping of the repertories, which added so much to the value of the third edition, is retained and is of immense value to this edition also. As it is this edition of Raue's will be for years the leading work in our school. The usual good work of the printer and binder that characterizes the books issued by this enterprising firm is present in this work. As a volume of reference or as a companion to the busy practitioner it will never disappoint and we heartily recommend it to the readers of the Medical Century.

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Surgery.

AN IMPROVED OPERATION FOR THE CORRECTION OF DEFLECTIONS OF THE NASAL SEPTUM.

BY W. E. GREEN, M. D., LITTLE ROCK, ARK.

Deflection of the nasal septum of sufficient extent to cause serious interference with normal respiratory function is not of infrequent occurrence. Any degree of occlusion of the nasal passages, from any cause, is attended with more or less evil results to the general health and comfort of the patient. The impingement upon the calibre of the canal superinduces more or less vascular turgescence, with consequent irritation and hyper-secretion of mucus which collects in quantities in the obstructed passage. This viscid secretion engenders discomfort and causes a constant effort at dislodgement. The irritation often extends to the naso-pharynx, involving the Eustachian canals, producing catarrhal inflammation of these passages, which sooner or later involves the middle ear, with all its attendant symptoms. These conditions cannot be relieved so long as the septal distortions remain. A frequent accompaniment of this pathological deformity is an alteration in the tone of the voice, giving to it a nasal twang. Patients so afflicted are often given to the habit of sniffling, causing a disagreeable noise in an effort to clear the passage. In fact, all the pathological lesions and symptoms accompanying nasal stenosis from other causes may be produced by septal deflections.

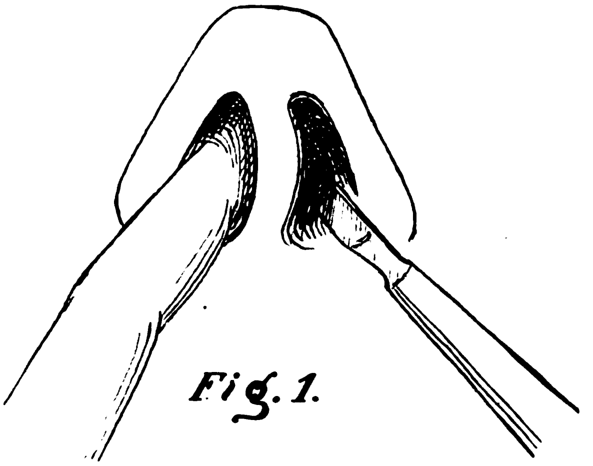


Fig. 1.

Many operations have been instituted for the correction of deformities of the septum and various instruments have been devised for their performance, but as in all other surgical procedures, the simpler the means the more satisfactory the results. The stellated punch of Adams and the pins of Roberts are both liable to produce sloughing and often give unsatisfactory results.

After having tried all the various methods, I have finally adopted the following procedure, which is simple, easy of execution and gives satisfactory results:

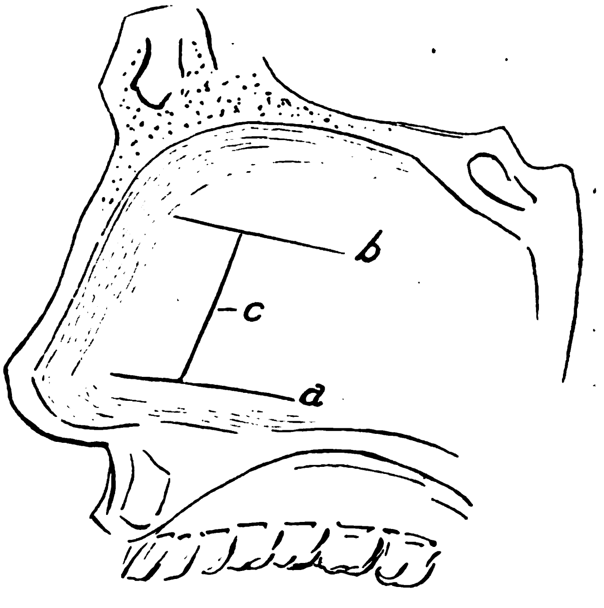


Fig. 2

First cocainizing the field of operation, a bistoury is introduced into the nostril, on the convex side of the septum, until its point occupies a position on the floor of the passage back of the deviation; the index finger of the left hand is then passed into the other side until its tip rests opposite the beak of the knife (Fig. 1). The edge of the knife is now turned against the septum and made to penetrate all its structures excepting the mucous membrane of the opposite side upon which the finger is resting. The knife is now withdrawn, dividing the cartilage in its passage down to the end of the nose, the finger following its movement as a guard; great care being observed not to incise the membrane on this side (a, Fig. 2). A like division is now made in the upper segment of the cartilage (b, Fig. 2). These two sections are now joined by a vertical one (Fig. 3) made through the most prominent part of the bulging (c, Fig. 2). The septum is straightened with slight force and is held in position without undue pressure. The nostril on the side in which the cuts were made is now packed with sterilized cotton or gauze to stop the hemorrhage and to maintain the perpendicular position of the septum. This packing must be removed daily, the passage cleansed, and reapplied until firm union has been obtained. For the first few days the changing of the dressing will be attended with considerable pain, therefore it is well to apply a cocaine solution by means of a spray.

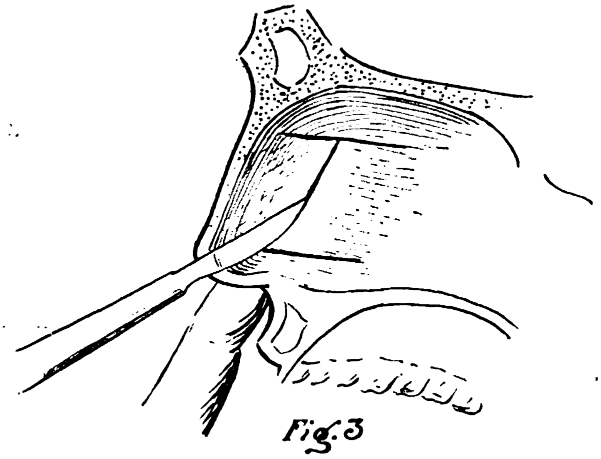


Fig. 3

As the mucous membrane on the open side has not been severed, the circulation remains intact and the nutrition of the parts is maintained and sloughing of the cartilage is not liable to follow. As bleeding on this side will not occur, plugging of the nostril is not required and the patient has ample space for nasal breathing. In many cases deflection of the septum is accompanied with septal spurs and turbinate hypertrophies; these, as well as all other obstructions of the passage, should, as far as possible, be corrected before the operation is performed upon the septum.

Practice of Medicine.

THE BICYCLE AS A DISEASE FACTOR.

BY HARVEY DALE, M. D., OSHKOSH, WIS.

Doubtless the bicycle has come to stay. It has long since passed the experimental stage, and is today recognized as not only a luxury, but an actual necessity with a large proportion of our people. In view of this fact, it becomes both interesting and profitable to study the relation which this machine bears to the public health, and to outline its probable effect upon the riders of today and tomorrow.

The wheel has its enthusiastic advocates, and it has its bitter enemies. At present the former are in a large majority. They declare that the bicycle is a sure cure for all the ills that befall the human race. They believe, or profess to believe, that it will banish anything, from mulligrubs to phthisis pulmonalis. They talk enthusiastically of the pleasure and exhilaration of wheeling, of its stimulating effect upon the circulatory apparatus, and of the general beneficent results that are brought about in this manner. To all of this, in the abstract, any physician who rides a wheel himself will willingly subscribe.

There is, however, another side to the picture. In that very pleasure and exhilaration to which devotees of the wheel never tire of referring there lurks danger. The extremely slight muscular exertion required to run one of the high grade machines leads the rider to believe that he is not doing any work. As to his other muscles, this is to a certain extent true. As to his heart, it is not. In moving the legs rapidly, even though not an ounce of pressure is exerted, the circulation is greatly accelerated. It is not necessary to say, to any one who is familiar with the heart and its functions, what this means. The only time afforded that organ for rest is between its beats, and when that time is shortened the effect is obvious.

Man was not made to compete with the horse. The invention of the bicycle seems to have warped his judgment in that direction, but sooner or later he will find out his mistake. The fact that a few miles can now be covered as easily as one mile formerly was is no argument in favor of century runs and similar tests of physical endurance. No doubt there are many bicyclers who are blessed with constitutions that will stand these strains with little or no apparent protest, but some of these are surely piling up wrath against a day of wrath. Retribution for violating physical laws is sometimes slow, but it is always sure. My belief, based upon personal experience and careful observation, is that a very large proportion of wheelmen and wheelwomen ride their machines too fast or too far, or both.

Much has been said in the public prints about the so-called "bicycle face." As a general thing its real existence has been ridiculed, and countless paragraphers have waxed merry over it. Whether or not this ridicule is warranted is an open question. It is not my purpose to prove that we wheelmen have or have not a peculiar and, as it were, pathognomonic physiognomy. But one thing is certain, and that is that some of us are developing hearts that will tell a peculiar tale of woe into the confiding ear of the stethoscope. It is not only possible, but very probable, that the "bicycle heart" will become one of the entities of the future.

Heart strain is perhaps the most dangerous of any of the effects of excessive riding, but there are others that are worth remembering. If the older machines, with the hard tires, had continued in use, the effect of the constant jar upon the spinal cord and general nervous system would have been serious enough to demand attention, but with the invention of the pneumatic this has largely disappeared. An evil still remains, however, in the construction of the average bicycle saddle. The anterior portion of this saddle exerts a constant pressure upon the perineum, and the bad results that may follow this pressure are manifold. Man was not intended to sit down in any such way. Certain tuberosities were provided for him to rest upon, and these alone should bear his weight. Sitting upon the perineum is likely to produce various disorders of the genito-urinary apparatus. Cases of retention of urine following a long ride are getting quite common. Enlargement of the prostate is another untoward result of excessive riding. There are now upon the market, however, saddles which do away with all perineal pressure and its resultant train of evils. Probably these will eventually be adopted by all riders who value their physical welfare.

It is very likely that as the wheel comes to be less of a novelty it will be less abused. Riders in general will realize its possibilities and its limitations. Moderation will take the place of excess. The crank who goes out and rides a hundred miles or so before breakfast will find his proper level along with all the other cheerful idiots. As the effects of too long and too fast riding become more generally recognized, the common sense of the people will come to their rescue. But meanwhile the bicycle will continue to be, as it is now, not only a pleasure and a luxury, but a source of physical disaster and a common cause of doctors' bills.

SOME POINTS IN THE ETIOLOGY OF TUBERCULAR MENINGITIS.

BY N. B. DELAMATER, M. D., CHICAGO.

The subject selected for this article presents some exceedingly practical points for consideration by and the guidance of the general practitioner, both as to the possibility of the diagnosis and the prophylaxis of disease.

Every practitioner of experience recognizes the fact that whatever is to be done for this disease must be in the prevention of it; that nothing can be done with our present knowledge in a curative way once tubercular meningitis is established.

Germ Origin.—That it is a germ disease dependent upon the presence and development of a bacillus is also acknowledged by all. There is no dispute as to the fact that these bacilli may be in the tissue dormant for long periods of time doing no harm, until from some cause favorable environment for their multiplication and activity is established. Nor is there any doubt that the bacilli may be transmitted from one person to another, or from an animal to man or to another animal and produce disease, or fail to, according to the favorable or unfavorable soil it meets.

We get the bacilli in our food; we breathe them in the air; they are deposited on raw surfaces—and tuberculosis in some form follows, tubercular disease manifests in some part of the body, later appears in some other and possibly remote part, or a general tuberculosis may follow.

Routes of Infection.—The route, or routes, through which infection may take place is not so generally understood, is not so clearly and definitely established. Histology has done much in the last few years to throw light on this question. The fact that the lymphatics are so frequently the seat of tubercular deposits and inflammation led to an early theory that dissemination or transmission was mainly through the lymphatic circulation. Today it is quite doubtful as to whether the infection is ever through the lymphatic chain. There are some cases, to be sure, which seem to bear out the theory that this is one of the channels of transmission, and very close histological examinations have in these cases failed to disprove the hypothesis, yet they do not positively prove it, and in all of them there is a possibility of transmission through some other channel. Late researches establish almost beyond doubt that the chief, if not the only, channel is the blood supply. Careful histological examinations of many cases of tubercular meningitis seem to prove this theory beyond question. But in this paper I want simply to call attention to the various routes by which infection may take place in tubercular meningitis. Frequently it is simply a part of a general miliary tuberculosis. It is often a terminal event in cases of extensive infection with the formation of multiple, chronic and caseous foci, and the diffuse eruption of miliary granulations in various organs. Infection of the meninges follows, or develops, in connection with local circumscribed, often latent, foci in the lymph glands, the lungs, the pleura, the bones and joints, the skin, the larynx, pharynx, the nose, or, in fact, almost any organ. In all these cases the infection is conveyed to the meninges through the blood, Where it follows or is the result of old foci in the brain, the spinal cord, the skull or spinal column, it may be and probably is due to direct infection of the lymph spaces of the internal meninges. Spontaneous or primary tubercular meningitis may, of course, be possible, but there are many good reasons to doubt its occurrence except through traumatism.

Early Diagnosis. — The practical lesson to be drawn from the foregoing is that in every case where a local tubercular focus is known to be present in any part of the body there is danger, or at least a possibility, of a subsequent tubercular meningitis. Various local tubercular troubles are often cured. Indeed, they are not generally looked upon as very serious. Very many, yes a majority, I believe, of the cases in which there is a local focus in glands or on mucous membranes or on the skin are not recognized as tuberculous for a long time, if at all. When recognized there is a great hesitancy about radical treatment. The tendency is rather to temporize, palliate, relieve or experiment with the hope of in time either eradicating the trouble, or that the system will through natural channels eradicate it. I must confess that many times in my early practice, in fact always until I fully realized what a convenient and speedy channel of transmission the blood affords and the consequent danger, I did not give the attention to many suspicious cases that they deserved. In one instance I am certain that had I recognized the tubercular character of a post-nares trouble, the subsequent appearance of, and consequent death of the patient from, tubercular meningitis could have been averted. In another instance the failure to recognize and extirpate a bunch of tubercular glands caused a death from the same cause, which I fully believe I was responsible for. I might mention a number of cases of local foci that formerly came under my observation in which tubercular meningitis, and necessarily death, resulted, that possibly might have been prevented by the right treatment at the right time, this right treatment not having been neglected for want of knowledge as to what would in all probability eradicate the trouble, but from a failure to realize the possible gravity of the future.

It is clearly the duty of every physician to investigate fully and with the greatest thoroughness and by every means known to science every case in which there is a possibility of tuberculosis. It is equally as clearly his duty to at once undertake the radical elimination of the disease in the most efficacious and rapid manner possible. He should always without fail impress on the patient or family the importance of the case, and the possible dangers to the patient, including the possibility of this, at present, absolutely fatal disease.

It is not the province of this paper to go into the subject of the treatment of tuberculosis. If the disease is so located that it can be quickly and safely removed by the knife no time should be wasted in a fruitless endeavor to cure by a longer if possibly as efficacious a means. For during the waiting time infection may take place. It hardly seems necessary for me to say that I am not a surgeon, that I do not look with any favor whatever on indiscriminate or unnecessary operations. I believe that, other things being equal, the surgeon who knows when not to operate is by far the best operator. If the infection is so located as to render surgical procedure impossible or dangerous, the greatest care and study should be given to the selection of the remedy, with the tubercular element constantly in mind. Every possible adjuvant and climatic influence should be carefully considered and advised. Careful scrutiny and rigid enforcement of habits of life in every way are essential. In short, the physician does not fulfill the measure of his responsibility in these cases unless he makes himself thoroughly familiar with all that is known, and selects and advises that which his very best judgment indicates will remove the possible source of infection in the soonest possible time.

REMITTENT FEVER.

BY C. E. FISHER, M. D., CHICAGO.

General Considerations. — Children are more disposed to the remittent variety of malarial fever than the intermittent, especially in their more tender years. In an experience of four years in an intensely malarious district in the southwest I found that children are often more susceptible to this type of the disease than are adults. The ordinary ague, or chills and fever, characterized by complete intermissions, is very common among young children, but not so much so in those below two or three years of age as remittent fever.

Etiology.—Both remittent and intermittent fevers are ascribed to "malaria." They are more common in the fall of the year, prior to frosts, and in the south occur most frequently in paludal districts and rich alluvial agricultural countries recently opened to cultivation. Various causes have been given for the condition known as malaria. Some authors have contended that since its manifestations exist almost everywhere, being found not only in the swampy districts in rich river bottoms, but on the open prairies, on ship board and on mountain table lands, they must be caused by the differences between the heat of the animal system and the surrounding atmosphere and soil, and are due to purely physical problems—as evaporation, condensation, nerve-shock, etc. But it has now come to be generally understood that all strictly malarial fevers are directly traceable to certain micro-organisms known as protozoa, that affect the nerve centers and, especially, the red blood-corpuscles.

Heat, moisture, and vegetable decomposition seem to be necessary to the development of malaria; yet, as stated, it is seen on ship board and at very high altitudes. Those who favor the evaporation theory point to the fact that many marshy countries or sections of the country are not subject to malaria. This is the case in the marsh-regions of Ireland, Australia, Asia, some of the Pacific islands, and certain portions of Mexico.

Symptoms and Course. — Remittent fever, also known as bilious fever or bilious-remittent, presents a more continuous fever than the intermittent variety, or ordinary ague. It is usually preceded by gastric disturbances, coated tongue, the coating being thick and yellow or white and heavy, offensive breath, nausea, vomiting, headache in the frontal region, throbbing of the temples, and some mental hebetude. Occasionally an attack of remittent fever is ushered in by a chill, but not often. There is generally a prodromal stage of two or three days of languor, peevishness, and irritability. When fever sets in it is at first continuous, and the thermometer will show marked deviation from the normal; it sometimes runs as high as 104 or 105, the child being intensely hot, restless and stupid. Occasionally the fever is so severe in young subjects as to cause convulsions, but this is not often. After lasting a few hours at considerable intensity it will begin to subside and the child will break out in perspiration, not profuse, only to become hot and dry again as before. In some cases the remissions are not very pronounced, the fever partaking a good deal of the character of continued fever, while in others it will subside so as to be almost absent for several hours at a time, when it will rise again and become about as severe as before.

Occasional cases will be met with in which the chill and heat are so intermingled that even while the child is very hot it will insist on being covered and kept warm, the slightest exposure to the air, especially while hot and moist, inducing shiverings and chilliness, with corresponding increase of fever.

Uninterrupted infantile remittent may go on for a number of days, in severe cases lasting as long as two weeks. The stomach is more or less disturbed throughout the attack; the bowels are usually torpid, although diarrhea sometimes occurs; the lips become dry and scaly; there will be picking at the nose and slight bleeding from that organ. The spleen and liver show enlargement and tenderness, especially the spleen, and in pronounced cases the character of the fever and cerebral manifestations cause considerable apprehension lest the case be one of unrecognized typhoid fever. The remissions are usually more pronounced in the forenoon, the aggravations in the evening. On the occasion of the morning visit of the physician the child will be found to be doing well, apparently free from fever and perhaps trying to play. But early in the afternoon it becomes tired and languid, by three or four o'clock the temperature rises, and from that time for several hours the fever is as severe as it has been at any time in the course of the disease.

Left to itself, remittent fever will generally spend its force and end in recovery, after two or three weeks of quite severe illness convalescence setting in promptly, and quick recovery ensuing, unless the malarial involvement shall have been very pronounced, when it may taper off in intermittent form and the child continue to have ague for several weeks or even months. Should the infant be predisposed to brain troubles, or be a child of what is known as the fever type, convulsions may come on during one of the aggravations, rendering it exceedingly ill, often endangering or destroying life; so that while not necessarily a severe disease, as observed in individual rare instances, remittent fever may be destructive to life.

Diagnosis.-- From strictly intermittent fever remittent fever is to be differentiated by the marked periodicity and regularity of stages of the former and the remitting character of the latter. Coming on with a positive chill or chilliness, ague is attended by regularity of chill, fever and sweat, followed by positive intermission of one, two, or three days, depending upon its type. In remittent fever the fever is never really absent; it remits, is up and down, with some regularity, it is true, but it has less of chill, less of sweat, much less of apyrexia, and a great deal more of fever than is seen in ague. From typhoid fever it is to be differentiated by the absence of petechia, ileo-cecal tenderness and the characteristic pea-soup diarrhea. Furthermore, the remittent fever gradations are very much more pronounced than in typhoid. The fever is up and down, rarely steady more than a few hours at a time. The gastric symptoms are more pronounced in remittent than in typhoid, the intestinal distension and disturbance much more marked in the latter.

Treatment.—Perhaps the most useful single remedy in infantile remittent is Gelsemium. The fever is of the Gelsemium type. The pulse is full, yet soft and compressible. The skin, though hot, is often somewhat moist. The case is not characterized by the intensity of nervous manifestations belonging to Aconite, and the evening aggravation is typically a Gelsemium condition. The tenderness of the spleen and soreness of the muscles are also covered by Gelsemium.

China is useful in cases characterized by greater tendency to pronounced intermissions. While not altogether free from fever at any time, yet some cases show such marked recession of fever in the morning and such a positive rise in the evening as gives to the case more the appearance of intermittent. When occurring during intense epidemics of malarial fevers of all types China will sometimes serve even better than Gelsemium.

Belladonna is always to be thought of in children of full habit predisposed to brain symptoms. The fever rises and subsides quickly; the face is flushed; carotids and temples throb and pulsate; the child rolls and tosses, and convulsions threaten or occur. I have rarely had occasion to go outside of Belladonna and Gelsemium in the convulsive type of infantile remittent.

The Australian gum tree, Eucalyptus, is accounted almost a specific in intensely malarious, swampy districts. The child sweats throughout the entire fever, and disposes to drowsiness; even to coma, rather than to restlessness or convulsions. The tongue is heavily coated white or yellow; the breath is putrid; the child smells intensely feverish.

Mandrake will be found beneficial in cases characterized by the so-called bilious vomiting and diarrhea. The liver is swollen and sore. The child looks yellow, even jaundiced, and there is diarrhea of thick, yellow stools, with or without pain.

Arsenicum in some form, especially Chininum arsenicosum, is indicated when the case is marked by pronounced chill at the start, and distinct periodicity showing throughout the attack.

Pulsatilla, Antimonium crudum and Nux vomica may be indicated in special cases in which the digestive functions are disturbed. Nux especially will be useful if the patient has been previously treated with old-school or domestic remedies, which have not cleared up the case.

Baptisia may be called for should the symptoms assume more of the typhoid character, the patient being dull and besotted, the breath putrid, mild delirium attending the fever; the whole picture being of the lower type.

Diet and Hygiene.—Children suffering from remittent fever will need but light nourishment, cool, refreshing drinks, and simple, bland articles of diet. Occasional spongings with cool water are useful, and if convulsions threaten or are actually on the wet pack is demanded and will be found very beneficial. A bath towel or sheet should be wrung out of cool water and the naked child be wrapped in it from head to foot, colder cloths being applied to the head. Outside the wet sheet should be a dry blanket. It is surprising how quickly convulsions or high fever subside under the use of the pack, which may be renewed as often as the symptoms demand.

Convulsions are much more apt to supervene in this type of fever in children whose stomachs are overloaded and whose bowels are torpid. The latter should be kept reasonably open by enemata, and if the fever has come on in the first instance as the result of or following upon gormandizing it may be well to use a mild laxative, as a teaspoonful of glycerine or like quantity of table syrup in milk or hot water. Nux vomica will, of course, be thought of when this condition of the alimentary tract is present.

In masked remittent, following upon suppressed intermittent treated by Quinine and the various tonics, Nux vomica, Pulsatilla or Lachesis administered as indicated will usually promptly clear up the case.

The Potency.—A word in regard to the potency of the remedies to be used in remittent fever. Throughout the west and south it is quite the rule to give Gelsemium and Baptisia in low attenuations, even to the mother tincture, in remittent and continued fevers. This was my practice for years, but I have learned better, and rarely have I given these remedies in later years below the thirtieth to children. I believe cases are often spoiled and permanent cures retarded by the administration of remedies in the cruder strengths, and nowhere is this more true than in the treatment of malarial fevers in child life.

PELVIC PERITONITIS—SOME HINTS FOR ITS TREATMENT.

BY W. N. BOYER, M. D., LIMA, OHIO.

As pelvic peritonitis unassociated with other lesions may be said never to occur, it is proper to consider it under the more general term of intra-pelvic inflammation and for diagnostic purposes differentiate the causes and the organs affected. Occurring as it does in connection with cystic, uterine, tubal and ovarian diseases, it is plain that the etiology and pathology of all such cases must be considered. For general purposes in treatment, however, the clinical picture is so often composite that the remedy for the one meets the requirements for the other. This is equally true whether the case calls for medicinal treatment only, or whether it demands surgical procedure.

It is not my intention to attempt an exhaustive and exhausting treatise on the hundreds of therapeutic measures—some of great value, some of merit, and some of no use whatever—that have claimed recognizance in this common affection. Neither is it within the scope of this article to say anything on the surgical conditions. Moreover, be it remembered, I make no claim to originality in giving some few hints for treatment, nothing new and startling, or that you may not have heard many times before. My reminders, if you please, I shall limit to the treatment, with which in the main I have been most successful.

Treatment.

Treatment should be both local and general, as in most other inflammations of serous membranes, pleuritis, etc.

The acute symptoms require active and thorough measures directed to relief of pain, control of circulation, conserving strength and limiting exudation. With this end in view, Aconite is the first remedy usually, with hot, dry skin, quick pulse, thirst, vomiting, sharp, burning, cutting pains, worse from pressure. After taking cold, drop doses of the tincture may be necessary to control the circulation.

Belladonna after Aconite if there is congestion to the head, with pulsating carotids; light and noise unbearable; great anxiety and vomiting. Worse from motion or the least jarring, especially when in complication with metritus. Externally the ointment of the solid extract is good.

Bryonia, after primary fever lessens, and in the stage of exudation, stitching, lancinating pains worse from slightest motion, bowels constipated, and where there may be great thirst.

Apis has exudation, similar to Bryonia; urine scanty, dark edema, burning, stinging in ovarian region, metritus.

Cantharis has tenesmus, strangury, great anguish and restlessness in connection with cystitis.

Terebinthina is the finest remedy in sub-acute and chronic form; vesical symptoms and effusion, in complication with gonorrhea.

Mercurius corrosivus "is of high curative power." Frequent creeping chills and copious perspiration after the heat. Vomiting of mucus, and frequent slimy stools, with or without tenesmus. Tendency to purulent effusion and abscess.

Salicylate of sodium, if of rheumatic origin; Cimicifuga for its characteristic nervous and mental symptoms.

Sulphur, if case becomes chronic, with no reactionary power, and indicated remedies fail.

In acute cases, as the violence of the attack usually abates with the cessation of pain, and as Opium acts very favorably in peritonitis, I often employ it, preferably by hypodermic of 1-3 to 1-4 grain of Morphia, to be followed by sufficient number of doses internally to accomplish the purpose of quieting the patient and inducing sleep.

Suppositories of Opium, Belladonna and Hyoscyamus are also beneficial here and often render the use of other anodynes unnecessary.

If the disease is of puerperal or gonorrheal origin the first indication should be an attempt to neutralize so far as possible the effect of the poison. The proper employment of the vaginal douche is absolutely harmless, and a solution of carbolic acid (2 to 3 per cent) or of corrosive sublimate (1:3,000) may be used every four to six hours. To avoid carbolic acid or corrosive sublimate poisoning, however, it is necessary to see that no portion of the fluid is retained in the vagina. Douches of hot water are often very satisfactory as adjuvant treatment. A hint about the modus-operandi of the douches: The patient should lie on her back, the water should be copious (at least a gallon) and as hot as can be borne, should flow from moderate height, and with an even, steady stream.

Superior to the average fountain syringe is a tin or copper bucket, of two gallons' capacity, and with a faucet near the bottom of the bucket, to which the tube and nozzle may be attached; or the water may be syphoned. I have observed that unless a sense of quiet relaxation, and lessening of nerve tension and pain are experienced at once, continuance of the douches, for a time at least, tends to aggravation.

I have seen several violent acute cases cut short, when taken under treatment early, by the timely use of a hot sitz bath. The bath should be continued just sufficiently long for the patient to experience the glow of reaction, which will be within eight minutes.

Electricity.—After an experience extending over a period of more than ten years with the use of electricity in sub-acute and chronic cases of pelvic inflammation, I rely upon this agent very confidently, and while it cannot be relied upon exclusively, it is a valuable adjuvant, often surprising in good results. It seldom disappoints, and when it does, I am usually convinced it is due to faulty technique, either in selection of current, dosage, length of seances, or intervals between treatments. In selecting a battery for these cases my choice is portable, rather than stationary instruments, and single rather than combination currents (i. e., combination batteries). For the galvanic, a twenty cell bichromate battery, such as the Waite or Bartlet and the Flemming, offer some of the best types, being moderate in price, furnishing a strong reliable current and not being very liable to get out of order. For the faradic I have used Kidder's, Galvano-Faradic Co.'s and Flemming's. The best makes are those having a coil of the Du Boise Reymond Model; such a coil has a Flemming.

"Electricity is most beneficial and effective in those lingering latent cases, which have continued for years, made evident by no distinctive symptoms, revealed only by constitutional debility, nervous prostration, pain in the side, and exacerbation with over-exertion and colds." In the treatment of these pelvic inflammations, the absorbent, the electrolytic, the sedative and stimulating currents are utilized. Faradism in sub-acute and chronic cases, for its sedative effects, to stimulate and improve the circulation and promote functional activity, gives good results, using currents of lesser tension and greater quality than are recommended in acute conditions.

A cotton covered ball electrode is placed per vaginam, and a medium size plate over the abdominal site of the inflammation. In my experience strong currents have not been so satisfactory as mildly pleasant ones, and care should be taken never to shock the patient. Sittings of twelve to fifteen minutes have given me better results than when longer continued.

Galvanism is used for its absorbent and electrolytic qualities; mild currents relieve pain, stimulate activity, promote circulation, and thus further absorption, as does faradism. The non-metallic positive pole for its anesthetic qualities; the metallic negative pole for its stimulating and alterative properties. Where absorbent action alone is desired, a cotton covered ball electrode is placed against the vaginal site and connected with the negative pole. A medium sized (6x8) dispersing electrode is placed upon the abdomen over the seat of the inflammation, and currents of from 20 to 60 milliamperes are used—the treatment to be continued eight to ten minutes, and usually to be repeated about every third day. The result is prompt relief of localized pain and reflexes, and diminution or dispersion of induration.

Coexistent ovaritis, salpingitis, endometritis and uterine hyperplasia also are amenable to electrical treatment. Negative electro-cauterization is here indicated—the metallic electrode in the uterine cavity; a large dispersing plate over the abdomen. The dosage should be between 30 and 80 milliamperes for three or four minutes. Treatment every third day, for five or six times, usually puts the patient in a much improved condition. Taking into consideration the important role of gonorrhea in the causation of many of these conditions and that the removal of the pus-forming micro-organisms is necessary to cure, I agree with the idea which Apostoli has brought out that "besides the well known electrolytic effect of the galvanic current, it is shown that large doses are powerfully antiseptic and that it sterilizes and attenuates pathogenic microbian cultures."

Essentially important in the care of these cases is quietude of both body and mind. Avoid the too frequent occurrence of that grand characteristic "worse on motion." Unceasing vigilance in this, together with the application of every proper hygienic measure which can be brought to bear upon the case, becomes at once our duty. Taking it for granted that the patient understands all these things and will "be good" means a delay and disappointment which might be avoided.

KLINIKAL KODAKINGS.

Senecio Aureus.

The efficacy of Senecio aureus in and its adaptability to the diseases of women and girls have recently been the subject of some experiment with Dr. C. M. Foss, Germany. In substantiation of the merits of the remedy he cites two illustrative cases, as follows: One, a girl of eighteen, was a chlorotic patient who had missed her menstruation for fifteen months. She suffered from a dry and irritating cough; pulse was accelerated by every exertion, running up as high as one hundred beats per minute. Headache, insomnia and constipation constituted a vicious trio of symptoms. The abdomen had become very greatly swollen within the last year. After six months of unsuccessful treatment Dr. Foss had a colleague see her in consultation. The colleague said that paracentesis was the only help. The abdomen was now as large as that of a pregnant woman at full term. Before operating resort was had to Senecio aureus, 10x. Improvement was almost immediate. The urine became plentiful; the menses returned, and all the other symptoms yielded to the restoration of the normal menstrual and kidney functions.

The second case was that of a girl of twenty-one who had been for two years in the hands of old school physicians, all of whom had about surrendered hope of her recovery. She was pale and anemic, the abdomen resembled advanced pregnancy; she was losing daily in flesh and strength, could sit up but little. The urine was at first scanty, and finally was suppressed altogether. Senecio aureus, in the tenth again, brought quick improvement and ultimate recovery.

A chronicler in the Allgemeine Homeopatische Zeitung, in discussing the above cases, takes occasion to remember our Dr. Hale as the early supporter of Senecio aureus, as of other remedies not generally accorded right recognition. According to the writer in the Allgemeine, it is one of the many new remedies of American physicians which were first brought out by Volke, then by the eclectics, and then by the homeopaths, under Dr. Hale's suggestion.

This effect of Senecio aureus upon the kidneys is supported by the provings of the drug, which give an increased, limpid urine, speedy and plentiful accumulation of same, as also decreased diuresis with dark urine, urination becoming daily more difficult —there being from the beginning of the proving to the fourth day only 240 grammes of dark urine, of a specific gravity of 1,025 to 1,040. Burning of the kidneys, with violent pain upon urination. Dysuria, strangury, hematuria. Experiment with the remedy at the bedside has shown it to render good service in dropsy with greatly reduced accumulation of urine, extreme irritability of the bladder, especially in the dysuria of women and children—the dysuria that follows mal-positions of the uterus. It is also useful in amenorrhea, dysmenorrhea, metrorrhagia, too long-retained or too profuse lochial discharges, in chlorosis and in leuchorrhea.

Raue gives the indications for this drug to be as follows: Abdominal dropsy with great increase in the abdominal girth; edematous swelling of the lower extremities; thin, dark urine, now and again changing to a profuse watery flow; pain in the region of the loins and in the ovaries. Suppressed menses with nervous irritability, insomnia, depraved appetite, coated tongue, constipation, constant feeling of weakness and indisposition toward exertion; these with severe pains in the back and shoulders are indicative of Senecio aureus. The more prominent symptoms in men—for Senecio has also a sphere of usefulness with the male sex as well—which suggest this remedy, are severe pain and heavy feeling in the left seminal string toward the testicles. The prostate increases in size and grows hard.

Help Wanted.

Mrs. L., forty-nine years old, has suffered since September, 1894, with heart-cramp. In the summer of 1894 she consulted her physician for too profuse menstruation and received from him some drops, of which she was to take thirty three times a day. Occasionally she forgot to take them, when she would afterwards, most improvidently, take a great many at once, sometimes turning up the flask and drinking from it. Her courses disappeared, but after a few weeks the heart-cramp set up.

It begins every time with stitching pains in the region of the heart, the pains gradually increasing until the patient screams terribly. When the pains relax the convulsions begin, with beating and terrible working of the hands, all the rest of the body remaining quiet and the whole body except the heart region being icy cold, while the heart works violently, ice-bags being frequently needed to allay the heat about the heart. When the seizure is over—it lasts from fifteen minutes to two hours—the patient struggles for breath, snaps at the air, must be turned over quickly and almost smothers. As the convulsions begin, first gradually but with ever increasing severity, she loses consciousness. Her physician gives her nothing but morphine.

I tried Aconite once, but I must confess that I could see no material help from it. Each attack seizes her when she is in the act of taking a quick breath, comes without cause, sometimes twice a week, sometimes three times; then, again, perhaps she will have an interval of rest for two weeks. The condition is a most wretched one.

The report of the patient's brother-in-law is also given as pertinent to the case: "My sister visited me today and though she looked well she complained of a peculiar headache which somewhat alarmed me so that I consulted a colleague. She has had these pains for several weeks—flitting for a time but now permanent. They begin in the nape of her neck, then from where the skull begins they spread over all the back of the head, over the crown and down to the eyes. They are not surface pains, but are inside and draw the head backward, so that the patient can scarcely hold her head in the right position, but is compelled to bend it back. It does not resemble the head pains brought on by excessive study, reading and writing, except that she must bend her head back and is unable to concentrate her eyes for a long time on any one thing. The feeling of something held fast in the head which falls forward when she bends she has not. Lying down does not relieve her; she constantly seeks for a comfortable place but finds none, and the pressure of the cushion is unbearable. I gave her a thorough examination and found no allied symptoms. The pains are present when she awakes, and subside most toward four o'clock after afternoon tea."

Can this be a reflex condition from the womb? During the last two menstruations she has had much more pain than she used to have—cramping pains, which I was able to relieve with Magnesia phosphorica.—Dr. Goullon-Weimar, Germany, in Allgemeine Homeopatische Zeitung.

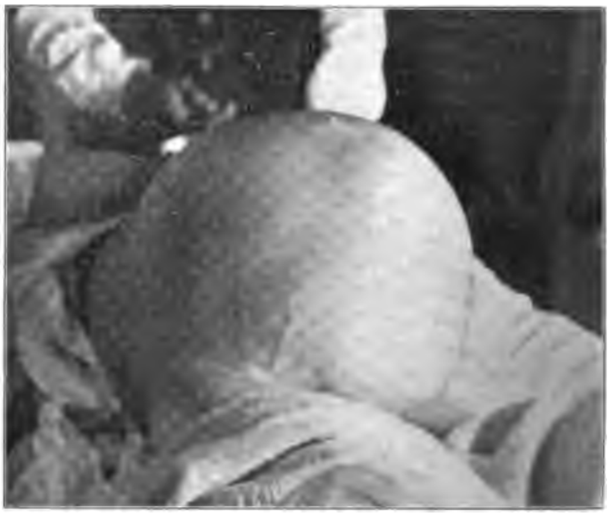
Gynecology.

OVARIAN CYST COMPLICATED WITH BRIGHT'S DISEASE.

BY J. C. FAHNESTOCK, M. D., PIQUA, OHIO.

Mrs. C—, aged thirty-two years, married, had two children, the youngest one seven years of age. Had always enjoyed good health until the birth of her youngest child. She was sick, weak, and felt bad all the time, with great distress through the pelvis, accompanied by constipation.

About three and one-half years ago the pain in the left ovarian region became very distressing, unfitting her for her household duties. In a short time she began to increase in size until her attending physician diagnosed pregnancy. All this time she was perfectly regular in her menstruation—which continued indeed up to the time of operation. She was also treated for dropsy, but was never informed what was the cause of this dropsy.



OVARIAN CYST.

I made a few visits to this lady and very carefully noted her condition previous to the operation. She was pale, anemic, and presented a perfect picture of arsenic poisoning, with pus in the urine and about twenty per cent. of albumen.

Diagnosis, Ovarian Cyst.—Upon being made acquainted with the diagnosis she immediately urged the removal of the cyst. The kidneys were in an advanced stage of Bright's disease. I told her that it might prolong her life and that she might die under the operation, but as she still insisted on its being done, she was accordingly prepared for it.

On the morning of May 18, 1896, the operation was performed. Dr. A. S. Rosenberger gave the anesthetic. I was ably assisted by Drs. Baker, Loy and Wolcott, also by Mrs. Fahnestock and Miss Young, the nurse. The operation was greatly prolonged, owing to the number of adhesions. Several hypodermics of brandy, and also one of Strychnia, were administered.

I found a multi-ocular cyst with adhesions on every side. The bladder, the omentum, large and small intestines, in fact the entire contents of the abdomen were adhered to the tumor. I worked rapidly for one hour and fifty minutes in its removal. The tumor weighed sixty pounds and I assure you that its removal greatly changed the patient's appearance. She had only weighed 128 pounds before the cyst was taken out.

She reacted nicely and was not troubled with nausea. Began to take nourishment the second day after the operation. Temperature never went above 102 2-5 degrees at any time and then only at intervals. Bowels moved naturally the third day, and she had no trouble with them at any time after the operation.

On the eighth day the temperature was 99 degrees in the evening. All this time the albumen and pus continued in the urine, never diminishing at any time. On the 15th of June I discovered an accumulation in Douglas' cul de sac, which was opened, liberating quite a quantity of bloody serum and pus. She then felt better, had no pain in the abdomen, the bowels were moving regularly and she had a good appetite. But the kidneys continued to grow worse; on the 17th she had a profuse hemorrhage from them and sank rapidly and died the next day.

Post-mortem showed the abdominal wound healed, the stump healed and perfectly smooth. The ureters were more than twice their normal size, kidneys one-third larger than normal and completely filled with pus cavities from the size of a millet seed to that of a filbert. Bowels perfectly natural, with the exception of two small adhesions. The remedies used in this case were Rhus tox, Arsenicum and Ferrum phosphoricum, but I relied chiefly on Arsenicum throughout the entire course. Had this case not been complicated with Bright's disease the patient would surely have made a brilliant recovery.

A CASE.

BY S. R. STONE, M. D., RHINELANDER, WIS.

A case recently came under my care which was to me very peculiar, as I have never seen anything similar in literature.

Mrs. H., aged 35, very slight of figure, mother of two children, flowed profusely at the time of and for weeks after the birth of each; had not menstruated for three months when she was taken suddenly with flooding while away from home. I saw her soon after. She was having severe pains and losing blood continuously. The vagina was thoroughly tamponed with gauze and Secale given. In the morning she was comfortable, but owing to a lacerated perineum the tampon had passed out, leaving in the vagina a body very nearly the size and form of a normal uterus after the cervix is removed. Upon examination it proved to be composed of tissue closely resembling placental tissue. It contained about a dram of watery fluid. As nothing more passed I concluded I had a perfect cast of the uterus. Crocus sativus was indicated for her hemorrhage, which was profuse. It controlled it nicely in the 200th. She recovered with no untoward symptoms in a few days.

Materia Medica.

STIGMATA MAIDIS.

BY J. H. COOK, A. M., M. D., NEW CARLISLE, OHIO.

Synonym, corn-silk; part employed, the fresh green pistils.

This drug, to the best of my knowledge, has never been proved, nor are many clinical symptoms recorded, but it will as richly repay the careful clinician as any drug in the materia medica. Although of vegetable origin neither Goss nor Locke, among the eclectics, mention it nor can I find anything concerning it in Hale's New Remedies. Farrington compares it with nothing, Burt and Cowperthwaite are silent concerning its virtues. Even Allen in his Hand-book finds no place to even mention it.

My first knowledge concerning it was obtained from Arndt's System of Medicine where Hale refers to it as a sedative remedy in irritable conditions of the whole urinary tract, and one of the most potent remedies in irritable conditions of the ureters, bladder and urethra, and also as a powerful diuretic in renal disorders unconnected with cardiac derangements. Dr. Dupont has studied its action on the heart and reaches these conclusions:

First: It renders the heart's action slower and stronger.

Second: It regulates the rhythm.

Third: It's diuretic action is manifested first.

Fourth: In cardiac affections with edema of the lower limbs and general dropsy its beneficial action is most prompt and evident.

Fifth: While the dropsy diminishes and often disappears, the arterial tension increases, and the venous tension diminishes. The general condition becomes decidedly improved but it does not remove the dyspnea. In hypertrophy and stenosis Stigmata always produced good results.

This evidence does not seem to have been followed up, for Goodno does not recommend the drug, and even Hale himself in his latest work only speaks of it in connection with diseases of the urinary organs, where he mentions it, together with Hydrangea, as being one of the best palliatives of the agonizing pain in cystitis, and also calls it one of the most potent physiological sedatives to the bladder. Parke, Davis & Company have a little brochure of seventeen pages in which clinical reports of thirty-two cases of heart and urinary diseases are reported treated with Stigmata with splendid results. They speak of it as a demulcent and diuretic in catarrhal inflammation of the kidneys and bladder, in which the urine exhibits a strong ammoniac odor and with heavy morbid deposits which were speedily relieved by the administration of corn-silk.

Clinical Case.—That it will go even farther than this I can testify from the following clinical case: Ever since the first of last May I have had under my care a gentleman aged sixty-three, large, florid and robust in build. Temperate in all things. Never had but one spell of severe sickness, which was eighteen years ago; was taken with chilliness, fever and aching of the head, followed by frequent calls to urinate, together with intense pain and burning, the result of cooling off too quickly while perspiring. Accompanying this condition were intense prostration, intermittent pulse, dyspnea, etc.

Examination of the urine showed the presence of blood which soon gave way to a large, flocculent deposit of mucus and pus. Specific gravity 1010, heavily loaded with albumen. Great tenderness over the entire abdomen but especially in the region of the ureters. Under the indicated remedies he would improve for a few days, then stand still a day, and then a slight chill would be followed by fever, and the same old train of symptoms would return. I gave him everything in the materia medica that seemed indicated. I followed Goodno in giving Boracic acid and Hale in giving Salol. The dry tongue I moistened by having him drink hot Buchu tea, but that was all it accomplished. I washed out the bladder and even tried Sanmetto. I called to my assistance the best eclectic and homeopathic counsel I could procure in Springfield, and was in almost daily correspondence with my homeopathic counsel for nearly two months, but in spite of it all and do what we could, try what we would, he made no material gain. After we had done everything thus far I sent and had a microscopical examination made of the urine, which resulted in finding pus cells and granular epithelial cells in abundance and albumen still present. I was completely discouraged, and in sheer desperation began giving a teaspoonful of fluid extract of Stigmata maidis every four hours. In less than a week perceptible improvement set in, which has continued up to the present. First, the specific gravity increased, then the albumen disappeared, calls to urinate, which had been almost every forty-five minutes, lengthened so that now he has to get up only once or twice during the night, mucus and pus have disappeared. His appetite is splendid; he is taking on flesh, has a good color and while there is still some tenderness over the abdomen he rides around and attends to his business nearly as well as of yore. Restful sleep has taken the place of long wakeful nights. The heart's action seems as good as ever and while I do not consider him entirely cured, yet his condition today is much better than I ever expected to see or my counsel had predicted. That there was an inflammatory condition of the entire urinary channel including kidney and ureters and bladder there can be no doubt. Nor is there any doubt in my mind that Stigmata was the remedy, although given in physiological doses.

Why did I give it in such large doses? Because that was the dose prescribed in the similar cases which I had seen reported as cured with the remedy, and if I was going to give it a fair trial I had to give it in the same dose as those who reported benefit from its use. I believe it will act well in the lower dilutions, but even if it does not we cannot afford to throw it aside and refuse to prescribe it because we have to give it in appreciable quantity.

LAC CANINUM IN DIPHTHERIA.

BY PHILIP RICE, M. D., MARENGO, IOWA.

Lac caninum is a remedy of undoubted value, though not very thoroughly understood and consequently not very extensively used in this dread disease. And since a proving has never been made, and since we have to depend entirely upon clinical reports I feel it my duty to report a few cases in which a clear demonstration of the value of the remedy was made.

Case I. — Bruce McG., aet. 15, dark hair, gray eyes, spare habit, rigid fibre, nervous, quick, active, called at my office in the evening complaining of sore throat, worse on right side, and on swallowing. Headache dull and heavy, slight fever. Inspection revealed tonsils and fauces congested and angry looking. On right tonsil a patch of membrane the size of a split pea was seen.

Lycopodium 30x was given. The next morning the entire trouble seemed to have gone to the left side; with it had come, also, stiff neck and tongue; profuse flow of saliva; temperature 101 F. Membrane somewhat larger. Mercurius ruber 30x was given. In the evening the trouble was worse again on right side, the membrane now entirely covering both tonsils, temperature 102 F. Limbs ached, back ached, and patient was restless. Remembering the symptom, "membrane alternates between right and left sides," and this having been so characteristic, I gave Lac caninum in the 30th potency. Improvement began immediately and at the end of the third day the membrane was entirely gone and case discharged as far as medicine was concerned.

Case II. — Louisa McG., aet. 13, in temperament exactly like her brother, the preceding case. Was irritable and listless for two days, but owing to the fact that the Fair began in a few days, to which she was determined to go, she did not complain. The third day, however, her mother noticed that she was truly sick and, there being a number of cases of diphtheria in town, looked into her throat. She found both tonsils covered with a membrane. I was called and as no other symptoms could be elicited I gave Sulphur 30x and told them I would call again in the evening, which I did and found symptoms rapidly developing. Aching in all the limbs ; headache; pain in the throat on swallowing; worse on the right side; neck and tongue stiff; membrane just the same. Temperature 101.5; same remedy continued.

Next morning the membrane was the same, pain now in left side, throat internally and externally edematous, fauces and uvula glossy or varnished in appearance. Temperature 102, urine scanty, no thirst. Apis 30x was now given. In the evening pain back in right side again. Temperature 102.5. Membrane spreading; stiffness of neck and tongue more marked and saliva profuse. Not having seen the case till the membrane had quite generally formed, but the patient being in temperament like her brother and the pain shifting from side to side, as in his case, I decided to give her Lac caninum. Improvement began immediately and at the end of four days the membrane was entirely gone.

Case III. — The servant girl in the family where cases one and two had been, Anna B., aet. 17. In temperament the very opposite to the other cases, being fat, fair and flabby. Complained of pain in right side of throat on swallowing, neck stiff, tonsil slightly congested. Felt as if she had a bad cold. Advised her to come to the office and get some medicine. She had, however, some "dope" on hand and said she guessed she would take that first. Next evening I was called and found her with throat much worse. Membrane covering left tonsil entirely, also a narrow strip of membrane on posterior wall of pharnyx, pain in left tonsil on swallowing, neck and tongue stiff, saliva quite profuse. Temperature only slightly above normal. Lac caninum 30x was given. Patient never went to bed and at the end of the second day no trace of membrane could be seen.

Now, the symptoms common to all three cases and the only ones characteristic in each case were, first, both pain and membrane shifting from side to side; second, stiffness of neck and tongue; third, profuse saliva; fourth, aching in limbs marked; fifth, entire absence of prostration; sixth, character of pain was "as if throat was burned or raw." Now, the question will arise in the bacteria man's mind, was this real diphtheria; were the German's bacteria present? I will answer candidly, I don't know; I never looked for them. This kind of work in this present epidemic I have left entirely to my allopathic friends, as well as the exclusive right to use antitoxin. From the result of their work and from the increased income of the undertaker I judge that the required bacteria for diphtheria were out in full force and antitoxin in no force at all. Obtaining the similimum in a given case is of greater concern to me than the advancing of so called science, and where I have it I need no antitoxin nor gargles nor any one or other of a thousand lauded nostrums. My way may not be eminently scientific but it proved to be wholly satisfactory in these cases I am told.

Neurology.

THE STRANGE CASES OF JEROME C. PATTERSON AND OSCAR BERG.

BY C. L. THOMPSON, M. D., MUSKEGON, MICH.

Case of Jerome C. Patterson.—Doubtless the readers of the Medical Century have become more or less acquainted with the case of Jerome C. Patterson, of Chicago, through their newspaper reading, but as a preliminary to a case in my own practice, which I shall recite, a brief resume of Mr. Patterson's case may not be amiss. About fourteen weeks ago Mr. Patterson dived from the pier at Manhattan Beach, which was five feet above water, and the water beneath which was supposed to be six feet deep. His head struck the bottom and he at once found that he had lost all use of the muscles of his arms and legs. After the man was rescued by his companions, who, seeing that something was wrong, quickly went to his relief, he was taken home and the family physician was called. An examination revealed no mark or contusion on the head and the skull was unfractured. Evidently the terrific injury sustained had been wholly through the jar to the spinal column. The physicians in charge and in consultation prognosed death within a few hours. Among others who saw Patterson was Dr. Senn. However, the patient did not die as his doctors prophesied; instead, he withstood an attack of inflammation which came on subsequently, and then a siege of fever, and at this writing is still alive, with a hearty appetite and his mental faculties in good condition. Nothing to better his condition seems to have been done so far, although his physicians are hoping that eventually the case will clear up, and that they may hit upon something beneficial.

Case of Oscar Berg. — On August 7th, 1896, (about the time Mr. Patterson was injured), Oscar Berg, of this city, a strong, healthy boy of fourteen years, was bathing in Lake Michigan with some companions, when they all thought a dive from the boathouse steps would be the proper thing.

Oscar went down head first into about four feet of water, striking his head on the sandy bottom, completely paralyzing him from his chin to his toes. He could talk, drink and eat as well as ever, but not a muscle could he move. I ordered vigorous rubbing and hot applications to the spine, and gave Hypericum 3x and 30x every hour in alternation. The next morning I had him taken in a carriage to his home, a distance of six miles, and called two physicians in consultation. We decided that his chances for living were very poor. In fact, one physician said that he could not live more than two days. Pulse at this time was 138; temperature, 105½; respiration, 40. Gave Aconite and Hypericum 3x every hour alternately, and applied cold to spine and head. The fever continued fourteen days. On the ninth day inflammation of the bowels and bladder set in, accompanied by obstinate constipation and retention of urine. The abdomen was enormously swollen and very painful. I met these conditions with such remedies as Lycopodium, Arsenicum album, Terebinthina, etc.

On the fourteenth day there was a collapse. The temperature went down suddenly to 97 2-5 degrees, pulse very weak and 48, respiration 14. Gave Camphor 2x every half hour and injected hypodermically two drops of Glonoine 2x to stimulate the heart. He remained in this condition twelve hours, when I had the pleasure of seeing him rally a little. I then gave Causticum 6x and Hypericum 6x, and used the galvanic current to spine and a mild faradic current to legs and arms. I followed this treatment for five weeks before I could see any improvement, and then only a slight motion of fingers and toes of left side. Have continued the use of the battery, given Gelsemium, Hypericum and Causticum, and for the past six weeks have had him take massage daily. The shrunken and useless muscles are gradually regaining their normal condition and the patient can walk about the house by pushing a chair in front of him or by having some one steady him; he is getting fleshy and feels as well as ever. The right foot is inclined to drag a little when he walks.

Whether or not he will fully recover time alone can tell.

Mercurius Nitrosus.— Gonorrhea, when there is characteristic mercury discharge and frequent burning, sticking, itching on corona glandis and in the sulcus coronarius. It is also at the same time applied as an injection. Mucous papules with sticking pains and dry vegetations. Pustular syphilides. Old and malignant cases of lues. It may always be applied externally at the same time.—Homeopathic World.

Pathology.

ANALYSIS OF GASTRIC CONTENTS IN DIGESTIVE DISORDERS.

First Paper.

BY G. W. HOPKINS, M. D., CLEVELAND, OHIO.

In the accurate diagnosis of obscure cases of digestive disorders perhaps no one agency is more valuable than the chemical analysis of the gastric contents under proper conditions. It quickly and thoroughly settles the diagnosis beyond reasonable doubt and is so simple in its application that it should be much more generally employed.

Method.—Preparatory to removing the gartric contents it is necessary to give a test meal, such as Ewald advises for breakfast, consisting of a roll of bread and a glass of water or cup of tea without milk or sugar, to be taken on an empty stomach. An hour later, while digestion is at its height, a portion of the gastric contents is removed for analysis. One method of doing this consists in having the patient protrude the tongue, when the tip of a soft rubber stomach tube, which has been lubricated with milk or water, is put back upon the dorsum of the tongue until the pharynx is reached, when the patient is instructed to swallow repeatedly until the tube is in the stomach, which will be indicated by the mark on the tube reaching the teeth. The contents are then removed through the tube by expression or aspiration.

Another and better way consists in using Einhorn's stomach bucket, instead of the stomach tube. This consists of a hollow cylinder of silver about an inch long and a half inch in diameter, with an opening at the top, and an arch to which a thread or string is attached. This little bucket is pushed back on the tongue until almost in the pharynx and the patient is instructed to swallow. In one or two minutes the bucket enters the stomach, the fact being indicated by a knot which has been made in the thread at a point sixteen inches from where the bucket reaches the teeth. At the expiration of five minutes the bucket is withdrawn by traction upon the thread. Usually a little resistance is felt to the exit as it reaches the introitus esophagi, but this is easily overcome by having the patient swallow. Unless the stomach is empty the bucket returns filled with gastric fluid. This is then filtered and the filtrate should normally be of a clear yellow or yellowish brown color, containing free hydrochloric acid, pepsin and rennet, but not enough lactic acid to be shown by ordinary tests.

The stomach bucket of Einhorn has many advantages over the stomach tube for this kind of work, among them being the greater ease of introduction and the greater cleanliness of the operation. I have repeatedly introduced the stomach bucket in nervous, sensitive women, without any protest from them, but the introduction of the stomach tube is usually very disagreeable and liable to produce vomiting unless patients are accustomed to it from its frequent introduction for lavage.

The Analysis.—By the use of litmus paper we first determine the reaction of the specimen secured. If acid, we then determine whether free acids are present or only acid salts. For this purpose congo paper is employed. Free acids, when present, turn it blue, otherwise it is unchanged in color. If free acids are present, the next step is to determine whether hydrochloric acid is present, and if so, in what quantity. For this purpose Guenzburg's solution is employed and consists of vanillin one part, phloroglucin two parts, alcohol thirty parts If one drop of the gastric contents be thoroughly mixed in a white porcelain dish with one drop of Guenzburg's solution, and heated to evaporation over an alcohol lamp, a cherry red spot will be left upon the dish if the slightest trace of hydrochloric acid is present. Normally the stomach contents can be diluted eight or ten times with water and still give this Guenzburg reaction. If it cannot be diluted over five times and still secure the reaction we have a case of sub-acidity to deal with. If it can be diluted twelve or more times and the reaction be still secured the case is one of superacidity. If the first test shows entire absence of hydrochloric acid of course the case is one of anacidity.

As pepsin and rennet usually accompany each other it is customary to test for only one, preferably rennet. This is easily done by mixing two drops of the contents with two cubic centimetres of milk and keeping in a warm place for ten or twenty minutes when, if the rennet ferment is present, the characteristic curdle, in one mass, will have taken place.

In testing for lactic acid, Uffelman's reagent is usually employed. This is made by adding one drop of pure carbolic acid to five drops of a dilute solution of neutral ferric chloride, and then adding water until the solution assumes an amethyst blue color. A small proportion of lactic acid added to this solution gives a bright yellowish color. Unfortunately phosphates, alcohol and sugar, when present, give the same reaction, and in order to avoid all possibility of mistake it will be necessary to shake ten c. c. of the filtrate with several portions of ether, removing the latter and evaporating to dryness. A watery solution of the residue is then made and tested for lactic acid, the presence of which is pathological if found over an hour after a meal.

Clinical Significances.

Acute Gastritis.—Here the vomitus shows absence of hydrochloric acid, presence of lactic acid and great increase of mucus.

Chronic Gastric Catarrh.—In these cases hydrochloric acid is slightly increased; acidity diminished; much mucus; rennet ferment present. In a few very severe cases rennet and hydrochloric acid are temporarily absent.

Gastric Ulcer.—Hydrochloric acid is here increased, as are also the pepsin and rennet, and usually the acidity is similarly increased.

Cancer.—This is characterized by the complete absence of hydrochloric acid, the presence of lactic acid and, usually, the absence of rennet. The chyme is commonly found in large pieces in these cases.

Achylia Gastrica; or Atrophy of Gastric Mucous Membrane.—Here we find complete absence of hydrochloric acid, rennet and pepsin.

With a little study and practice any practitioner can soon acquire the necessary skill to practice these methods successfully, and their importance can hardly be exaggerated. Personally, I have seen numerous cases of digestive derangement which had long baffled the skill of excellent diagnosticians and prescribers brought quickly to a successful issue after the diagnosis has been corrected by analysis of the gastric contents. Cases which had been suspected of malignancy and so diagnosed have frequently been clearly shown by these methods to be severe cases of gastritis and under appropriate treatment have been greatly benefited. On the other hand, cases which have been diagnosed and unsuccessfully treated for gastritis or some similar disorder, have been shown by these methods to be malignant long before the physical signs were characteristic of the disease. The time required for making these examinations should not exceed fifteen or twenty minutes, and the results are such that it would pay to employ them in all obscure or complicated cases of this class even if it took several times as long and were much more difficult than it really is.

Ophthalmology.

REFRACTIVE ERRORS AS A CAUSE OF HEADACHE.

BY H. A. NOYES, M. D., MOUNT CARROLL, ILL.

A failure on the part of most physicians to give this important subject due recognition prompts me to present a few thoughts under this head for consideration. If the average general practitioner is guilty of the sin of omission in any particular field of his work more than another, I believe it is to be in his neglect to recognize the proper relation between errors of refraction and the various nervous reflex conditions resulting therefrom.

More than this, it is a lamentable fact that a large percentage of physicians seem content with a very superficial and vague knowledge of the eye, looking upon it as being almost outside their sphere of action and as an organ of minor importance when considering treatment of the different disease conditions of the body. The reason for this is not very clear, but the truth of the statement I am forced to admit, after a somewhat extended observation in this direction over a period of eight years, during which time it has been my privilege to make the acquaintance of a large number of physicians, many of whom can testify to the value of corrected defects, and the relief of over-strained accommodation through the lenses I prescribed for them.

The relation between eye-strain and the various nervous derangements so often met with has claimed the attention of our ophthalmologists to a certain extent during the last few years, and it is very gratifying to note that the general practitioner is coming more and more to appreciate the benefits to his patients and the advantage to himself accruing through a careful investigation of this relationship. The importance of the question has become such that no physician's education is finished, nor his armamentarium complete without the knowledge and means necessary to ascertain the refraction of an eye. Not that every physician should become an oculist, but the laws of refraction and accommodation, the intimate relation between the two and a correct interpretation of those reflex phenomena resulting from an abnormal state of the eye should be comprehended to such extent that they may be either properly treated or referred to one who does special work in this line. It is not uncommon for patients affected with errors in refraction to overcome this defect by means of accommodative effort, and this constant tension of the muscles in many cases results in severe headaches which sometimes exist for years, resisting all treatment until proper glasses are prescribed, when, the cause being removed, the obstinate headaches disappear. While the writer would not in the least underestimate the value of symptoms with reference to the application of remedies according to the law of Hahnemann, he is convinced that much valuable time is lost in searching our materia medica in treating cases of neuralgia, sick-headache, vertigo and kindred ailments, when a corrected optical defect would insure a speedy cure. We must remember that the special sense of sight is constantly in use, excepting during the hours of sleep The normal eye makes visual impressions without any muscular effort, when objects are twenty feet or more away.

In marked contrast is the ametropic eye, which has no rest while the body is awake. It is always under exertion to bring images of objects seen upon the retina.

The intimate relation between the fifth, seventh and sympathetic nerves through the media of the optic, ciliary and Meckel's ganglia, affords us an explanation of symptoms of sick headache, which are ofttimes reflex in character and due primarily to some ocular defect.

As a practical illustration of the pernicious effects of eye-strain, let those whose eyes are normal wear for a few minutes a pair of glasses of medium strength, and the pains in the head, dizziness, nausea and other disturbances will be sufficient evidence to convince the most skeptical. Unfortunately, the general public, and, I am sorry to say, some medical men, hold a prejudice against the use of glasses, regarding them as something to be avoided when possible. It is difficult to fully estimate the harm resulting to the community at large from this wrong and unreasonable prejudice. No less an authority than Dr. Ranney, of New York, says: "Thousands of sufferers from sick-headache and neuralgia are today struggling along through life with an optical defect uncorrected and, in many instances, after costly experimentation with drugs and doctors, are left in despair of a cure." The same author is very emphatic in his belief that the gastric symptoms which accompany typical attacks of sick headache are not to be explained on the ground that the "liver is inactive," etc., but rather as a result of strain upon the eye.

Of the different visual defects which figure in the etiology of headache, hyperopia stands foremost, astigmatism next, while myopia and asthenopia are of minor importance in this respect.

As supplemental to what has already been said, permit me to call attention to a few cases:

Case I.—Miss W., aet. 30, had been under my care for several weeks for the treatment of different chronic conditions, the most prominent of which was frontal and temporal headache, usually coming on during the forenoon, growing more intense toward night, and especially aggravated by use of the eyes for near work, also by walking, riding or attending a public gathering. Relief not being found through well selected remedies and the eye condition being looked upon as a possible source of this obstinate neuralgia, an examination of the eyes was made. It revealed quite a marked degree of hyperopia and hyperopic astigmatism. For the right eye I prescribed + 1.50 D. spherical, combined with + 1.25 D. cylindrical, axis 90 degrees; and for the left, + 1.50 D. combined with + 1. D., axis 90 degrees. During the three years which they have been used she has found marked relief; in fact, most of the time is entirely free from headache.

Case II.—Mr. B., aet. 18, consulted me a few months ago, complaining of "dull, pressing pain," confined mostly to the top of the head, from which he had suffered for several years, especially aggravated when in school—but very little of the time was he entirely free from it. In seeking a cause for this in a patient robust and healthy in other ways, an examination of his eyes under the use of atropine for three days revealed a defect similar to that noted in the preceding case, but of a less degree. The proper sphero-cylindrical lenses were ordered, and he is now relieved of the headache.

Case III.—This case illustrates the necessity of correcting even the slightest degree of astigmatism. Miss A., school teacher; sight of right eye lost by a penetrating wound when a child. Examination of left eye showed vision 20-20, and she was advised to defer the use of glasses, but the headaches, pain and sense of fatigue in the eye, for which she sought relief, continued, and upon making a subsequent and more searching investigation, a slight degree of latent astigmatism was revealed. A + 50 D. cylindrical lens corrected the defect, and accordingly was prescribed, with a plain glass for the other eye. This patient has been under observation for several months now, and she is free from the unpleasant symptoms mentioned above.

Did the scope of this paper permit, many more cases might be cited, but these suffice. While it has been the experience of the writer to find symptoms peculiar to the individual case, there are a few common to nearly all, among which might be mentioned deep-seated pain in or back of the eyeballs, frontal and temporal neuralgia, blur and weariness after continued use of the eyes. Headache brought on by attending public gatherings or sight-seeing is a valuable symptom.

While correction of the different visual anomalies brings comfort and relief to many aching heads, it is by no means a panacea, but in our efforts to make smooth the asperities of human existence, we should not forget the possible good from the use of carefully prescribed lenses.

"SOMEBODY BLUNDERED."

BY J. S. H. POTTER, M. D., HAMILTON, OHIO.

Perhaps an experience of mine on the 17th of last July would be interesting to some of the readers of the Century. As I was about to sit down to dinner two men came into my office, the older some thirty years of age and quite intelligent. His right eye was tied up and from the facial expression I saw he was in pain. In answer to the question, "Something in your eye," he replied, "I think so." "How did you get it there? When, and what has been done for it?"

"Five days ago while grinding a tool on an emery wheel something flew into my eye. One of my fellow workmen tried to locate it, but could not. I then went to the firm's physician (who, by the way is an allopath) and he almost set me crazy by wiping around in my eye but said he took the object out. It grew worse after two days' treatment, and I went to another physician (a homeopath, I am sorry to say). He examined it and told me to go home and put a bread and milk poultice on it and report on the morrow. The next day and still the next he continued the poultices, and last night I concluded to go to Cincinnati to consult an oculist, but stopped off here to get my friend to go with me, and he advised me to come to you." (I forgot to say he lived in a small town near Hamilton.)

I was now ready to examine the eye. I suspected a piece of steel or emery on the cornea and I was not disappointed. It was there—and more too, a pale yellow ring around it showed that it would be soon sloughed out. I cocainized the eye, 4 per cent solution, and went to dinner. Came in shortly and removed the steel with a small spud without the slightest pain, of course. I prescribed locally Aconite, one drop; aqua dist., two ounces. Sig: Two drops every four hours. Internally, Aconite 3x. Sig: Two doses every two hours. He went to work in three days and his eye was perfectly clear in two weeks. His eye was very much engorged with blood and terribly painful to the impression of light when he came to me. The first physician did not so much as cocainize before manipulation and the second, a man of twenty years' experience, and above all a homeopath, poulticed it!

I am a young practitioner of two and one-half years' very limited experience, but I cannot conceive of a case where a poultice would be indicated on an eye. This eye was saved, but I heard of one yesterday that was not, which, more particularly, prompted me to write this article. My wife called on her cousin in a village near here yesterday, and while there her cousin deplored the great misfortune of her neighbor's little son. He had some eye affection, I know not what, but the family physician poulticed it with something, and the agony of that child was terrible. The parents after a few days consulted Dr. Sattler of Cincinnati. I can imagine Dr. Sattler's disgust when he heard of the poultice. Perhaps the child would have lost his eye anyway, but Dr. Sattler thinks not. I am of the opinion that he is a competent judge. The eye the second day sloughed entirely away.

It is this gross ignorance on the part of the general practitioner that allows to the specialist all of the large fees. A man is willing to pay a good fee to have his eye saved. I would say, if you don't know the delicate anatomy of the eye and won't study it send your patient to some one who does, but for the sake of humanity don't poultice it, or you will soon have the eye on your patient's cheek.

Mercurius Tannicus.—A good preparation for syphilis, if the patients suffer from gastro-intestinal disease, or if they are very sensitive to stronger preparations of Mercury.

Correspondence.

OUR PITTSBURG CORRESPONDENT IN LONDON.

Dear Medical Century:

I have but little about which to write this time. Not because I exhausted myself in the work on that "Congress Special," but because everybody is or has been away for a holiday—that is everybody in whom your readers would be particularly interested. The holiday forms a very important part of the year's routine of the London physician. He drops all his work and goes off for a six weeks' or two months' stay on the continent or among the lakes of Scotland—and then thinks he ought to have a couple of weeks more. I cannot imagine the average American physician going away for six weeks every year. I rather fancy his patients would go, too, and their holiday from attendance at that physician's office would very likely be a perpetual one. But it is done here and the patients seem rather to like it. Of course work at the Homeopathic Hospital goes on as usual. There is always some one to fill the temporary vacancy.

That " "Congress Special," by the way, has taken very well. I have received a number of very congratulatory expressions directed to the Century for its enterprise. To all I answered that the Medical Century aims to stand at the head—to lead rather than to follow the procession. Some day, perhaps, it may have an European, as well as a New York and a Chicago center. Why not?

Even the society—that wonderful British Homeopathic Society—takes a holiday—only its holiday lasts four months. No meetings are held in July, August, September or October. I expect to send you a long report of the November meeting. There will be three papers and the discussion will, I am sure, be worth sending across the nearly four thousand miles which separate us.

Apropos of the paper on Mammary Cancer by Mr. James Johnstone, which was read at the Society's last meeting and which I sent you, there was a wonderfully unanimous expression of opinion on the part of those who took part in the discussion in favor of an early operation. Mr. Johnstone was quite prepared to have his paper torn to tatters by some of the more enthusiastic therapeutics, but their accord with his conclusions was, as I say, almost unanimous. The Society as a whole has not for a year or two had an opportunity of giving such a definite opinion on a definite issue (viz: Drug or knife in cancer) and the result was an advance that the most sanguine pioneer in surgery could hardly have expected.

The staff of attending physicians of the hospital are preparing to make a very vigorous effort to place homeopathy on a proper standing in this great community. Perhaps I ought to say a broader standing. When you consider that in London—with its population of five millions, there are only one hundred homeopathic physicians, you can judge what an enormous field is unoccupied. The great reason for this is that every man who wishes to practice medicine must first obtain a degree and a license from the hands of our friends the enemy. This of course necessitates the attendance on their medical schools and that seems to be the fatal move. No matter how very strongly a man may be grounded in his faith in the "similars," he is very apt to fall by the wayside during his course through the "regular" colleges. So it is that while many men start out in their student life expecting to round-up as homeopathic practitioners very few carry out their intentions.

Now it is proposed to establish a regular school in connection with the hospital, and I have no doubt but that it will prove a success—though there will be many discouraging obstacles in the way, and the promoters will have need of a very large stock of patience before success crowns their efforts. I hope in a future letter to be able to give details as to the plans for the school. J. Richey Horner, M. D.

London, October 12.

FROM SAN FRANCISCO.

Medical Century:

The sensation of the day in homeopathic circles here is the arrival of a most distinguished visitor, Dr. C. E. Fisher, your able and honored editor. Those of us who were anticipating a visit from the Doctor expected to find him, after his recent attack of typhoid fever, a rather long, lean, lanky semi-invalid—perhaps cross and irritable, with no eye for the beautiful nor desire for the pleasures of everyday life. We have been most agreeably disappointed, however, for we find him a very good specimen of hearty manhood, pleasant and affable to a high degree, with an eye keenly alive to the beauties of nature and all his surroundings—his characteristic symptoms displaying a genuine weakness for "football," with great desire for witnessing physical culture (?) performances, and disgust for "foul blows." The one missing link in his entire make-up when he reached this port was "kodak films," for which he suffered intensely for some time, but after a diligent search over the entire city for the desired article, he found what he wanted in a little store, directly opposite the Palace Hotel, where he is located. Since leaving home the Doctor has gained in avoirdupois until at present he claims to be within two pounds of his normal weight. He is, however, troubled with some strange vagaries, notably a slight fluttering of the heart, but we hope to have him entirely cured before he leaves the Golden Gate. All of the profession seem glad to see the Doctor, and it is a gala time with us. Nice little dinners are the order of the day, with many side issues in the line of entertainment in honor of our welcome guest. On Thanksgiving Day and the following Sunday delightful dinner parties were arranged for him by Dr. and Mrs. C. B. Currier. The Drs. Ward entertained him at dinner another evening. Dr. George H. Martin gave a dinner in his honor at the Palace Hotel, Drs. C. B. Currier, William Boericke, James W. Ward and George H. Palmer completing the party. The Doctor is not forgetting professional interests during all this gaiety, but is observing closely the medical world on the coast, and is an enthusiastic attendant at many operations performed at the Sanatorium by the Drs. Ward and Palmer. He took a trip today down to San Jose, where he is to be dined and wined by others of the profession, a special dinner to be given tomorrow evening by Dr. William Simpson, to which a number of San Jose physicians are invited. He will return here the following morning, and it is whispered that other little social functions are in course of preparation for him.

The regular course of lectures of the training school for nurses at the Sanatorium was commenced on November 17th, the course consisting of thirty-four lectures within a term of six months. The directors of the institution will be the only teachers, but the curriculum of study will be as complete and thorough as any such school requires. The main divisions of instruction are as follows: Diseases of the Nose and Throat, Dr. C. B. Currier; Obstetrics, Dr. Florence N. Ward; Surgery, Dr. George H. Palmer; Diseases of Children, Dr. William Boericke; Gynecology, Dr. James W. Ward; Mental and Nervous Diseases, Dr. George H. Martin.

Dr. William Boericke's latest addition to homeopathic literature, "Principles of Homeopathy," is concise and clearly written, and is decidedly characteristic of the author's method of teaching. The list of references and books for further study at the conclusion of each chapter is particularly valuable, and shows the labor that has been bestowed in grubbing through the sordid clay of medical literature to discover the keynote for student minds. This little compend certainly has the qualities which mark it as essential to permanent homeopathic literature, and we are proud of our California author and teacher.

Dr. George H. Martin, in pursuing his studies on criminology, recently visited the State prison at San Quentin, in order to investigate the management of the institution as to the classification of the criminals therein, and also as to the system of measurements for anthropological studies which is used there. But few physicians in the country are giving any attention to the study of criminology, and it is hoped that the investigations of Dr. Martin will be of service to the state and to society, as he is giving considerable attention to this branch of sociology.

Dr. Eleanor F. Martin has lately been translating from the German medical journals for the Pacific Coast Journal of Homeopathy.

Dr. Clarence D. Potter, class of '96 of the Hahnemann Hospital College of San Francisco, after a post-graduate course of study in New York, has located in San Francisco, in the office of Dr. C. B. Currier, his preceptor. Dr. Potter is but one more of the large number of students that Dr. Currier has launched upon the field of homeopathic practice, many of whom have attained eminence in their chosen calling throughout this broad land. Dr. Potter will assist the Doctor in his specialty of diseases of the nose and throat.

Dr. Joseph S. Brooks, class of '95, of the Hahnemann Hospital College of San Francisco, has returned from a course of study in the New York Post-Graduate School and Hospital, and will locate here for general practice and surgery. Dr. Brooks is a nephew of Dr. Sidney Worth, and it is hoped that he will be as successful in the profession as his uncle has always been.

Dr. William Simpson was up from San Jose a few days ago to attend a special exhibition of the X-ray, conducted by Dr. Jones, the specialist of the coast in this work. A number of the professors of the Stanford University were also present.

Dr. Ida V. Stambach, of Santa Barbara, was in the city recently on professional business.

Dr. H. Nevins, who some time ago went to Waco, Tex., to locate, has returned to the coast, having found but a poor opening in Texas. The Doctor has now located in Oakland.

Dr. C. A. Wayland, of San Jose, has taken as his professional partner Dr. Charles H. Walker, of the Hahnemann of Philadelphia '94.

"Jack Robinson."

San Francisco, December 3, 1896.

ST. LOUIS NEWS-LETTER.

A second appeal from the business manager of the Medical Century has aroused my latent energies and awakened me to a sense of my derelict conduct in the matter of furnishing news items of interest to the medical fraternity from the "Future Great" by the Father of Waters.

We are all here just as of yore, and most of us are pretty busy, but despite the promises of the "sound money men, irrespective of party," that prosperity, peace and plenty would hover over the land, as yet but a gentle zephyr hath visited this community, at least the medical end of it.

Dr. Lizzie Gray Gutherz has removed her office and residence to 3689 Olive Street.

Dr. D. M. Gibson, after a protracted illness and absence from home, has returned and is again in active practice.

Dr. Clara L. Russell has gone to Hot Springs, Arkansas, for the winter. The Doctor will combine interests of health and business on the trip.

Dr. W. John Harris has removed his residence and office to 3514 Lucas Avenue. Dr. Robert Carr Block has offices with Dr. Harris in his elegant home.

The St. Louis friends of the editor of the Medical Century send congratulations and trust that his restoration to health will stand the strain of his return to an active business life.

Dr. Edward F. Brady, Secretary of the Missouri Institute of Homeopathy, has moved to St. Louis from Kansas City, Missouri, and is located at 3525 St. Louis Avenue. Dr. Brady will make nervous diseases a specialty.

The Homeopathic Medical College of Missouri has a fair attendance, I am told, and divers and numerous lecturers have been promoted to professorships. The distrait mien of Dean Richardson, quite noticeable in the early autumn, vanished with the political breeze which came his way. The emoluments and responsibilities pertaining to the public administratorship again blew in upon him and the genial Doctor is himself again.

At the last meeting of the Society the annual election of officers was held, resulting as follows: President, Dr. Carl J. Luyties; vice-president, Dr. D. M. Gibson; secretary and treasurer, Dr. Lizzie Gray Gutherz. The dates of meeting were changed from the first and third Saturdays of each month to the second and fourth. Dr. G. N. Seidlitz, the oculist and aurist who has moved to the city within the last year, was admitted to membership.

The St. Louis Homeopathic Medical Society has been unusually fortunate in the array of valuable and interesting papers presented before it since it convened after the summer vacation. Dr. Scott Parsons, Jr., gave an able paper on "The Radical Cure of Inguinal Hernia—New Method," which awakened much discussion. Dr. Wm. B. Morgan, essayist at the last meeting, selected for his theme the commonplace subject "Colds." For lively interest and general discussion no paper read before the Society in years has equaled this. One of the Sunday papers published the article in full and all gave synopses of it. In our variable climate the Doctor's paper struck the keynote of interest both to the profession and the laity.

Lizzie Gray Gutherz, M. D.

St. Louis, Mo.

THE SECOND CLINICAL MONTH AT ANN ARBOR.

BY J. H. BALL, ANN ARBOR.

In the Medical Century number of Nov. 15 Prof. Dewey gave a brief resume of the clinical work of the Homeopathic Medical College of the University of Michigan for the month of October.

The following is a report of that done during the month of November, which is a notable increase over that of the preceding month and encourages the students as well as the faculty to believe that the department is having a decided renaissance clinically as well as in all other respects. That a comparison may be made by those interested I will follow in this the same order as that adopted by Prof. Dewey in his report.

Surgical Clinic.—The interest in this clinic and the interesting cases presented have tended to make it very popular, even attracting students from the allopathic department. The case of stone in the bladder which Prof. Dewey mentioned in the last report progressed to a favorable termination. Among the operations performed before the class during the past month was the removal of a carcinoma of the anterior wall of the stomach; the removal of a lipoma from the gluteal region; removal of an epulis; several phimosis operations and one for varicocele. Besides those there were a number of minor operations, such as are met with every day in practice, felons, abscesses, etc., as well as a fair number of inoperable cases and cases for examination.

Prof. LaSeure's time is fully occupied during his tri-weekly visits and the members of the senior and junior classes have every opportunity of looking after the dressing of cases and the usual technique in surgical cases.

Ophthalmological and Otological Clinic.—Some sixty-five cases have been treated at this clinic during the past month, Prof. Copeland holding night clinics and performing twenty-one operations. Nine cases were of cataract and four of these were operated upon. The remaining cases which were operated upon were as follows: One enucleation of the eyeball; four tonsillotomies; three strabismus operations; three operations for removal of chalazion; two for removal of turbinated bones; one removal of epithelioma of the lid; one amputation of uvula and two operations for removal of pterygium. The remaining cases were refraction cases, blepharitis cases, glaucoma, catarrhal troubles of the ear and upper respiratory passages. Extra time had to be given at each clinic, the whole of the afternoon being repeatedly occupied.

Gynecological Clinic. — As usual this clinic has been well attended and material has been abundant. Besides the large number of cases belonging to the medical side of the clinic, Prof. Parmelee performed Alexander's operations before the class, an operation for hemorrhoids, numerous curettings, etc.

Much pains has been taken to enable the students to see all the steps of each operation, members of the senior class assisting in the operations in this clinic as well as in the surgical clinic.

General Medical Clinic. — This clinic has steadily improved during the past month. Material has been more than abundant. Among the interesting cases was one of typhoid fever which the senior and junior students observed daily. In a case of cirrhosis of the liver with ascites the patient was tapped and fifteen pounds of fluid withdrawn. There were numerous cases of skin diseases, such as psoriasis, eczema and herpes; a case of glossitis, goitre, cancer of the omentum, endocarditis, a number of cases of tuberculosis, syphilis, bronchitis, and, in fact, a very interesting list of ordinary diseases. Prof. Hinsdale utilizes all of the material to the best advantage for the students.

The experience gained in physical examination is of much practical value.

Neurological Clinic. — Prof. Dewey's clinic remarkably improved during the past month. Among the cases was one of acute melancholia, one of epilepsy, which is improving under the action of the remedy, and as the case is a favorable one a cure is looked for, a case of tic-douloureux, several cases of neuresthenia, a case of hemicrania and a case of hysteria.

The clinic promises to be one of the best of the institution.

SOME SUGGESTIONS FROM DR. DUNHAM.

Medical Century:

Your insane asylum editorial in the issue of December first is O. K. At a recent meeting of the legislative committee, November 28th, at the Palmer House, I suggested by letter, being unable to attend in person, that one physician be secured in each legislative district to act as correspondent for his district, his duty being, upon notice, to write all homeopathic physicians in his district, asking that all write at once to their senators and representatives, urging, as only constituents can urge, the favorable consideration of any legislation we may have on hand.

I also tendered my services as secretary pro tem., subject to chairman of legislative committee, my tender of services being in the hope that I can do telling work at home. You know the difficulty of leaving a general practice for a day or two at frequent intervals.

I am re-writing my article on "Albuminuria," read at Ottawa, for publication, with the purpose in view of showing to old line medical directors that as homeopathic physicians we are alive to the importance of urinalysis in medical examinations. This is only an incidental feature of the article, but it is given sufficient prominence to call their attention to the matter. I am now examiner for two old line insurance companies and endowment rank Knights of Pythias.

Yours fraternally,

Wenona, Ill. J. B. Dunham, M. D.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - EDITOR
WILSON A. SMITH, M. D., EDITOR PRO TEM.

New York and Chicago, December 15, 1896.

Editorial.

A CHRISTMAS PRESCRIPTION.

With this number, the last of 1896, the Medical Century sends Christmas greeting to its friends and subscribers all over the world. And it most earnestly hopes that the Christmas tide may be with each and all a season of bounty and rejoicing. The year through which the nation has just passed has been one of great adversity; from all sides the cry of hard times has gone up like a wail. The physician has not escaped, perhaps of all people he has suffered most. For, somehow, though other bills must be paid, the doctor can wait, and many a home into which this number of the Medical Century will enter has not quite the Christmas cheer it might have if the doctor didn't have to wait.

But for all the troubles behind there are a hundred hopes ahead, and as the holidays shut around us there is nothing for it but to take on the holiday spirit and try if mayhap some of the kindly joy in the air may not reach over out of the children's lives into our own. It is only our own foolishness, our own stupidity, that makes it impossible for us to get again the good time out of the yule-tide that we did long ago. If we would thaw a little, unbend a little, laugh a little, give a little, forget a little our cares, our debts, our ambitions, and remember only the simpler joys of life, go back for a little, past the doubts and despair and defeats of today, to the old-time feeling that just to be alive was a good thing, if we would but do these things we should wake up on Christmas morning with a relish for Santa Claus and something better than tolerance for the sport making merrily around us.

Get out of your shell, you old lobster, and if perchance the world has been too many for you and you can't be happy, try to make somebody else happy. It will serve a turn.

THE NATIONAL MEDICAL COLLEGE.

It is not with a feeling of gloating over misfortune that we mention the predicament in which the National Medical College finds itself, but to compliment the State Board of Health upon a work which has been well done. It is an unpleasant thing to write of the wrong-doings of others, but in this case the wrong does not stop at the doors of those who committed the offense, but reflects indirectly upon the whole body of homeopathic physicians in the United States.

That the officers of the college have been guilty of crooked work is proven beyond cavil, and that they should suffer for it is but the logical outcome. It appears from the evidence that it has granted its diploma to a man who failed to pass the examination of the faculty of Hahnemann Medical College, of Chicago, when it was possible for him to have attended but one or two weeks upon the course of the National Medical School. This man, Romine, went to Nebraska and undertook to practice medicine there, swearing that he had received the degree of medicina doctoris, but that the sheepskin had been retained because he had been unable to obtain the fees. The secretary of the Nebraska State Board wrote to Dr. E. C. Sweet and found that the young man had sworn to what the officers testified to—i. e., that his diploma was held on account of the fees not being paid.

If this was the first case of this kind in the institution it would not be so bad, but the same thing happened last year when a young man who failed to pass the examinations was graduated at the National and upon conditions similar to those in which Romine was interested.

The second was too much and the promise to do better having been broken, the State Board of Health decided to withdraw its recognition of the National College, which it has done, and the work of securing re-recognition will all have to be done over, and it will require a new set of officers to secure it.

We do not look upon this as an argument that there are too many colleges. It argues no such thing, but it does prove that no matter how charily the crime is committed it will be found out. And it is a thing to be thankful for. If it were not possible to successfully purge these fraudulent concerns the diplomas of one school would be no better than those of another school. It would be no matter if there were a hundred colleges; the fact of numbers should be no inducement toward a lowering of the standard of education in order that diploma fees may be collected from a candidate who has failed in another college.

The saying that a bird cannot fly far enough to lose its tail will be found to be true of those schools which grant diplomas that are not recognized anywhere. The story of this action of the National will stay with it for a goodly number of years, and its effect upon the attendance will be noticed in the coming years.

We are glad to know that many of the teachers of the National are above reproach and that many of the students have earned their degrees by hard, honest work, yet the professional world will not know which ones are of this latter class, and the whole list of alumni will have a shadow cast upon their possessions on account of this reprehensible action.

Ours is not the only school upon which such barnacles have fastened themselves. The regulars had a bad one in Joplin, Missouri, that has passed out of existence and our eclectic friends have had experiences that have not been creditable to them. We congratulate our member of the State Board, Dr. Vincent, for his stand upon this action of the board, for he has a goodly number of personal friends in the faculty and he has done his duty, "letting the chips fall where they will."

We are not pessimistic. We do not believe that this will bring all the practitioners of the homeopathic fraternity into disrepute. If it does, we pity the standing of our representatives. If the fact that one goes wrong betokens wholesale defeat, the action of the disciple foretold at the long-ago, recorded supper, would have seen the downfall of the Christian religion. Honest men regret this, but it causes no stain to cling to their characters.

Will the homeopathic fraternity be as strong in doing right as the State Board of Health? That is the question. The officers of the National are members of the various societies, in good standing, and will it be said that these men will be permitted to retain their membership without a word of censure? We trust not. That body is pure which purifies itself, and those men are noble who, finding the evils within their organizations, exterminate them by prompt and decisive action. We believe, in fact know, that there are members of the faculty who knew nothing of this matter until it was presented to the profession by journals and the whole thing will fall upon them with a sense of deep surprise and chagrin.

The college can rise again, but it must take action in expelling by a decisive vote the men who have been guilty of this crooked work. When it does that it will show to the physicians that it intends to do its duty by the profession. No dallying will answer.

A METHOD OF DIAGNOSING TUBERCULOSIS, AND ITS BENEFITS.

A Denver physician is responsible for the statement that he is able to make a diagnosis of tuberculosis before there is any manifestation of the disease to lead one to a recognition of its presence. He claims that this is done from a microscopical examination of the blood, and that before the effects of tuberculosis are noticed, one can learn by the disintegration of the leucocytes of the presence of the disease.

This physician, Dr. A. H. Holmes, states that "the diagnosis of tuberculosis from the morphological appearance of the blood rests upon the hypothesis that each individual has a biological prototype in the leucocytes of his own blood; that leucocytes are independent organisms with functions analogous to those of the larger organism; that they pass through the stages of growth and decay; that disintegration of leucocytes may occur at any age. That the leucocytes are tissue-formers. That as are the leucocytes, so the individual. That tuberculosis is disease characterized by tissue disintegration. That in tuberculous blood there is abundant cell disintegration, premature development, premature decay and more or less deviation from the normal percentages of the various types of cells. That if there is marked disintegration in the leucocytes, it is with absolute certainty that we can predict a similar condition in the larger organism. That tuberculosis possesses a combination of blood appearances from which a diagnosis may be made earlier than by any other means which we now possess. That these may be recognized by appropriate micro-chemical stains and under a high power. That they can be recognized, even before the disease manifests itself in the individual. That they are sufficiently marked in tuberculous persons, or even in those with a strong tuberculous disposition, to enable a diagnosis to be made from the blood alone, without knowledge of the history or physical condition. That the real source of recuperative power is to be found in the leucocytes. That thus far no other pathological condition has been found which presents similar blood appearances."

If the position which Dr. Holmes takes, and which he appears to have good reasons to occupy, be correct, it is evident that his study will prove of vast interest and benefit to the world at large. The best treatment for the incipient stage of tuberculosis is climatic, and the earlier that we are able to make a diagnosis the better results will we secure. The great trouble with so many consumptive cases is that a change is suggested and made at a time when no climate would do any good and the demise is but a question of a few months.

The sending of these patients away from home, with the loss of home comforts and the association of friends, has been in the past but little short of a criminal proceeding, and yet it has been the only thing that has presented itself to the attending physician as offering the least hope for the unfortunate. It is true that it is difficult to get patients to leave the old home to make a new start in some other place, but with the present comforts of travel and quick means of communication very little is lost.

The main thing of value in Dr. Holmes' experimentation is the fact that it promises recognition of this condition before the strength of the afflicted is gone, and while his energies are as acute as ever. With the knowledge that a home among the foot hills of the Rockies or a residence among the pine-clad hills of the southland will give a long life and that good health will be secured, it is probable that the beginning of the stopping of this fearful malady is at hand.

Whether the new method of diagnosis will lead into a better method of treatment than that which is now in vogue cannot at present be foretold, but if forewarned is forearmed it would appear that its development will be prevented. If this can be accomplished, the amount of good which will result from this work will be inestimable.

And, even if a change of climate cannot be secured, from financial or other reasons, one can earlier adopt Dr. Burt's suggestions at the first evidence of the loss of weight in a patient—place him upon a liquid diet and force sur-alimentation until the emaciation is stopped and the lost ground recovered. We believe that an early knowledge of the presence of this condition cannot fail to aid very much in the cure of persons afflicted with tuberculosis. Aside from the climatic prescription, a proper method of living may be secured and everything which tends to a loss of physical power prevented by proper suggestions from the attending physician.

A NEW SYSTEM OF PRACTICE.

The old saying that there is no royal road to success will likely be found to be false in the coming days. It is wonderful—the different medical positions which have been occupied and then abandoned as some bright mind appeared on the horizon of intellectual growth to prove the fallibility of the tenets of the old masters. There is a royal road to medicine, however, and the closing of this century has been left to mark its dawning, and the great city of Chicago is the city of its birth.

Bethlehem has a peculiar interest to Christians all over the world because it is the cradle of Christianity. Chicago will be the one spot toward which the medical minds of the universe will turn because it is the home of the new system of medicine lately founded within its hallowed precincts.

Catopathy is its name. There is no need of a knowledge of anatomy, of physiology, of chemistry, of pathology—in fact of anything except to understand the teaching of the new theology of medicine. And it is simple. So simple that a child may understand and so absolutely easy of comprehension that a "wayfaring man, though a fool, need not err therein." It is the single remedy without any equivocation, hence is applicable to the understanding of homeopaths, and it is black and easy to see and feel, and hence is worthy of consideration by the allopaths. It does not come from the mineral kingdom, so our eclectic friends can adopt it and not cause the bones of the old fathers of the Thompsonian school to turn in their coffins. In fact, we doubt if a more simple or a more easily assimilable system of treatment could have been devised by any one other than the founder of this wonderful system—a system which makes the practice of medicine as easy as kissing a pretty girl in the dark.

The search for microbes is ended. The use of the midnight oil has reached its terminus, and there is nothing to do but to secure enough of the single remedy to have a supply on hand at all times, and there you are. Armed against any disease which may invade the sanctum of the household, the ideal life of a physician is reached, and hereafter we can give the scriptural cause of death in our certificates. We have nothing to fear but accidents now. The millennium is here! Consumption will rapidly pass away—in fact the mention of the remedy will start consumption on the run. Out-of-sort feelings—the kind we have when we are short of funds—can be made a specialty of, and a fortune secured to the first physician who starts the practice.

We are a little excited as we think of the benefits which will accrue to suffering mankind, and are neglecting to explain the system. It is this: Take the skin of a black cat and apply it to the chest of a victim of consumption, and, lo and behold! he immediately recovers. The old liver complaint of the days gone by is a mere pastime to a prescriber of this remedy. The cat-skin must be triturated and given in alcohol to get its effects. The treatment for liver complaint is the treatment for everything else.

Dr. Van Hora, the founder of this new school, has had abundant success with the formula, and patients have flocked to him in great numbers. The trouble is that they flocked too much, and one of the number has sued the doctor because he has failed to cure her. This was likely no fault of the doctor's but owing to a scarcity of black cats in the neighborhood. Dr. Van Hora will find his name handed down to posterity—in police court records—on account of his wonderful discovery. This will not be the means of discouraging him if he is a true scientist, for every worthy new discovery has been received with ridicule since the first scintillation of civilization streaked across the morning sky. Jenner, Hahnemann, Mores and a thousand of others who have done something for mankind, have waited for honor and renown only to receive it after their monuments told of their resting places. So it will be with Van Hora. His record will last for ages—unless the police court records burn up.

EIGHTEEN HUNDRED AND NEXT YEAR.

While the announcement for the year 1897 will properly and fully be made in the early issues of the coming year, yet we do not feel like letting 1896 slip away without chronicling some mention of what may be expected by the readers of the Medical Century in eighteen hundred and ninety-seven. But before touching upon that subject, however briefly, we may be forgiven for just one look back over the year that is done. Perhaps never in its history has the Century been able to serve to its readers a year's programme of richer variety than that indexed in the current number. The increasing lively interest shown in the journal, east and west, is convincingly attested by the names of those contributing to our pages for the year just ended. For the character of support which has been accorded to it the Medical Century is most grateful, and in taking this occasion to express anew its appreciation it is with the feeling that all the readers of the journal will join in a note of thanks to those who have helped by the efforts of their pen to make the year as productive a one as it has been.

In our publication department we feel that something has been accomplished. While the Medical Century Company has not undertaken any mammoth works this year, such as it consummated last, yet the inauguration of the series of Students' Manuals has been thoroughly accomplished and the reception accorded the works of both Dr. Martin and Dr. Washburne has been such that the success of the undertaking is assured.

And now for next year. The Medical Century will greet its friends in January in a handsome new dress. We have spared no expense to put up the journal for 1897 so well gowned that it may compete with any journal in any school. Our new cover will be of elegant stock in electric blue, of antique finish, engraved in black, and will add materially to the appearance of the Journal. The size of our page will, moreover, be increased to 8½x12½, giving us as large a page as any in any school.

So much for the outside. For the inside we have been promised contributions from the best pens of the homeopathic school. Several special numbers are programmed for the early months of the year, and to these will contribute writers whose known aptitude for the special subject under consideration will render whatever they may say of prime interest. Another feature to which special attention will be given next year will be the matter of illustrations. This is a pictorial age, a day of illustrated magazines and papers, when what is written must also be photographed. In yielding to this requisition of the literary times the Medical Century will endeavor to accomplish more along the line of illustrations than ever before. Half-tones, wood-cuts, zinc etchings—the whole gamut will be encompassed.

Then, with liberal aims and intentions, with excelsior on our banner, we go toward eighteen hundred and ninety-seven, hoping that what we shall do well may be to our friends a realization of their highest expectations and that what we fail to do or do but poorly may be forgiven us with that charity which comes out of a right reading of the golden rule.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

The New York Ophthalmic Hospital now has Dr. George A. Shepard as its surgeon.

Dr. C. C. Straughan has removed from Philadelphia to Matawan, New Jersey.

Dr. G. L. LeFevre, of Muskegon, Michigan, has been re-elected county physician of his bailiwick.

There are forty-two students in attendance upon the University of Michigan.

Dr. D. J. Spaulding, of Black River Falls, Wisconsin, will spend the winter in travel in the Southland.

A son of the famous Dr. Charcot is shortly to marry Jeanne Daudet, the granddaughter of Victor Hugo and the divorced wife of Alphonse Daudet.

The committee on Medical Legislation of the State of Illinois met at the Palmer House on Saturday, November 28th.

Dr. William Spencer, Philadelphia, has removed to 1617 Chestnut Street and is devoting himself exclusively to diseases of the eye and ear.

Dr. T. Griswold Comstock, of St. Louis, Missouri, will spend the winter in Italy. Dr. Comstock will remain in Europe for a year or more.

Dr. H B. Esmond, who has resided for some years at Houlton, Maine, has sold his practice at that point and moved to Madison, that state.

St. John's Medical and Surgical Hospital, at Fort Smith, Arkansas, has upon its medical staff that able medicine-man, Dr. J. C. Daily.

Homeopathy is very firmly established in Baltimore. The city has over sixty-five homeopathic physicians, all of whom are very capable men and women.

Word from New South Wales is to the effect that homeopathy is gaining ground in all the colonies. Homeopathy once tried by the people, allopathy is thrown aside forever.

Scotland is to have a new medical journal next year. The Scottish Medical and Surgical Journal will be its title and it will be under the editorship of Dr. William Russell.

It is to Mr. A. E. Frankland, Chicago, that the Century is indebted for the news budgets from Ohio and adjacent States which have appeared in our recent numbers.

The Medical Century was favored with a visit from Dr. Ida J. Brooks, of Little Rock, Arkansas, the latter part of November. Dr. Brooks had just made a flying trip to Milwaukee and took in Chicago on her return.

Dr. E. W Boardman, of Parsons, Kansas, called upon the Century recently. Dr. Boardman spent three or four weeks in Chicago during the latter part of November and early December in attendance upon the clinics at Hahnemann Medical College.

The commencement exercises of the Lexington Heights Hospital Training School for Nurses was held at the Chapter House, Johnson park, Tuesday evening, December 8th. Four candidates were given diplomas on this occasion and a very pleasing programme was rendered for the entertainment of the friends of the Hospital.

Dr. Eugene F. Storke, of Denver, is reported missing in the wilds of Mexico. Dr. Storke has been in Chihuahua the greater part of a year for his health, and it was presumably on some excursion in that province that he was lost or met with some foul fate. It has been six months since he was last heard from, and his friends, among whom is the Medical Century, are justly concerned about him.

The total number of deaths in the city of Chicago during October was 1,726, 390 of which were children under one year of age. One hundred and fifteen deaths were from violent causes and there were 193 premature and still births. Consumption claimed 145 victims; 89 deaths occurred from typhoid fever, 128 from pneumonia and 116 from diphtheria. One hundred and thirty-three children died from acute intestinal diseases.

The Medical Century is in receipt of an elegant engraving of Hahnemann, presented by Messrs. Gross & Delbridge, of this city. The production is from one of the most popular portraits of the master and the work of reproduction is beautiful in the extreme. Those of our readers who have been likewise favored by Messrs. Gross & Delbridge are to be congratulated. The Century extends thanks for the remembrance.

In St. Petersburg, Russia, a case is reported of a needle being extracted from the palm of a woman's hand by electricity. The needle had been in place for two months. The operation consisted of the application of an electro-magnet excited by three cells, and was repeated every day for an hour or two for a period of nine days, when the needle issued from the skin without the loss of a drop of blood and with little or no pain. The entire time spent in the operation was twenty hours.

The Fifth quarterly meeting of the Northwestern Homeopathic Medical Society was held at Rockford, Illinois, on Tuesday, December 1st. The exercises of the day took place in the Hotel Nelson and were closed by a dinner set for visiting members by the local physicians. The officers of the Northwestern Society are: President, J. C. Burbank, M. D., Freeport, Ill.; Vice-President, W. R. Franklin, M. D., Rockford, Ill.; Secretary, H. A. Noyes, M. D., Mt. Carroll, Ill.; Treasurer, S. H. Hilliard, M. D., Warren, Ill.; Member of Executive Board, G. L. Chapman, M. D., Polo, Ill.

The United States has been called the dumping ground for the lepers of the world. They are with us in Louisiana, New Mexico, Washington, Oregon, Iowa, Minnesota, Dakota. In each of these states are to be found colonies of these afflicted people and the fact that they are so scattered over the country is not only responsible for the lack of adequate care afforded them, but is a constant menace. There is now on foot a movement for the securement of a government reservation for them. By the consummation of such a scheme it would be possible to better care for the afflicted and better protect the healthy who don't want to become lepers.

It is not often that in a prolonged illness there enters in any factor possessed of the supreme comfort and convenience of the Gorham invalid bed. While we have been conversant with the advertised merits of this invention of Dr. Gorham's since it was first put upon the market, and while to the merest tyro certain excellencies in its mechanism are discernible at a glance, it was not until the bed was brought into use in the illness of the editor of the Medical Century that a more intimate knowledge of it was obtained, and it was surprising to find how greatly so simple a contrivance could conduce to the comfort of the bed-ridden. If the Gorham bed had naught else to recommend it save the big wheel, by means of which the bed can be lowered at the bottom and raised at the top, it would be a benison to the sick. That little change of position counts for so much to a patient wearied to death of lying supinely hour after hour that its importance can hardly be over-estimated. It is not our purpose here to go into details of the mechanism of the bed, nor to dwell upon the various devices belonging to it, every one of which is ingenious and satisfactory. All these can be seen by reference to the advertising pages of the Medical Century. We merely desire to chronicle our personal experience with the bed and to emphasize the benefit sure to be derived from its introduction into our hospital service. That introduction can be but a question of a short time now, for it is inevitable that an invention of so much merit should receive very general recognition.

What funny things one meets even when not out gunning! The Medical Century has always taken pride and pleasure in quoting from the letters it occasionally receives with complimentary clauses attached. At this writing, however, it has a complaint to quote from. A subscriber down in Illinois says there is "to" little homeopathy in the Medical Century for him. We had thought we were very homeopathic. We have even been found fault with because we were too homeopathic by the surgeons and the other fellow who cares more for the knife than for the powder. We bow to the rebuke—but the rebuker! His picture, which is mostly whiskers, adorns his letter head in the left hand corner, while across the front we read: "Rupture Cured Without an Operation!" Shades of Hahnemann! We are not laying over-much stress upon other idiosyncrasies of this subscriber; we noticed casually that he spells much "mutch," and plenty "pleanty." But let that pass. The picture and the sign-board and the incongruous complaint claim the most of our attention. It is a vast pity that a really honorable name like homeopathy should be made to shield such unethical adherents, and the humor of the situation yields to regret. That men like Helmuth and Macdonald and Shears and Van Lennep and Green and Runnels and Orme and Dake and all the hosts of others whose effort it is to keep the escutcheon of homeopathy clean and untarnished, should be classed under one common name with the doctor whose picture is to him so beautiful that he uses it on his writing paper is an everlasting shame and hard to be endured.

The physicians of Santa Clara Valley, California, have associated themselves in an organization known as the Associated Physicians and Surgeons of Santa Clara Valley, whose purpose it is to combat the vicious practice of lodge doctoring. Lodge physicians receive on an average fifteen cents on the dollar for their services to lodge members, and the increasing spread of these charitable institutions is also extremely destructive to the business of other physicians. The resolutions adopted by the physicians of Santa Clara County, and which are said to have been effective in putting a stop to the call upon physicians of that district to give out their services to lodges for little or nothing, are simple and forceful. We subjoin them:

"Whereas, Rendering professional services at a stipulated fee per capita per annum is derogatory to the dignity of the medical profession, we, the undersigned physicians and surgeons of Santa Clara County, California, enter into the following agreement:

"First.—We mutually, jointly, and individually, pledge our word of honor not to enter into any contract or agreement, or renew any existing contract or agreement, either written, verbal or implied, to render medical or surgical services to any lodge, society, association or organization.

"Second.—We will not render medical or surgical services to the members of the above mentioned bodies for less compensation than we charge the general public for similar services.

"Third.—This agreement shall not be construed to affect existing contracts between physicians and surgeons and the above mentioned bodies.

"Fourth.—These pledges shall take effect and be in force for a term of three (3) years from and after May 22, 1896.

"This agreement shall not apply to hospitals and purely public charitable institutions."

The Santa Clara Association is urging action upon physicians all over the country, and if its efforts are successful in enlisting the interest of physicians generally there is no doubt but that the lodge doctor will be done away with. The Association very justly calls attention to the fact that no lawyer or minister would give his services to these people for fifteen cents on the dollar. No grocery store or merchandise firm would contract to supply them with goods at fifteen cents on the dollar of actual worth. It is deplorable that the tendency has become so generalized toward the depreciation of the physician's worth. It is with the medical profession as with the educational—cheapen the income from it and immediately the talent entering upon it as a vocation is cheapened talent. Ability of a fine order demands its price everywhere. If it can't secure it in the medical field, it goes elsewhere. So that if the laity but knew it, they gain little in the degeneracy of the physician's finances. To be sure they may get a prescription for fifteen cents whose legitimate cost is a dollar, but they need not long expect to get the knowledge behind the prescription by token of which benefit ensues.

BOSTON BUDGET.

Dr. W. H. Greene has returned from Europe and begun practice in Springfield, Mass.

Dr. Winfield Smith has removed to 843 Boylston street. Dr. Smith will give exclusive attention to surgery.

Dr. Winfield Smith is to extend his course, for the seniors, on venereal diseases, and will shortly begin his lectures. Dr. W. B. French will be his assistant and quiz-master.

Arrangements have been made so that the women of the upper classes at the Medical School are receiving a course in practical physical education and gymnastics at Miss Allen's gymnasium.

Dr. Cordelia M. Whittier of Auburn, Maine, has been appointed to succeed Dr. Julia M. Lombard as interne at the Massachusetts Homeopathic Hospital. Dr. Whittier goes on duty January 1, 1897.

The new women students of the Medical School were given a welcoming reception on November 4 by the Gregory Society of the school. Mrs. Nathaniel W. Emerson gave an entertaining and instructive talk to the members at that time.

A very instructive course of five clinics at the Westboro Insane Hospital, and conducted by the superintendent, Dr. George S. Adams, is being offered to the senior class of the Boston University Medical School. This course is an adjunct to Dr. N. Emmons Paine's lectures on Insanity.

Mr. W. Louis Chapman, B. U. S. M., '97, who has been seriously ill with diphtheria, has returned to his work. He has been obliged to resign his position as house physician at the Homeopathic Dispensary and his place has been taken by A. H. Ring, of the senior class.

Dr. I. T. Talbot sailed for Europe November 20, having delayed his sailing from the time first set. It is rumored that he will spend much of the winter along the coast of the Mediterranean, where it is hoped that he will regain his health. During his absence Dr. J. P. Sutherland will fill the office of Dean of the Medical School.

There are two X ray machines working at the Boston University Medical School. Both are equipped with the Tesla coil, and a current of possibly a million volts is used in examinations. T. R. Griffith, of the junior class, has charge of one, the first one there. With his machine Mr. Griffith has done some very excellent work, among which are plates showing the skeleton in a fetus, about three months old; he has also succeeded in getting an excellent picture of the shoulder with the joint, clavicle, scapula and ribs plainly shown, with an exposure of only a minute and a half. The second machine is the property of Mr. F. F. Strong, a pathologist working in the laboratories of the school. Mr. Strong has been able to demonstrate the heart in the living subject and has already assisted the surgeons at the Hospital several times by locating needles buried in the flesh.

Dr. Horace Packard has been offering some very valuable and interesting clinics at the Massachusetts

Homeopathic Hospital. A few weeks ago he operated upon a young woman who had been subject to epiliptiform fits for a number of years. The trouble could be traced to a fall from a second story window in early childhood. A depression was apparent on the left side of the head and it was supposed that the bone was causing pressure on the brain substance at that point, but on lifting a section of the scalp it was seen that the bone at the point of depression had been destroyed and what seemed to be the wall of a cyst was disclosed. This membrane was ruptured and there was revealed a cavity filled with fluid, which apparently involved the lateral ventricle, even to exposing the choroid plexus. The cavity was evacuated, gauze drainage applied and the wound closed. A week or ten days later the case was reported as "doing unexpectedly well." Dr. Packard has also shown the clinics two cases of skin grafting, one where the graft was applied to the back of the head and neck after the removal of a keloid growth. The other was in a case of second operation for web fingers.

FOREIGN NEWS-NOTES AND ITEMS.

Official bulletins now state that Egypt is absolutely free of cholera.

Florence has a new medical journal, Il Pratico, under the editorship of Dr. Ginno Gelli.

A writer in one of the Leipzig medical journals emphasizes the value of rest as a cure for beginning ills. He recommends that the prescription "Go to bed" be oftener made and earlier.

Two new applicants for favor in medical journalism have just made their appearance, the one, Wissentschaftlichtechnische Mittheilungen, in Berlin, the other, the Ungarische Medizinische Presse, at Buda-Pesth.

Dr. Feuillet, the French physician who died some time since in Alger, was the only homeopath there. Dr. Feuillet has now been dead some six years and no one has attempted to step into his practice. Just why it is hard to say. The field is a lucrative one. Dr. Feuillet is said to have made an independent fortune and his clientele could certainly be expected to gather again around his successor.

An English judge has recently awarded damages to the extent of five thousand dollars to an English girl who sued one Dr. Swell for breach of promise. Dr. Swell having discovered that the girl's mother died of consumption, could not reconcile himself to the idea of joining in a matrimonial venture which would be clouded with the possibility of tainted offspring. The point was a good one if taken in time.

There were eight hundred and eighty-nine deaths in Paris for the week ending November 21st. Typhoid fever caused sixteen deaths only; there were two from scarlatina and only five from diphtheria. Diarrheal diseases carried off twenty-five children and nineteen infants perished from congenital debility. Inflammatory diseases of the respiratory organs caused one hundred deaths, thirty-nine of which were due to pneumonia. One hundred and ninety-nine deaths ensued from pulmonary phthisis, twenty from tubercular meningitis. Fifty-six persons died of cancer, sixty-four from heart affections and thirty-six of old age. There were in all twenty-seven deaths from violent causes, fifteen of which were suicides. To make up for all this, three hundred and eighty marriages were celebrated in the same period of time in Paris and eleven hundred and thirty-six children were born, over two-thirds of whom at least had fathers.

The Hamburg Medical College has just published for gratuitous distribution a little pamphlet on the prophylaxis of consumption, some of whose clauses read to this effect:

Every year consumption claims more victims than any one other disease with which the human race does battle. In Hamburg alone it slays its fifteen hundred annually. No other malady so saps at the vitality and prosperity of a nation.

The affection oftenest attacks the lungs, but the fact that it attacks other organs should not be lost sight of, the glands, the bones, the joints, any one or all of these different forms ulteriorly determining into pulmonary phthisis.

The disease is contracted by man in two principal ways—from the expectoration of tuberculous patients and from the milk of tuberculous cows. Subtlest danger of all, after the germs of disease have been introduced into the system, days, months, years may pass before its presence becomes known.

Contamination from expectoration comes about through the detritus being projected on to the ground, the furniture, the floor, into cuspidors, handkerchiefs, etc.; it dries, becomes a powder and is breathed in by the next ill-fated passer-by. Children are particularly liable to infection by these dust-germs, not only because of the receptivity of their tender years, but because of their dirty little habits of crawling with their faces almost to the floor and carrying their hands to their mouths, no matter what the amount of soil on them may be.

To lessen these dangers from expectoration it is necessary that persons afflicted with consumption shall rigidly protect others by placing a hand before the mouth when coughing, and by expectorating in a receptacle whose cleansing may be relied upon. The healthy of the household which harbors a consumptive should be trained to insist upon the fulfilling of these small precautions and the sick should be inculcated with a belief in the danger to which the health of the entire family is exposed by their failure to comply with these requisitions.

The emptying of the contents of cuspidors should be made a mattter of careful attention, the contents being burned if possible. Strict and faithful cleanliness is demanded in these small matters.

The linen soiled by the expectoration of a consumptive should never be thrown carelessly about with other soiled linen, but should be boiled by itself, or disinfected, if possible.

The places where consumptives are housed should have a generous ventilation and should be thrown open to the sunshine a great deal. Houses where consumptives have lived a long time and where they have died should be disinfected before being again brought into use.

Consumptives should have no bed-fellows.

Tuberculous mothers should not nurse their infants.

Bovine tuberculosis is a common malady around Hamburg, and on that account all milk should be boiled, cow's milk being a ready medium for the transmission of the germs of tuberculosis.

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